

Provider Services Module for DPHHS MPATH

SECTION 3: Scope of Services *November 16, 2017*



**Montana Department of Public
Health and Human Services
(DPHHS)**

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Submitted to:
**Montana Department of Public Health
and Human Services (DPHHS)**
111 North Sanders P.O. Box 4210
Helena, MT 59620-4210
Procurement Officer: John Thomas
***Submitted via Montana Acquisition
& Contracting System (eMACS)***

Submitted by:
HHS Technology Group
6600 N. Andrews Ave, Suite 570
Fort Lauderdale, FL 33309
*Sarah Saunders, Business
Development Operations Manager*
Mobile: (202) 423-6154
Email: sarah.saunders@hhstechgroup.com

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3 SCOPE OF SERVICES

To enable the State to determine the capabilities of a Contractor to provide a Provider Services Module for the Department of Public Health and Human Services (DPHHS), the Offeror shall respond to the following regarding its ability to meet the State's requirements.

All subsections of Section 3 require a response. The Offeror must indicate certification of understanding for Sections 3.1-3.8. For Sections 3.9 -3.10, the offeror must restate the subsection number and the text immediately prior to your written response.

NOTE: Each item must be thoroughly addressed. Offerors taking exception to any requirements listed in this section may be found nonresponsive or be subject to point deductions.

3.1 Purpose and Intent

The Montana Department of Public Health and Human Services (DPHHS) is releasing this RFP to procure a Provider Services Module Contractor to support Montana's Medicaid modernization effort, referred to as Montana's Program for Automating and Transforming Healthcare (MPATH). The Provider Services module is part of the overall MPATH program to replace aging legacy components of the Montana Healthcare Programs enterprise.

The intent for this RFP is for DPHHS to obtain a discrete module that aligns with the Final Rule for Mechanized Claims Processing and Information Retrieval Systems as described in [42 CFR 433.111](#). This module will support specific business objectives within the Montana Healthcare Programs enterprise that are detailed in Sections 3.9 High Level Scope of Work and 3.10 Detailed Scope of Work in this RFP, and will be required to have interoperability with other MPATH modules. Consistent with recent definitions in the Final Rule for Mechanized Claims Processing and Information Retrieval Systems, DPHHS defines a module as a group of business processes that can be implemented through software, data and interoperable interfaces that are enabled through design principles in which functions of a complex system are partitioned into discrete, scalable, reusable components.

Each procured module must meet all of the automation and interfacing requirements included in this RFP. In addition, DPHHS expects Offerors to present solutions that can be easily configured to achieve the outcomes described in this RFP and that will be flexible and adaptable enough to support Montana Healthcare Programs well into the future.

Regulations at 42 CFR § 433.112(c)(2) provide that COTS-related development costs at the enhanced match rate may only include the initial licensing fee and the minimum necessary to install, configure, and customize the COTS software and ensure that other state systems coordinate with the COTS software solution. When responding to a request for the 90 percent FFP rate for a COTS product,

CMS will consider whether the configuration and customization of the product would be kept to minimal levels to achieve full functionality in the most cost-effective manner.

A condition for enhanced funding of COTS software is that customization of the product is minimal. Examples of minimal customization include modification of database interactions to include additional required data elements, processing of state specific but necessary business rules, and modification of interfaces to allow interoperability with existing components or modules. If a COTS product is heavily customized, then the solution may become so unique to that state that other states are unable to reuse it, or that newer releases of that software cannot be easily integrated into the state's system, resulting in a solution that no longer meets the Standards and Conditions criteria outlined in the most current version of MECT.

 X Offeror has read, understands, and will comply with each requirement in this section.

3.2 State Vision, Guiding Principles and Objectives

3.2.1 State Vision

DPHHS management team envision the new Montana Healthcare Programs enterprise to be a means to improve access to healthcare and treatment outcomes for Montanans.

3.2.2 Modularity Business Objectives

The MPATH Program objectives include:

- *An enterprise system that is flexible to quickly adapt to the dynamic, evolving needs of existing programs and support new regulations, policies and innovations*
- *An enterprise system founded on business driven technical solutions*
- *An enterprise system where business processes are automated wherever possible*
- *An enterprise system that provides centralized access to data*
- *An enterprise system that includes data analytics tools to support the use of clinical data to measure treatment outcomes and the changing health status of members.*
- *An enterprise system that includes standardized and automated electronic communication and data exchange capabilities*
- *An enterprise system that includes a Master Client Index (MCI)*
- *An enterprise system that integrates data from disparate systems to enable enterprise wide-program management*

3.2.3 Guiding Principles

The MPATH Program team, leadership and program stakeholders have established guiding principles to be considered in all decisions throughout the overall program and module specific project phases to ensure that risks are mitigated appropriately, the procurements are successful, and member and provider communities and other stakeholders encounter minimal negative impacts. Table 3.2.3 illustrates the, guiding principles established to guide the program administration

Table 3.2.3 MPATH Guiding Principles

Guiding Principles	
<i>Flexible Enterprise Technology Platform</i>	<i>Implement flexible, rule-based, configurable components and services to enhance decision-making, increase management efficiency and promotes agile adaptability for new and evolving regulations, programs and initiatives.</i>
<i>Centralized Data Repository</i>	<i>Implement a centralized data warehouse and associated data analytics tools to enable real-time or near-time access to data including clinical data and enhanced reporting that meets changing business and management needs.</i>
<i>Business-driven Enterprise transformation</i>	<i>Business functions must drive technical solutions and the modular MMIS capability must be flexible to meet future needs including new regulations, legislation, and innovations.</i>
<i>Process Automation</i>	<i>Automate manual processes and eliminate human intervention wherever possible and utilize workflow tools to standardize business processes that guide internal and external users through process steps, activities, and tasks.</i>
<i>Data Integration and Interoperability</i>	<i>Promote reusable components by using open architecture and adopting industry and national standards for interoperability, integration, and data exchange.</i>
<i>Data Consistency Across the Enterprise</i>	<i>Utilize a comprehensive data governance process to ensure consistent data management processes and policies across the Montana Healthcare Programs enterprise. Provide data that is timely, accurate, usable, and easily accessible in order to support analysis and decision making for health care management and program administration.</i>
<i>Progressive Technology</i>	<i>Implement services that will allow the State to take advantage of progressive technology (access via mobile devices, mobile apps, instant messenger, etc.) to improve how it interacts and communicates with recipients, providers, and contractors.</i>
<i>Member and Provider Centric Focus</i>	<i>Implement solutions that provides easy to access and comprehensive portal for providers, members and other stakeholders that promotes self-service functionality. For example, claims status and member eligibility inquiries. The solution would leverage role-based security to make sure stakeholders have access to only the information required</i>



	<i>for their needs.</i>
<i>Cost Efficiency and Effectiveness</i>	<i>Implement a solution that supports future State strategies of paying providers based on the quality of services rather than quantity of services, focus on the member outcomes, and efficiently processing fee-for-service claims.</i>

 X Offeror has read, understands, and will comply will each requirement in this section.

HHS Tech has read, understands, and will comply with each requirement in this section.

3.3 Modularity Approach and Blueprint

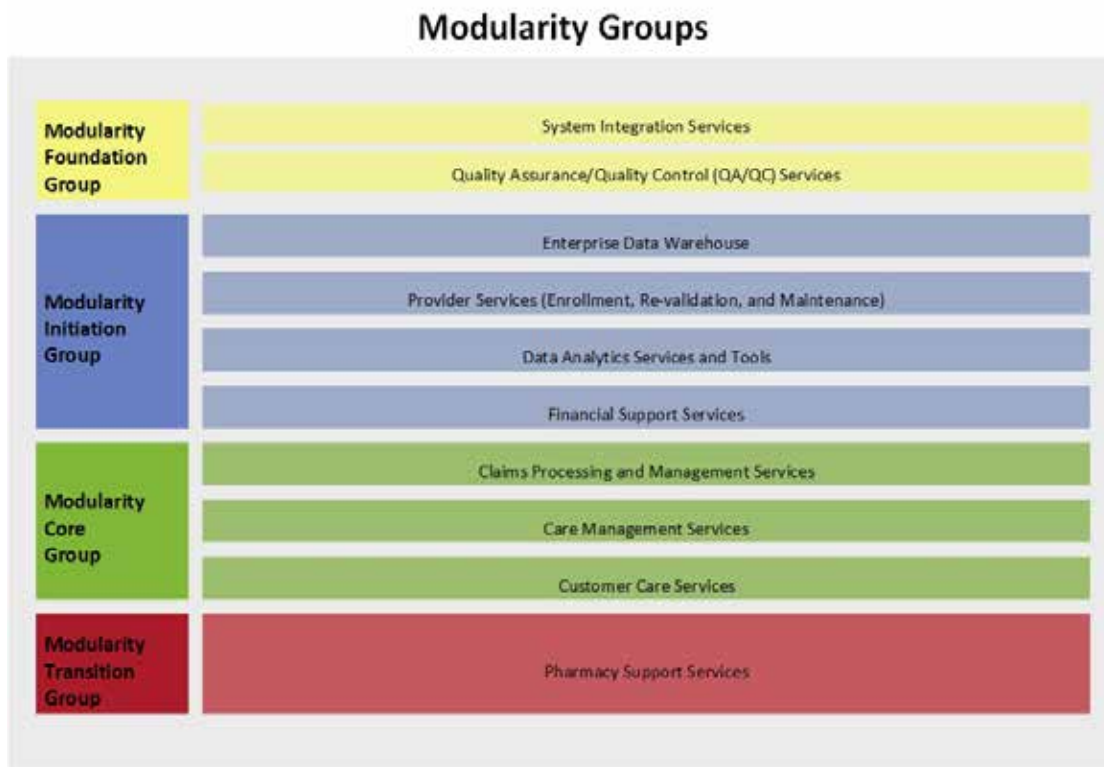
3.3.1 Modularity Approach

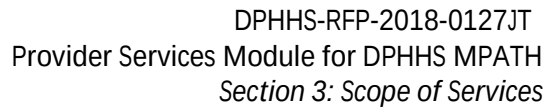
DPHHS has adopted a modularity component/services blend approach to procuring new systems and services to support the Medicaid modernization effort. This approach will result in multiple, strategically timed procurements and implementations. A modular component/services blend approach allows the state to focus on best of breed functionality versus best of suite to meet the “to be” business objectives defined in the Montana MITA 3.0 State Self-Assessment. Montana believes that this approach expands the universe of available vendors as opposed to the traditional monolithic Medicaid Management Information Systems (MMIS) replacement approach. The modularity component/services blend approach is also aligned with the principles behind the Standards and Conditions for Medicaid outlined in the most current version of MECT and further clarified in SMD #16-010. The very nature of this approach promotes modularity, interoperability, aligns with MITA 3.0 Business Results conditions as well as optimizing the state’s ability to meet the Industry Standards Condition.

3.3.2 Modularity Blueprint

The State developed the MPATH Modularity blueprint through a number of modularity planning and decision meetings with stakeholders, guidance received from CMS, discussions with industry vendors, and through collaboration with other States’ Medicaid Programs. In addition to this RFP, there are a number of other procurements planned as illustrated in Figure 3.3.2.1 to replace the Montana Healthcare Programs enterprise. Figure 3.3.2.2 represents the timeline of the overall Medicaid modernization effort.

Figure 3.3.2.1 MPATH Modularity Groups





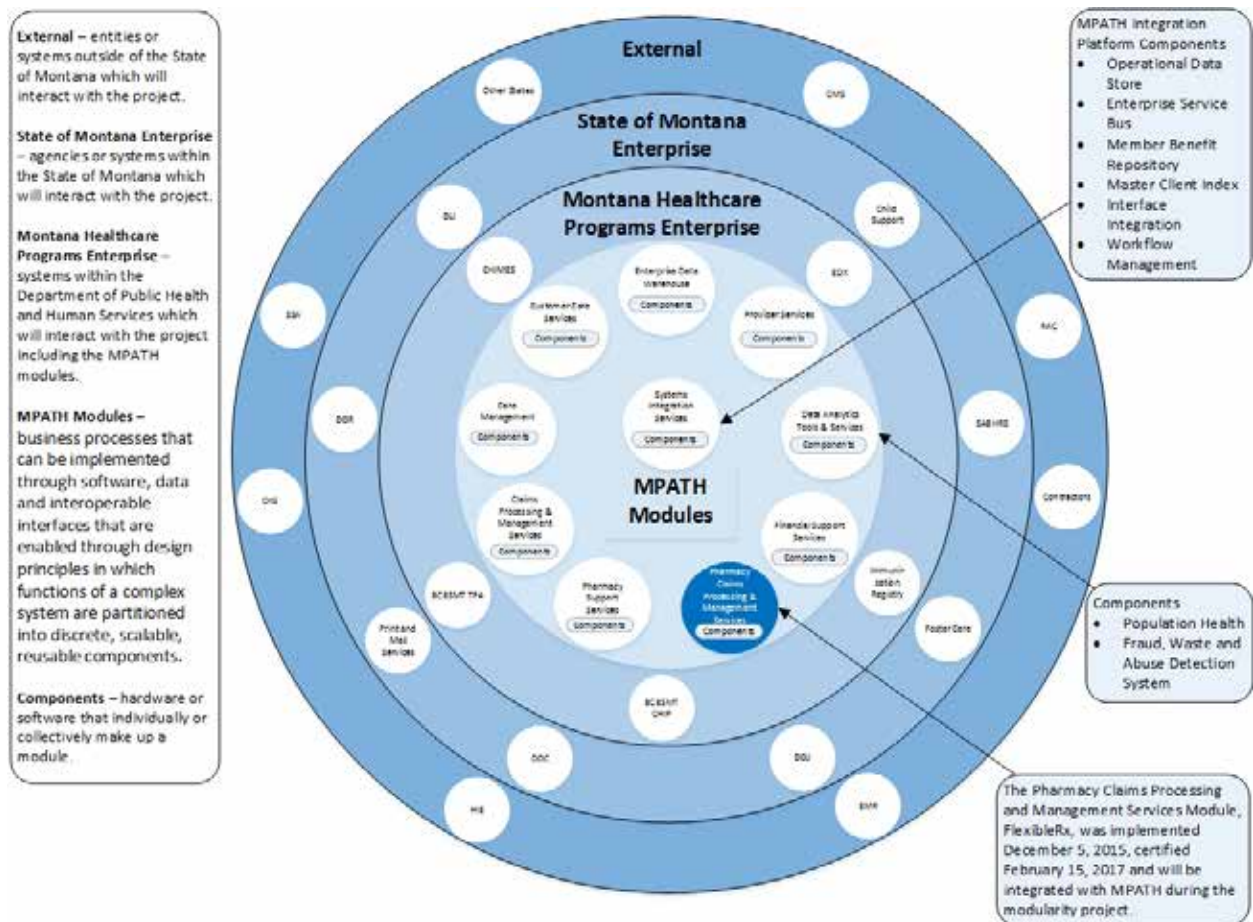
Montana Program for Automating and Transforming Healthcare (MPATH)											
High Level Timeline											
2017		2018		2019		2020		2021		2022	
		DPHHS Module Delivery Support								DPHHS Operational Support	
		DPHHS Planning & Procurement									
		Systems Integration Services									
		Enterprise Data Warehouse Services									
		Quality Assurance / Quality Control (QA/QC) Testing Services									
		Provider Services									
		Data Analytics Services & Tools									
		Financial Support Services									
		Claims Processing and Management Services									
		Care Management Services									
		Customer Care Services (non-technical operations)									

Legend

- Planning
- Procurement Phase
- DDI Phase
- Certification
- Operations Phase
- ▲ Phased Implementation

The MPATH modules and components will be integrated with the overall Montana Healthcare Programs enterprise, the State of Montana enterprise, and other External stakeholders and entities to create standardized, automated electronic data exchanges to enable enterprise wide program management and maximize interoperability through integration. The MPATH Integration Layer graphic in Figure 3.3.3, illustrates the integration/transactional relationships between the MPATH components and modules and the various entities that are related by shared business processes.

Figure 3.3.3 MPATH Integration Layers



Systems Integration Services (SI)

The state will obtain Systems Integration Services. Systems Integration Services will encompass three areas of the modularity technology platform; interoperability and enterprise integration, technical coordination, and the creation and maintenance of the operational data store. The Systems Integration Services Contractor will provide an enterprise technology platform and a diverse and flexible set of integration and interoperability services which are needed to support a variety of infrastructures, applications and technical solutions. The Systems Integration Services Contractor will also provide real-time web based entry and maintenance of member and benefit plan information for select Montana Healthcare Programs and support the receipt and creation of X12 transactions. Finally, the Systems Integration Services Contractor will provide Master Client/Provider Index functionality to uniquely identify and manage members, providers and other entities within the Montana Healthcare Programs enterprise.

Provider Services (PS)



The state will obtain a Provider Services module. The Provider Services vendor will need to provide a modern, web based self-service solution that allows healthcare providers (which includes but is not limited to, physicians, hospitals, nursing homes, pharmacies, home health agencies, personal care workers and durable medical equipment providers) to enroll with Montana Healthcare Programs to provide healthcare services to thousands of Montanans covered by Montana Healthcare Programs. The solution will also allow providers to view and maintain their information on file (e.g., address, licensure and group affiliations) and revalidate their enrollment details online.

Enterprise Data Warehouse (EDW)

The Department will receive Enterprise Data Warehouse Services from the State of Montana Department of Administration (DOA), State Information Technology Services Division (SITSD) to establish an Enterprise Data Warehouse (EDW) for the Montana Healthcare Programs enterprise. The Enterprise Data Warehouse (EDW) will serve as a central repository for all Montana Healthcare Programs Enterprise data and it will provide decision makers timely, accurate and consistent access to information. The EDW will provide integrated program data which will provide the State's Medicaid Program with enhanced abilities to gain insights into outcomes and anticipate future needs.

Data Analytics Services and Tools (DA)

The state will obtain Data Analytics Services and Tools to be integrated with the centralized Enterprise Data Warehouse repository of enterprise data for data aggregation, reporting, and analytics. It will enable the creation of comprehensive statistical profiles of healthcare delivery and utilization by both providers and members. These tools and services will provide comprehensive analytical reporting, budgeting, forecasting, and daily program monitoring.

Financial Support Services (FSS)

The state will obtain a Financial Support Services module. This will translate information received from the various Montana Healthcare Programs systems (including multiple payer systems) and assign DPHHS-defined account coding for integrated financial reporting. It will serve as an intermediary between the Department's payment systems and the State of Montana's Statewide Accounting, Budgeting and Human Resource System (SABHRS) and Accounts Receivable Management System (ARMS). It will support financial transaction processing and reconciliation for both claims and non-claims expenditures. It will support our Third Party Liability (TPL), Medicare, and Surveillance and Utilization Review System (SURS) activities including recovery and reconciliation.

Claims Processing and Management Services (Claims)

The state will obtain a Claims Processing and Management Services module. This module will support the receipt, adjudication and editing, pricing (using Montana Healthcare Programs approved reimbursement methodologies), and payment for health care claim types including (but not limited to): physician, hospital, outpatient, nursing home, dental, vision, transportation, disability services, mental health, and waiver services. During claims adjudication this module will also process service authorizations, third party insurance liability, and calculate member liabilities including cost share and cost share coordination between multiple payers. This module will be configurable and flexible in order to support claims processing for multiple programs. Claims will be adjudicated "real-time" and process payments and remittance advice daily (or at an interval determined by the state).

Care Management Services (CM)

The state will obtain a Care Management Services module. This module will support activities to improve member healthcare outcomes and reduce healthcare costs for Montana Healthcare Programs by helping members and caregivers more effectively manage health conditions. The care management module will utilize defined criteria to identify members for specific programs, coordinate care for members enrolled in individual or multiple care management programs and collect and report on treatment outcomes. The solution will need to support member outreach, configurable development of assessments, capturing and monitoring assessments and screenings, treatment plans, authorize



services, and incident management and reporting. It will provide comprehensive case management and workflow to track a member's care from inception to conclusion with the tracking of key events being triggered based on the member's condition or type of services required.

Customer Care Services (CCS)

The state will obtain a Customer Care Services module. This module encompasses all aspects of the customer care experience for Montana Healthcare Programs providers and members prior to or following their enrollment in the Departments healthcare programs. The Contractor is expected to provide a comprehensive suite of services, tools, and systems necessary to promote a positive customer care experience. Provider and member self-service supplemented by call center support is key to a successful and positive customer experience. Provider and member data will be available through a variety of secure customer self-service options such as website, mobile apps, and social media. Real-time account information will be accessible securely using various devices such as computers, tablets, and smartphones. Provider and member self-service options will be available across all platforms and provide a positive, comprehensive and seamless experience for all users.

Pharmacy Claims Processing and Management Services (PBMS)

FlexibleRx, the Pharmacy Claims Processing and Management Services module is an on-line, real time pharmacy claims adjudication system. FlexibleRx was implemented December 2015 as the first legacy replacement module within the Montana Healthcare Programs enterprise. FlexibleRx was certified by the Centers for Medicare and Medicaid Services (CMS) on February 15, 2017. FlexibleRx receives member eligibility and provider information from the legacy MMIS. Claims adjudicated in FlexibleRx are sent to the MMIS for payment generation to providers.

Quality Assurance / Quality Control Testing Services (QA/QC)

In order to ensure the quality and success of the MPATH Program, the state will obtain a Quality Assurance/Quality Control (QA/QC) Testing services vendor. These services will meet Montana's need for comprehensive functional and non-functional testing, integration testing, parallel testing, and user acceptance testing support throughout each phase of the system development lifecycle for each module. The QA/QC Testing Services vendor will utilize testing tools and testing databases provided by the module contractors for concurrent testing and other activities throughout the project.

Pharmacy Support Services (PSS)

The Pharmacy Support Services module (PSS) encompasses two objectives. DPHHS will procure new components to replace the legacy Drug Rebate Analysis and Management System (DRAMS) and Retrospective Drug Utilization Review (RetroDUR) systems. Additionally, in order to reduce the dependency of FlexibleRx, the pharmacy claims processing and management system on the existing legacy MMIS, the current pharmacy claims processing and management services contractor, Conduent will complete enhancements to integrate multiple services including member eligibility, provider, financial transaction processing, and centralized data storage and reporting into the MPATH Integration Platform.

3.3.4 Exclusions

The Montana Department of Public Health and Human Services (DPHHS) will release a number of RFPs for software, components and services to replace legacy Montana Healthcare Programs services and components. Contractors awarded the Systems Integration Services, Quality Assurance/Quality Control Testing Services and Independent Verification and Validation Services contracts are precluded from bidding on any other module within the MPATH Program scope.

DPHHS developed prime contractor and subcontractor exclusions based on the August 16, 2016 State Medicaid Director letter (SMD # 16-010 CMS, RE-2392-F Mechanized Claims Processing and Information Retrieval Systems – Modularity). SMD letter #16-010 directs states to use an acquisition



strategy that limits the potential for conflicts of interest Systems Integration Services Contractors may encounter based on their specific scope of services by precluding them from bidding on other functional modules. Additionally, DPHHS identified exclusions for the Quality Assurance/Quality Control Testing Services contractor to ensure independence from any and all module prime or subcontractors.

DPHHS used the following key principles to make exclusionary decisions:

- *Eliminate potential conflicts of interest based on contractor roles.*
- *Minimize the dependence of DPHHS on individual contractors.*
- *Focus on a best of breed replacement strategy rather than a best of suite approach.*

Table 3.3.4 details the mapping of module procurement contractor exclusions for the MPATH Program. The exclusions identified in Table 3.3.4 apply equally to both prime contractors and subcontractors (e.g., if a company is part of the team that is awarded the Systems Integration Services Contract, they are precluded from being able to participate as a prime contractor or as a subcontractor on the Provider Services module or any other MPATH module).

In the event that the Systems Integration Services are re-procured after the award of other MPATH module(s), any successful module(s) prime contractor and their subcontractors will be precluded from a contract award as a prime contractor or subcontractor for the Systems Integration Services re-procurement.

Table 3.3.4 MPATH Contractor Procurement Exclusions

Module Name	SI	QA/QC	PS	DA	FSS	Claims	CM	CCS	PSS	EDW
Systems Integrator (SI)	Open	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	N/A
Quality Assurance/Quality Control (QA/QC) Services	Excluded	Open	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	N/A
Provider Services (PS)	Excluded	Excluded	Open	Open	Open	Open	Open	Open	Open	N/A
Data Analytics, Tools and Services (DA)	Excluded	Excluded	Open	Open	Open	Open	Open	Open	Open	N/A
Financial Support Services (FSS)	Excluded	Excluded	Open	Open	Open	Open	Open	Open	Open	N/A
Claims Processing and Management (Claims)	Excluded	Excluded	Open	Open	Open	Open	Open	Open	Open	N/A
Care Management Services (CM)	Excluded	Excluded	Open	Open	Open	Open	Open	Open	Open	N/A
Customer Care Services (CCS)	Excluded	Excluded	Open	Open	Open	Open	Open	Open	Open	N/A
Pharmacy Support Services (PSS)	Excluded	Excluded	Open	Open	Open	Open	Open	Open	Open	N/A
Enterprise Data Warehouse (EDW)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Legend										
Excluded: Awarded vendor(s) are excluded from bidding on subsequent modules within the overall program.										
Open: Awarded vendor(s) are not excluded from bidding on subsequent modules within the overall program.										
N/A: Not applicable. Service will be provided by the State of Montana Information Technology Services Division.										



 X Offeror has read, understands, and will comply with each requirement in this section.

HHS Tech has read, understands, and will comply with each requirement in this section.

3.4 Technology Standards

The overall goal of the MPATH Program is to implement components and services that improve access to healthcare and treatment outcomes for Montanans. Montana's modularity blueprint is founded on a strategy that utilizes a flexible enterprise technology platform which leverages solutions and services that provide the State of Montana the ability to more effectively meet current business objectives and provide a platform to support the evolving complexities of individuals served by Montana Healthcare Programs. The state intends to utilize commercial off-the shelf (COTS) products and software as a service (SaaS) where possible, to enable an enterprise-wide program management system that utilizes claims and clinical data to measure treatment outcomes, improve the health status of Montanans and reduce healthcare costs. DPHHS will collaborate with multiple vendors to implement streamlined business rules and flexible solutions to meet State and Federal laws, rules and regulations.

DPHHS high level requirements for the MPATH Program are reflected in Table 3.4.

Table 3.4 High Level Requirements for the MPATH Program

Requirements	Requirement Definition
<i>Alignment with the Seven Standards and Conditions</i>	<i>Comply with the Standards and Conditions, set forth by CMS, in order to receive enhanced FFP.</i>
<i>Flexible Enterprise Technology Platform</i>	<i>Utilize enterprise architecture governance process that incorporates MITA standards to accommodate future programs and initiatives.</i>
<i>Automated workflow management</i>	<i>Provide centralized, configurable workflow solution that allows for workflow creation, execution and automation.</i>
<i>Enhance program reporting and data analytics</i>	<i>Implementation of Data Analytic tools and services to enable accurate, real-time data and reporting that will meet changing business and management needs. The solution should be enterprise centric, which would enable other health care and program data typically not found in an MMIS to support enterprise decision-making.</i>
<i>Centralized access to data</i>	<i>Provide real-time and centralized access to members, providers, benefit plan(s), claims, and case management data for the Department's programs including Medicaid, Healthy Montana Kids Plus (HMK Plus), Healthy Montana Kids (HMK) (the state's Children's Health Insurance Program CHIP), Montana Health and Economic Livelihood Partnership Plan (HELP), Mental Health Services Plan (MHSP), Passport to Health, Patient Centered Medical Home (PCMH) and waiver services. Ability to enhance decision-making and increase</i>



	<i>management efficiencies.</i>
<i>Data integration and interoperability</i>	<i>Provide interfaces and components that are reusable and follow industry and national standards for data exchange. Procured solutions will include exposed APIs for easy integration with other enterprise solutions.</i>
<i>Standard Communication Protocols</i>	<i>Standardized protocols for electronic communication will allow DPHHS to move to electronic options for communications using modern services such as Simple Object Access Protocol (SOAP) and Representational State Transfer (REST) including a Web Portal. In addition, standardization will support the ability to provide messaging in Multilanguage and multi-literate formats.</i>
<i>Progressive technology</i>	<i>Provide progressive technology, e.g., mobile apps, text messaging, etc., that increase communication venues and encourages member and provider interaction with Montana Healthcare Programs.</i>
<i>Automate Manual Processes</i>	<i>Automate a majority of manual processes to replace human interactions with automated configurable business rules.</i>
<i>Administrative Simplification</i>	<i>Adhere to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II).</i>
<i>Mechanized Claims Processing and Information Retrieval Systems Final Rule</i>	<i>Meet requirements specified in the Mechanized Claims Processing and Information Retrieval Systems (90/10) Final Rule (42 CFR 433), specifically related to configuration and customization of COTS software.</i>
<i>Standards and Implementation Specifications for Health Information Technology Final Rule</i>	<i>Modularity approach is aligned with industry standards adopted by the Office of the National Coordinator for Health IT described in Final Rule (45 CFR part 170, subpart B).</i>
<i>HIPAA and HITECH</i>	<i>All solutions and services shall be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) requirements in effect as of the date of release for the RFP and with any changes that subsequently occur, unless otherwise noted.</i> <i>The Contractor shall sign a Business Associate Agreement, included in the contract, which is subject to HIPAA and HITECH regulations CFR 45 parts 160 and 164.</i>

 X Offeror has read, understands, and will comply will each requirement in this section.

HHS Tech has read, understands, and will comply with each requirement in this section.

3.5 Montana Healthcare Programs Overview

Montana Healthcare Programs is a group of programs funded by a combination of federal and state funds that provide health and long term care coverage to Montanans who meet specified income guidelines, and/or are elderly and/or have certain healthcare conditions, disabilities or illnesses. The term "Montana Healthcare Programs" collectively refers to all healthcare benefit programs administered by the State of Montana in partnership with the federal Centers for Medicare and Medicaid Services (CMS). Montana Healthcare Programs operates under Title XIX of the Social Security Act, Title XXI State Healthy Montana Kids (HMK), State funded Mental Health Services Plan (MHSP), and the Montana Health and Economic Livelihood Partnership (HELP) Act. Montana Healthcare Programs is the state's largest public/private healthcare coverage program and now touches the lives of approximately 20% Montanans. Table 3.5 represents the groups of individuals who may receive healthcare coverage through Montana Healthcare Programs.

Table 3.5 Montana Healthcare Programs Member Groups

Healthy Montana Kids (HMK) coverage may be provided to children who are in the following groups:	
<i>HMK Plus</i>	<i>Medicaid coverage provided to children up to the age of 19 in families with countable income equal to or less than 143% of the Federal Poverty Level (FPL)</i>
<i>HMK</i>	<i>Previously referred to as the Children's Health Insurance Program (CHIP), HMK is administered by Blue Cross Blue Shield (BCBS) of Montana and provides healthcare coverage to children up to the age of 19 in families with countable income equal to or great than 144% of the FPL, up to 250 % of the FPL.</i>
Standard Medicaid benefits may be provided to individuals who are in the following groups:	
<i>Pregnant Women</i>	<i>Standard Medicaid benefits may be provided to eligible pregnant women with countable income equal to or less that 157% FPL.</i>
<i>Families with Dependent Children</i>	<i>Standard Medicaid benefits may be provided to parents or related caretakers (grandparents, aunts/uncles, etc.) whose countable income is below the Family Medicaid income level (approximately 24% FPL).</i>
<i>Subsidized Adoption, Subsidized Guardianship and Foster Care</i>	<i>Children eligible for an adoption or guardianship subsidy through the department are automatically eligible for Medicaid coverage through the month of the child's 21st birthday. Children, placed into licensed foster care homes by the Child and Family Services Division are also Medicaid eligible.</i>
<i>Former Foster Care Children</i>	<i>Standard Medicaid benefits may be provided to young adults between the ages of 18-26 that were receiving Medicaid at the age of 18, may be eligible for the Former Foster Care Medicaid program.</i>
<i>Aged, Blind or Disabled</i>	<i>Standard Medicaid benefits are available for any individual determined</i>



<i>Individuals Who Receive Supplemental Security Income (SSI)</i>	<i>eligible for SSI.</i>
<i>Aged</i>	<i>Individuals, age 65 or older, may be eligible for Medicaid if their countable income is within allowable guidelines and their resources do not exceed \$2000 for an individual or \$3000 for a couple.</i>
<i>Blind/Disabled</i>	<i>Individuals may be eligible for Medicaid if determined blind or disabled using Social Security criteria, and if their income is within allowable limits and their resources do not exceed \$2000 for an individual or \$3000 for a couple.</i>
<i>Breast and Cervical Cancer Treatment</i>	<i>This program is for women diagnosed with certain breast or cervical cancer or pre-cancerous conditions of the breast or cervix. An eligible woman must be under 65 years old, not have insurance considered to be 'creditable coverage,' meet citizenship or qualified alien requirements, be a Montana resident, and have been screened through the Montana Breast and Cervical Health Program. Countable income cannot exceed 250% of the FPL.</i>
<i>Medically Needy</i>	<i>Certain individuals or families whose income exceeds the Categorically Needy income standards, but who have a significant medical need may be eligible for Standard Medicaid benefits. The individual or family is obligated to incur medical expenses or make a cash payment (spenddown) for the difference between their countable income and the Medically Needy Income Level each month. The resource limit is \$2000 for an individual, and \$3000 for a couple or family.</i>
<i>Autism Services</i>	<i>This program provides intensive treatment services for Medicaid members up to age 21 with a diagnosis of autism spectrum disorder or related condition.</i>
<i>Montana Medicaid for Workers with Disabilities (MWD)</i>	<i>MWD allows certain individuals who meet Social Security's disability criteria to receive Medicaid benefits through a cost share. The cost share is based on a sliding scale according to an individual's income. MWD resource and income standards are significantly higher than many other Medicaid programs: \$15,000 for an individual and \$30,000 for a couple; while the countable income limit is 250% of the FPL.</i>
Additional healthcare services	
<i>Medicaid Expansion</i>	<i>On January 1, 2016, Montana expanded healthcare coverage to thousands of state residents through the Montana Health and Economic Livelihood Partnership (HELP) Act. Individuals who receive healthcare coverage through the HELP Act are either eligible for <u>Standard Medicaid</u> benefits or <u>HELP Plan</u> benefits. Help Plan benefits are administered through Blue Cross Blue Shield (BCBS) of Montana, a third party administrator (TPA).</i> <i>Section 9 of the HELP Act includes provisions to provide health care services for individuals who are in the custody of the Department of Corrections or who are residents by commitment or otherwise residents of the following facilities.</i>

	· <i>Montana State Hospital</i> · <i>Montana Mental Health Nursing Care Center</i> · <i>Montana Chemical Dependency Center</i> · <i>Montana Developmental Center</i>
<i>Mental Health Services Plan (MHSP)</i>	<i>This program provides state funded benefits for individuals who have severe and disabling mental illness and meet income limits establish by the state but do not qualify for Standard Medicaid.</i>
<i>Emergency Alien Medical Coverage</i>	<i>This program provides limited benefits for emergency services such as labor and delivery. Other emergency services may be covered from the time treatment is first given for a condition until that same condition is no longer considered an emergency. These services must be determined an emergency by Medicaid department staff.</i>
<i>Medicare Savings Program (MSP)</i>	<i>MSP benefits may be provided to individuals who are low income Medicare beneficiaries.</i> · <i>Qualified Medicare Beneficiary (QMB) –Medicare premiums, co-payments and deductibles are covered for individuals who have QMB eligibility.</i> · <i>Specified Low-Income Medicare Beneficiary (SLMB) – Medicare premiums are covered for individuals who have SLMB eligibility.</i> · <i>Qualified Individuals (QI) – Part B premium payments are covered for individuals who have QI eligibility.</i>
<i>Montana Waiver Programs</i>	<i>Montana has a number of waiver programs that provide services to supplement existing Standard Medicaid benefits that include the following waivers:</i> · <i>Section 1115 waivers</i> · <i>1115 Plan First</i> · <i>1115 Health and Economic Livelihood Partnership (HELP) Demonstration</i> · <i>1115 Basic Waiver for Additional Services and Populations</i> · <i>Section 1915 (b) waivers</i> · <i>1915(b) Health and Economic Livelihood Partnership (HELP)</i> · <i>1915(b) Passport to Health</i> · <i>1915(b)(4) Montana Big Sky Waiver Case Management</i>

	· 1915(b)(4) Montana Autism Evaluation Services · Section 1915 (c) waivers · 0208 HCBS Comprehensive Services Waiver for Individuals with Developmental Disabilities · 1915(c) Montana Big Sky · 1915(c) HCBS Severe Disabling Mental Illness (SDMI)

3.5.1 Montana Healthcare Programs Benefits

Montana Healthcare Programs Standard Medicaid benefit plan meets federal guidelines for mandatory benefits. In addition, Montana has chosen to cover a number of other cost-effective optional services. Table 3.5.1 represents some of the services covered by Standard Medicaid (services covered for other programs under the Montana Healthcare Programs umbrella may vary).

Table 3.5.1 Example of Standard Medicaid Covered Services

Standard Medicaid Covered Services	
<i>Inpatient hospital services (excluding inpatient services in institutions for mental disease)</i>	<i>Durable medical equipment, prosthetics and supplies</i>
<i>Outpatient hospital services</i>	<i>Optometric, optician and eyeglasses</i>
<i>Laboratory and X-ray services</i>	<i>Transportation and per diem</i>
<i>Nursing facility</i>	<i>Ambulance</i>
<i>Early and Periodic Screening, Diagnosis and Treatment (EPSDT)</i>	<i>Specialized non-emergency transportation</i>
<i>Physician & Nurse Practitioner services</i>	<i>Family Planning</i>
<i>Podiatry services</i>	<i>Home and community services</i>
<i>Physical therapy</i>	<i>Mid-level practitioner</i>
<i>Speech therapy</i>	<i>Hospice</i>
<i>Occupational therapy</i>	<i>Licensed psychologist</i>
<i>Audiology and hearing aids</i>	<i>Licensed clinical social worker</i>



<i>Personal care services</i>	<i>Licensed professional counselor</i>
<i>Home dialysis</i>	<i>Inpatient psychiatric</i>
<i>Federally Qualified Health Centers</i>	<i>Mental health center</i>
<i>Rural Health Clinics</i>	<i>Outpatient Drugs</i>
<i>Dental and denturist services</i>	<i>Case management</i>
<i>Pharmacy</i>	<i>Institutions for mental diseases for persons age 65 and older</i>
<i>Home Health</i>	<i>Indian Health Services (IHS)</i>

The services are paid by a number of payment methodologies: fee for service, percent-of-charges, Resource-Based Relative Value Scale (RBRVS), Diagnosis Related Groups (DRG), Ambulatory Payment Classification (APC), Prospective Payment System (PPS), Relative Value for Dentists (RVD) and negotiated rates.

For additional information regarding Montana Healthcare Programs, please refer to the Montana Department of Public Health and Human Services Report to the 2017 Legislature available in the procurement library.

 X Offeror has read, understands, and will comply will each requirement in this section.

HHS Tech has read, understands, and will comply with each requirement in this section.

3.6 Montana Healthcare Programs Enterprise

The Montana Healthcare Programs enterprise is comprised of multiple components and services that support activities related to provider enrollment and maintenance, population health management, care management, benefit management, claims adjudication, payments, reporting and other business processes necessary to administer Montana Healthcare Programs.

3.6.1 Current MMIS Environment

The current Montana Healthcare Programs enterprise is comprised of a newly implemented pharmacy claims processing system, FlexibleRx, and a compilation of 48 other legacy systems and services.

Montana's core MMIS system is a mainframe Custom Information Control System/Virtual Storage Access Method (CICS v3 r1.0/VSAM v4.2) and utilizes Common Business-Oriented Language (COBOL v4.2) legacy language that has been in operation since 1985. The MMIS was updated in 1997 and certified by CMS in 1998. Conduent is contracted with the State to provide fiscal agent operation services. The State has found it necessary to replace the current MMIS with more modern solutions and services due to the old technology and data integrity of the remaining legacy components. Ongoing system maintenance and enhancements are extensively delayed due to the dated technology

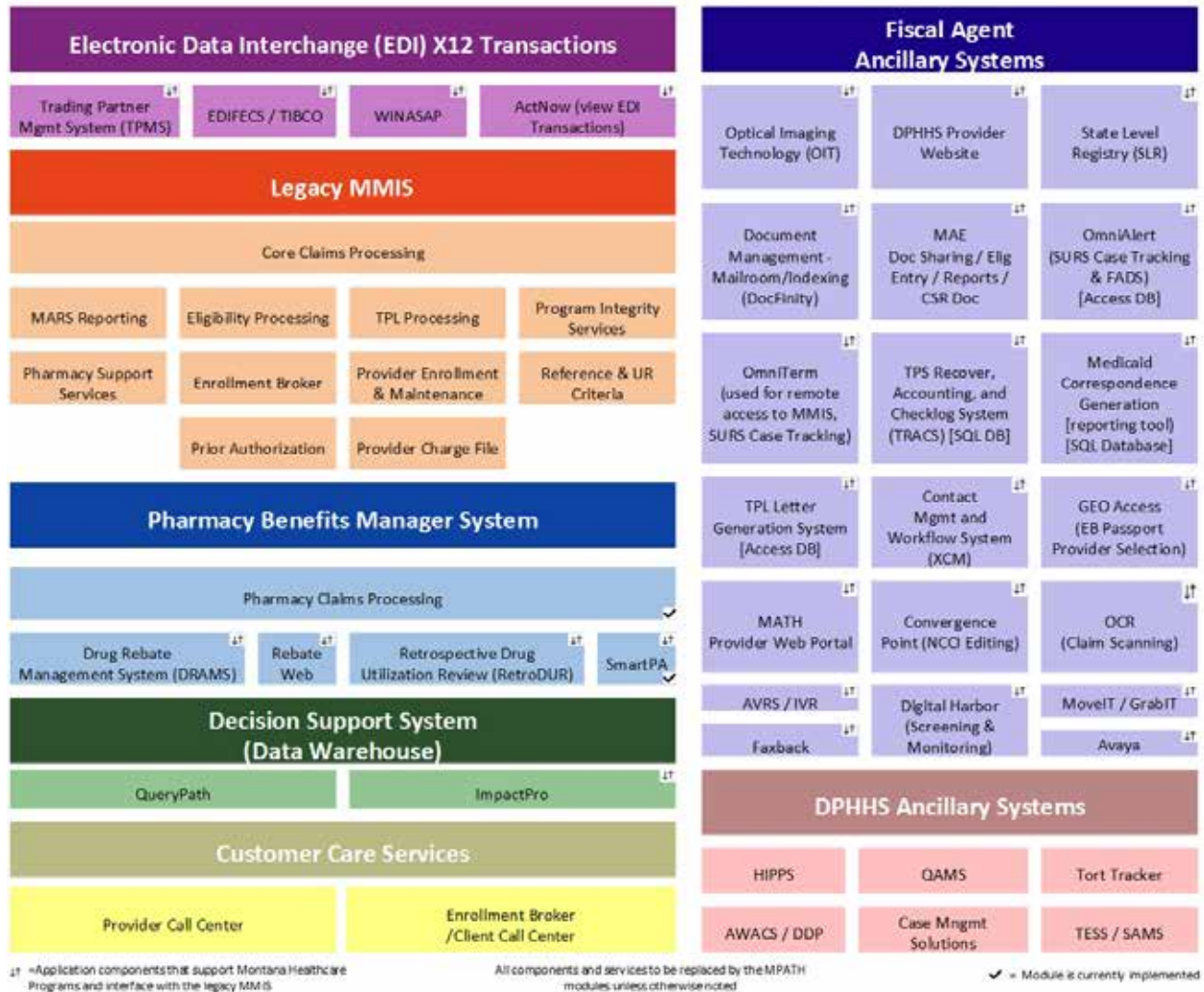


and are further impeded by the limited number of knowledgeable resources familiar with the COBOL language.

In addition to the core MMIS, a number of other components are necessary to support Montana Healthcare Programs business objectives. Figure 3.6.1 represents the current Montana Healthcare Programs environment.

Figure 3.6.1 Montana Healthcare Programs Legacy Components and Services

Montana Healthcare Programs Legacy Components & Services



3.6.2 Legacy Components and Services

Table 3.6.2 represents the approximate number of Montana Healthcare Programs Legacy Systems Users.

Table 3.6.2 Montana Healthcare Programs Legacy Systems Approximate Users Count by Component Group

Component	Users
Legacy MMIS	425
Pharmacy Claims Processing and Management	120
Legacy DSS	225
DPHHS Ancillary Legacy Systems	1855
Fiscal Agent Ancillary Legacy Systems	550

3.6.2.1 Electronic Data Interchange (EDI) X12 Transaction Components/Services

Trading Partner Management System

The Trading Partner Management System (TPMS) is the system that is used to create and manage the types of EDI transactions that trading partners have enrolled to submit and receive.

EDIFECs/TIBCO

EDIFECs/TIBCO is the software used to verify the information contained in EDI transactions meet the necessary requirements.

WINASAP

WINASAP5010 is free billing software offered to providers enrolled with Montana Healthcare Programs to create, and submit X12 compliant EDI claims transactions.

ActNow

ActNow is software used by the customer care center to view and research EDI transactions.

3.6.2.2 Pharmacy Benefits Management System Components/Services

FlexibleRx

FlexibleRx, the Pharmacy Claims Processing and Management module is an on-line, real time pharmacy claims adjudication system. Today, FlexibleRx receives member eligibility and provider information from the legacy MMIS. Adjudicated claims are sent to the MMIS for payment generation to providers. FlexibleRx was implemented December 2015 as the first legacy replacement module within the Montana Healthcare Programs enterprise and was certified by the Centers for Medicare and Medicaid Services (CMS) on February 15, 2017.

Drug Rebate Analysis and Management System (DRAMS)



The Drug Rebate Analysis and Management System (DRAMS) is an application which calculates and maintains records of rebate amounts paid for pharmacy claims to provide the necessary data for CMS for reporting on drug rebates.

Rebate Web

Rebate Web is a web based application where drug rebate invoices and associated claim level detail are uploaded for manufacturer drug rebate management.

Retrospective Drug Utilization Review

Retrospective Drug Utilization Review (RetroDUR) uses a member's drug utilization history to create a usage profile which is then used to help prevent instances of drug abuse, misuse, or fraud. This service is currently contracted to Mountain Pacific Quality Health.

Smart PA

SmartPA is a web based service that interfaces with the pharmacy claims processing system (FlexibleRx) and provides prior authorization validation services during adjudication for pharmacy claims.

3.6.2.3 Decision Support System Components / Services

Query Path

QueryPath is a secure web-based application used for ad hoc reporting and analysis of Montana Healthcare Programs data stored in the legacy data warehouse.

Impact PRO

Impact PRO is a Windows server/workstation-based application that analyzes Montana Healthcare Programs claims data for predictive modeling purposes to identify and member risk for care management activities.

3.6.2.4 Customer Care Services

Provider Call Center

The provider call center are fiscal agent services contracted by DPHHS to assist providers with inquiries related to enrollment, billing, member eligibility, claims and benefit limits.

Enrollment Broker / Member Call Center

The enrollment broker/member call center facilitates member enrollment into care management programs, assignment of a primary care provider/medical home, conducts outreach, and provides information and education to eligible Montana Healthcare Programs members. Additionally, this service performs provider enrollment outreach and education of the care management programs.

3.6.2.5 Fiscal Agent Ancillary Systems

Montana Access to Health Web Portal

Montana Access to Health (MATH) Web portal is a web based tool for providers to enroll with Montana Healthcare Programs, submit electronic claims, view remittance advices, check member eligibility, view claims based medical history, and as well as other provider self-service activities.



Automated Voice Response / Integrated Voice Response System

The Automated Voice Response /Integrated Voice Response system (AVR/IVR) is a provider self-service tool used to verbally supply member eligibility information, provider payment and claims status.

FaxBack

Faxback is another provider self-service tool used to supply member eligibility information or claims status to providers via fax machine.

Avaya

Avaya is used by the current fiscal agent for automated call distribution and supports customer relationship management.

Digital Harbor

Digital Harbor is a tool used by the current fiscal agent to complete automated provider screening and monitoring activities required by the Affordable Care Act (ACA) for new provider enrollments, revalidating providers and monthly monitoring of all actively enrolled providers.

Optical Imaging Technology

Optical Imaging Technology (OIT) is used by the current fiscal agent to capture, store, and retrieve imaged documentation in electronic form that are stored in a document repository.

Optical Character Recognition

Optical Character Recognition (OCR) software is a tool used by fiscal agent resources to scan claims for automated input into the MMIS.

DPHHS Provider Website

The DPHHS Provider Website is a provider resource, administered by the current fiscal agent that houses provider manuals, fee schedule and notices. Additional resources include; claims and electronic billing instructions, provider FAQs, training, program information, provider newsletter (Claim Jumper) as well as links to the MATH Web Portal and other helpful provider resource information.

DocFinity

DocFinity is used by the fiscal agent for document management which includes document scanning, indexing, searching and viewing.

Montana ACS Extranet

Montana ACS Extranet (MAE) is a secured website, hosted by the fiscal agent that provides a venue for DPHHS and the fiscal agent to view, exchange and store information including reports, reference documentation, formal correspondence and provider communication logs. MAE also serves as an eligibility entry portal for certain Montana Healthcare Programs. Customer service requests (CSRs) and file update requests (FURS) are also managed and stored in MAE.

OmniAlert

OmniAlert provides statistical peer group comparison as a tool to analyze behavior patterns of healthcare providers and members to investigate possible fraud, waste and abuse.

OmniTerm



OmniTerm is a terminal server used to obtain remote access to fiscal agent applications including SURS case tracking, MAE and the MMIS.

Third Party Recovery and Checklog System

The Third Party Recovery and Checklog System (TRACS) is an SQL database used by the fiscal agent to manage recovery activities such as carrier billing, provider credit balances, member TPL verification work items and trauma letters.

Medicaid Correspondence Generation Tool

The Medicaid Correspondence Generation Tool is a SQL database used by the fiscal agent used to generate Montana Healthcare Programs correspondence to providers and members.

Third Party Liability Letter Generation Tool

The Third Party Liability (TPL) Letter Generation System is an access database used to generate letters specifically for recovery activities, i.e., credit balance, trauma letters)

State Level Registry

State Level Registry (SLR) is an application used to administer the Electronic Health Record (EHR) provider incentive program.

Conduent Case Management

Conduent Case Management (CCM) is a cloud based workflow automation tool which is also used for contact management.

GEO Access

GEO Access is used by the MMIS Managed Care subsystem to geographically map providers who are near to a member's physical address.

MoveIT/GrabIT

MoveIT/Grab IT is used to provide secure file processing, storage and transfer.

Convergence Point

Convergence Point is the tool used for claim NCCI editing as a part of the claims adjudication process.

3.6.2.6 DPHHS Ancillary Systems

Health Insurance Premium Payment System

The Health Insurance Premium Payments System (HIPPS) is a tool used by DPHHS staff for evaluating and tracking health insurance premium payment activities.

Quality Assurance Management System (QAMS)

QAMS is used to track trends, medication errors, and reporting critical incidents.

Tort Tracker

The Tort Tracker is database utilized by DPHHS staff for third party liability recovery activities.

Agency Wide Accounting Client System (Developmental Disabilities Services)



The Agency Wide Accounting Client System (AWACS) is the system used by the waiver program for case tracking, budgeting, creating and maintaining member plans of care and invoicing.

Case Management Solutions

DPHHS has a number of disparate case management solutions to support current waiver and member care management services.

Shortgrass- *This system is used for overall case management, developing and maintaining plans of care, cost plans and wait lists for two waiver programs.*

Therap- *This system is used for incident reporting.*

The Eligibility Screening System

The Eligibility Screening System (TESS) is used to perform eligibility entry for individuals covered under the Mental Health Services Plan state funded eligibility and Mental Health Services Crisis Stabilization Program.

Substance Abuse Management System

The Substance Abuse Management System (SAMS) is used to track substance abuse treatments and outcomes for Federal Reporting and provider payment.

Web Infrastructure for Treatment Services

Web Infrastructure for Treatment Services (WITS) is a web based application used to collect reporting requirements and manage primary prevention programs for substance abuse prevention and treatment

 X Offeror has read, understands, and will comply with each requirement in this section.

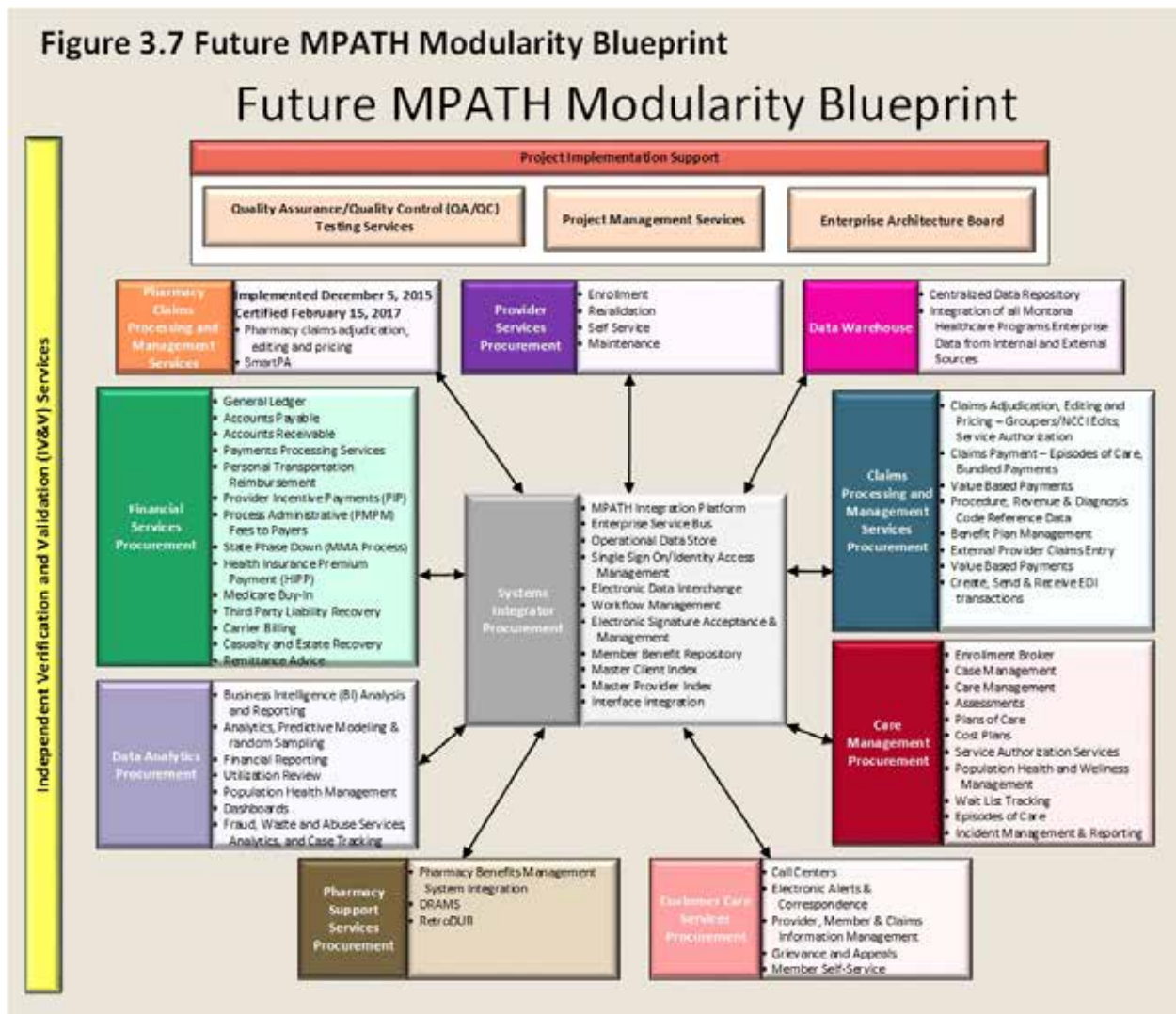
HHS Tech has read, understands, and will comply with each requirement in this section.

3.7 Future MPATH Environment

The future MPATH environment will be an enterprise framework of integrated systems and services enabled by an enterprise services bus (ESB). The exact composition of the enterprise framework will evolve over time as existing legacy solutions are replaced with more modern, flexible solutions that better meet DPHHS' current and future business needs.

DPHHS will contract with multiple vendors who will each provide a discrete set of components and/or services to support the MPATH modules and components. Each contractor will be responsible to operate and maintain its provided solution and will work with the Systems Integration Services Contractor to integrate the solution with rest of the MPATH Integration Platform. Figure 3.7 below illustrates a high level view of the to-be future MPATH Modularity Blueprint Environment.

Figure 3.7 Future MPATH Modularity Blueprint



 X Offeror has read, understands, and will comply with each requirement in this section.

HHS Tech has read, understands, and will comply with each requirement in this section.

3.8 Stakeholders and Governance

3.8.1 Governing Stakeholders

The following stakeholders will contribute to decisions guiding and impacting the MPATH Program

Center for Medicare and Medicaid Services (CMS): CMS is the government entity responsible for authorizing enhanced federal funding for the design, development and installation or enhancement



of a state's MMIS. The Mechanized Claims Processing and Information Retrieval Systems (90/10) Final Rule, effective January 1, 2016, expanded the definition of mechanized claims processing and information retrieval systems to include a "System of Systems". This "System of Systems" allows enhanced federal funding for installation or enhancement of open source software, proprietary software, services, shared services, module, COTS software, and Software as a Service (SaaS) that comprise a State's MMIS enterprise. The Contractor and DPHHS will work with CMS and comply with all regulations to ensure the combination of solutions are certified and meet all federal reporting requirements necessary to ensure CMS authorization of enhanced federal funding.

Department of Public Health and Human Services (DPHHS): DPHHS is responsible for the administration of Montana Healthcare Programs and for the administration and oversight of the MPATH modules and components. The following Divisions are directly involved in the MPATH Program.

The Medicaid and Health Services Branch of DPHHS is responsible for contractual administration and Fiscal Agent management responsibilities.

The Human and Community Services Division (HCSD) is responsible for Member eligibility determinations.

The Business and Financial Services Division (BFSD) is responsible for the accounting and financial functions of Montana Healthcare Programs.

The Health Resources Division (HRD) is responsible for overseeing and managing the Acute, Physician and Hospital programs. The care management, Healthy Montana Kids (HMK) and Montana Health and Economic Livelihood Partnership (HELP) programs are also located in this Division.

The Senior and Long-Term Care Division (SLTC) is responsible for overseeing and managing the Nursing Facility Services and Home and Community Based Services programs.

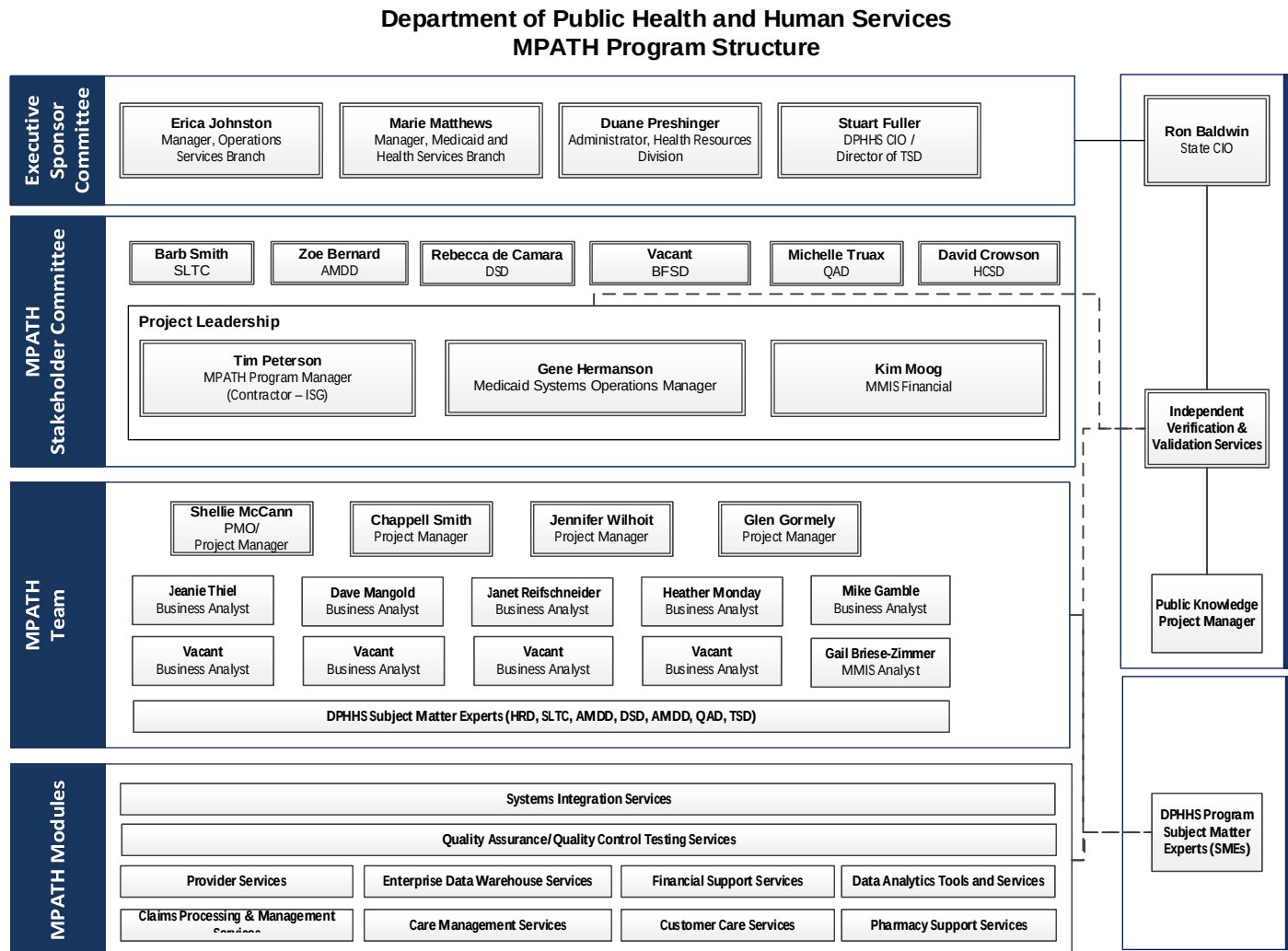
The Addictive and Mental Disorders Division (AMDD) is responsible for overseeing and managing the adult mental health, behavioral health, home and community services, and chemical dependency programs. The State funded MHSP is also located in this Division.

The Quality Assurance Division (QAD) is responsible for all activities related to Program Integrity and third-party liability programs.

The Disability Services Division (DSD) does not currently reimburse providers through the MMIS system. However, the DSD will be utilizing the new systems and services procured via the MMIS Replacement Program. This division is responsible for overseeing the Developmental Disability, HCBS waiver and the Children's Mental Health program.

For additional information on the State programs and a DPHHS organization chart, please refer to the DPHHS website at <https://dphhs.mt.gov/Portals/85/Documents/bureauorgchart.pdf>

Table 3.8.1 MPATH Program Structure



Executive Sponsor Committee: The Executive Sponsor committee members include Erica Johnson, Manager of the Operations Services Branch, Marie Matthews, Manager of the Medicaid and Health Services Branch, Duane Preshinger, Administer of the Health Resources Division, and Stuart Fuller DPHHS CIO/and Director of the Technology Services Division (TSD). The committee's role is to make enterprise wide decisions regarding the modularity program, set priorities, provide recommendations and guidance, and monitor modularity program status and issues.

MPATH Stakeholder Committee: The MPATH Stakeholder Committee is made up of the division administrators from each DPHHS division and the MPATH Program leadership. The division



administrators advise the MPATH Program Leadership on business requirements, program rules and policies. The Division administrators also ensure subject matter experts are available to MPATH DDI Team as necessary to provide detailed insight into specific processes or procedures.

Medicaid Systems Operations Manager: The Medicaid Systems Operations Manager, Gene Hermanson, administers the Medicaid modularity modernization effort, and will be a primary point of contact for contractual matters, in conjunction with the Program Manager. The Medicaid Systems Operations Manager provides program updates to the MPATH Stakeholder Committee members and supervises the program personnel in addition to the oversight and administration of the MMIS legacy contracts.

Program Manager: The Program Manager, Tim Peterson, coordinates each module project across the Montana Healthcare Programs Modularity Program. The Program manager monitors scope, schedule, issues, risks, issues and quality for all module specific projects. The Program Manager is responsible for reporting project status to the Medicaid Systems Operations Manager, the MPATH Stakeholder Committee and the Executive Sponsor Committee. The Program Manager will also oversee the Contract and will be a primary point of contact for contractual matters, in conjunction with the Medicaid Systems Operations Manager.

MPATH Program Management Office: The MPATH Program Management Office is comprised of the Medicaid Systems Operations Manager, Program Manager, the PMO Manager and the MPATH module Project Managers. The Program Management Office will meet regularly to review Program status, scope, schedule, issues, risks, and quality and will make recommendations to the DPHHS Stakeholder Committee and the Executive Sponsor Committee.

Project Governance Team: For each MPATH module there will be a project governance team comprised of the Medicaid Systems Operations Manager, the Program Manager, and the module specific Project Manager. The project governance team will meet regularly with the Contractor to review project status, scope, schedule, issues, risks, and quality and will make recommendations to the DPHHS Stakeholder Committee and the Executive Sponsor Committee. The project governance team will also be responsible for approving project deliverables and change requests.

Project Manager: For each MPATH module, a Project Manager will be designated by the Medicaid Systems Operations Manager to work with the Contractor's project manager to coordinate DPHHS activities related to the project. The Project Manager will be responsible for day-to-day contract administration and ensuring compliance with the contract, monitoring scope, schedules, issues, risks and quality.

Lead Business Analyst: For each MPATH module, a lead business analyst will be designated by the Medicaid Systems Operations Manager and Program Manager to work with the Contractors to participate in requirements validation, solution review sessions and other project meetings. The Lead Business Analyst will be responsible for research and provide timely responses to Contractor inquiries and requests, completing deliverable reviews and conducting parallel and user acceptance testing.

Independent Validation and Verification (IV&V) Contractor: The State's IV&V Contractor, Public Knowledge LLC., is responsible for assessing project management methodologies and project execution and validates conformance of the product and project to RFP requirements and to the contract. The IV&V Contractor further assists the MPATH Program Management Office in monitoring project schedule, scope, quality, risk and completing MECT milestone reviews and Certification activities for each project.



 X Offeror has read, understands, and will comply with each requirement in this section.

HHS Tech has read, understands, and will comply with each requirement in this section.

3.9 High Level Scope of Work

The Provider Services solution will replace and modernize provider enrollment and management functionality provided by the legacy MMIS and the Montana Access to Health (MATH) Web Portal. The Provider Services solution will meet Montana's "to be" vision, for the Provider Eligibility and Enrollment, Provider Management, as well as other applicable MITA business areas, detailed in the MITA 3.0 State Self-Assessment found in the Procurement Library.

The Provider Services module will support a web-based self-service tool, for providers to electronically enroll and revalidate provider record information. The self-service enrollment and maintenance portal must be configurable by provider criteria that includes at a minimum, provider role (e.g., ORP, Rendering, Attending, and Billing/Pay-to Providers, Trading Partner) provider risk level, and provider classification (e.g., physician-family practice, physician-oncologist, hospital-acute care, registered nurse-pediatrics) and other required criteria detailed in Attachment F, Requirements Matrix. In addition, the Provider Services module must also support provider maintenance activities for external and internal users that are founded on business process driven workflow automation principles.

The web-based application will collect required information to support decisions regarding approval or denial of a provider's enrollment request. The online application will accept the electronic attachment of supporting documentation and collect required electronic signatures. The solution would leverage integrated automated workflow so that data and documentation are routed to appropriate unit responsible for decisions on provider enrollment applications. In addition, providers may complete periodic updates and revalidation of their enrollment information via the self-service web portal.

The web-based application(s) will adhere to NIST security standards and all federal and state requirements and all laws, rules, and regulations such as HIPAA and the Affordable Care Act (ACA).

The Provider Services module procurement is a multi-state cooperative procurement initiative through NASPO ValuePoint. NASPO ValuePoint® is a cooperative purchasing program among states. This solicitation is managed by a multi-state Sourcing Team, led by Montana. Other sourcing team states include Oregon, South Dakota, South Carolina and Wyoming. As such, there is functionality within the Provider Services module scope that are not required by every participating state. Therefore, Optional Services have been included to be priced separately which will allow each state to determine if the optional functionality and/or services should be included in their specific scope of work. If the Optional Services cannot be implemented with the Core Services without affecting the Core Services timeline, the State may consider adding an additional implementation phase to the Provider Services schedule. Below is a list of the Optional Services detailed further in Section 3.10. Requirements for the base Provider Services Module and Optional Services are also included in Attachment F - Provider Services Requirements Matrix.

Additional Provider Services Option A

- Self-Service Member Eligibility and Limit Verification Inquiry*
- Self-Service Claim Status Inquiry*
- Claims Based Medical History*

- *Upload Files*
- *View/Download Files*
- *Online Provider Appeal Request*
- *Self-Service Primary Care Case Management (PCCM) Member Display*
- *Online access to enter claims*

Additional Provider Services Option B

- *Conduct Provider Site Visits*
- *Include Reference Documentation*
- *Provide Technical Help Desk Support*
- *Provider Services Call Center*
- *Staffing*
- *Collect and Enter State Auditor's Office Financial Information*
- *Provider Services Call Center Management System*
- *Integrated Voice Response System/Automated Voice Response System*

A successful Provider Services solution will provide a variety of self-service options with a seamless end-user experience for Montana Healthcare Programs providers. If the vendor selected for the Provider Services module does not provide the optional services, these services will be provided by the Customer Care Services vendor.

HHS Technology Group (HHS Tech) is a software and solutions company specializing in supporting the technology needs of government agencies. Our team's expertise and



technology guidance with CMS and other stakeholders has held a significant impact in the move towards modularity. The paradigm shift from traditional, archaic technology to modular, flexible, and adaptive modules will move states like Montana forward, providing much needed, modern available functionality while also adding tremendous efficiency to existing workflows and processes.

The Montana Program for Automating and Transforming Healthcare (MPATH) has taken an active step forward over the last several years in forming concrete plans to transform your current state of nearly 50 legacy systems into a condensed set of individual modules. These new modules will provide the highest level of functionality, incorporating the latest technology advancements available while ensuring interoperability with other modules selected through additional procurements. To support the Montana Department of Public Health and Human Services (DPHHS) and other states involved through the NASPO ValuePoint cooperative purchasing program, HHS Technology Group proposes our **Discover Your Provider (DyP)** solution which is built specifically to align with modularity

standards and guidance through our consultative work with stakeholders to date. Provided in this response is an overview of our proposed **DyP solution** and the core features and benefits we bring to DPHHS.

3.9.1 Discover Your Provider: DPHHS' Solution for Provider Enrollment and Maintenance

HHS Tech's **DyP** solution is an all-inclusive, modular Provider Services solution to support the enrollment and maintenance of all provider types (from hospitals to home health agencies and more) as well as the needs of internal users. **DyP** is built to be both modular and adaptable to meet state-specific needs and to conform to the guidance released by the Centers for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) Seven Standards and Conditions.

Since CMS' initial requirements were released in April 2011, continual guidance has been provided to ensure proper alignment of technology to modularity standards. HHS Tech designed and developed the **DyP** solution specifically to align with released guidance from CMS along with additional stakeholder input across multiple states. **DyP** is one of the first modular solutions built specifically to address the new standards for modularity. At its core, our product is a Software as a Service (SaaS), Commercial-off-the-shelf (COTS) solution built to:

- Provide holistic provider support with wide-ranging functionality through the **Provider Portal** to include:
 - o Provider Enrollment
 - o Provider Self Service
 - o Support for Additional Functionality¹
- Support backend, administrative users through the **Internal User Portal** which enables state administrative staff and other support users to:
 - o Review, verify, and approve provider submitted information
 - o Manage the entire

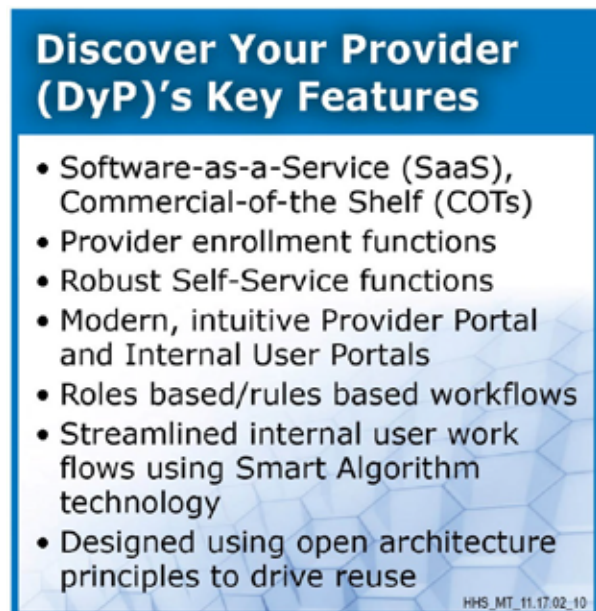


Figure 1: DyP's Key Features

¹ HHS Tech proposes supporting DPHHS and other states in the *Additional Provider Services Options A and B* that are a part of this procurement.

application and approval process

- o Perform a range of support functions to create efficiencies across traditional workflows
 - Incorporate best practices for modularity
 - Align with industry-wide design principles for adaptability, ease of use, and interoperability
 - Provide a modern, web-based user experience
 - Support self-service functions 24/7/365
 - Ensure adherence to industry regulations, including guidance from CMS, the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the Americans with Disabilities Act (ADA) 508 Accessibility Standards

In addition, as part of our efforts in ensuring modularity, our solution has been specifically built on open architecture principles to ensure enterprise-wide reusable components that allow for quick, efficient modifications to be made in hours, not days, to support state-specific needs. As a role-based and rules-based system, configurations to backend business rules, changes to data access, and more can be made with just a few clicks or less through the portal interface.

Further, with attention paid to streamlining internal users' workflows through the **Internal User Portal** and easing the process for providers through the **Provider Portal**, the **DyP** solution provides the features and benefits needed to increase the maturity of DPHHS' existing systems and processes in place today. Provided in the following figure is a high-level overview of our proposed solution, its modern, interoperable components, and the backend services and business processes supported.

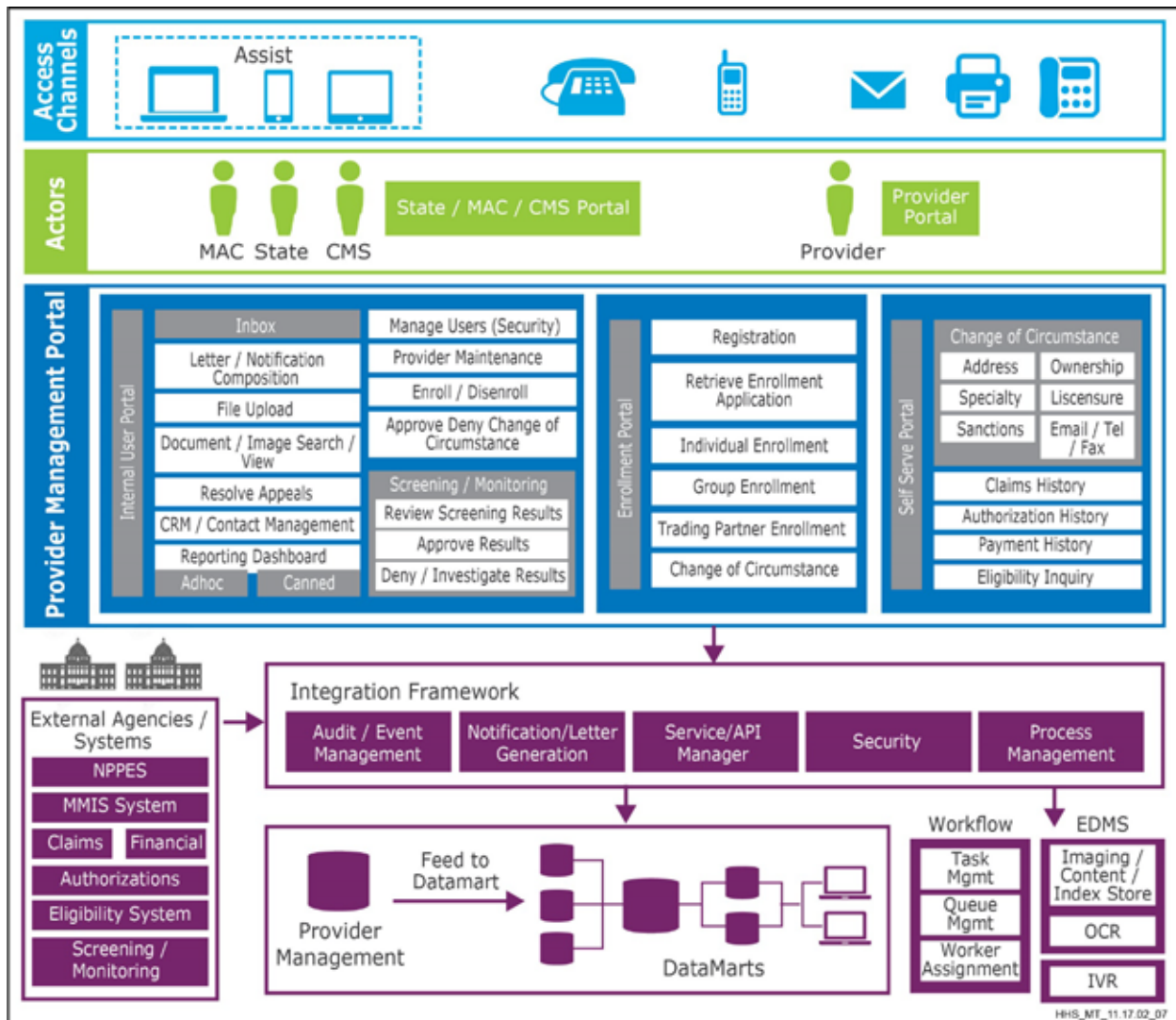


Figure 2: DyP Architecture Diagram. The overall DyP solution supports a wide range of business processes and functionality with two primary user-facing portals, the Provider Portal and the Internal User Portal. Business rules and process workflows are configurab

As a holistic, web-based provider services solution, **DyP** is built to achieve certification from CMS and ultimately enhance the existing processes of states, easing the burden on administrative staff in working with legacy systems to enable states like DPHHS to focus on what matters most – *improving the lives of your residents*. We look forward to supporting DPHHS MPATH program efforts with our solution.

3.10 Detailed Scope of Work

The Department of Public Health and Human Services (DPHHS) defined the scope of work stated in the Requirements Matrix which is included as Attachment F of this RFP. Unless otherwise noted as Option A or Option B requirements, Attachment F requirements are Mandatory requirements and may only be changed through written approval of DPHHS and the Contractor. The requirements in section 3.10, unless otherwise noted, shall apply throughout the life of the Contract. Additionally, the Contractor's scope of work must be performed within the proposed cost for each project phase as defined in Attachment G – Provider Pricing, Schedule B - DDI Payment Milestones.

HHS Tech has carefully reviewed all requirements as set forth in *Attachment F*, including all revisions and modifications received through the subsequent answers to vendors' questions. The DyP solution supports all mandatory requirements of the base option. Further, HHS Tech also proposes to support Option A and Option B requirements to ensure additional support for DPHHS.

3.10.1 Technical and Information Architecture Requirements

The Systems Integration Services Contractor, will define the common data model, establish the MPATH Integration Platform, including use of the ESB, and provide an inventory of Application Programming Interfaces (APIs) as well as performing other systems integration efforts. Module Contractor(s) must work with the Systems Integration Services Contractor to integrate with the MPATH Integration Platform. The "to-be" technical architecture and supporting technology requirements for the MPATH modules and components are defined in Attachment F, Requirements Matrix.

HHS Tech brings significant experience in working with a number of large Systems Integrators (SIs) on a range of diverse projects. Further, we have also acted as the SI on projects to provide support for the integration of our solution with other systems.

Our Implementation Team will work with the chosen SI in identifying all system integration needs at the *start of the implementation*, including the integration method to be used (API/batch upload/other) for connecting with other systems. The service-oriented architecture (SOA) will ensure data is sent/received through XML/JSON files/objects via an Enterprise Service Bus (ESB).

Throughout the implementation, HHS Tech will ensure our team provides information to the selected SI and other stakeholders on the **DyP** solution components, service layers, backend support systems in use, system dependencies, technology protocols, etc. This will create a streamlined implementation experience for DPHHS since all integration requirements will be identified, vetted, and tracked from the start of the implementation. Further, the same level of importance is placed on integration needs as our system-level modifications and configurations identified through our Map and Gap Analysis Phase as defined in section 3.10.2.3 below.

Finally, ongoing work and collaboration throughout the term of the contract will be critical between HHS Tech and the selected SI. As DPHHS continues to procure other MMIS modules as part of your MPATH program efforts, ongoing alignment to new technologies procured will be necessary to ensure the proper routing of data and associated transactions between systems. HHS Tech looks forward to working with the selected SI, DPHHS, and other vendor stakeholders chosen throughout our partnership to address all of the latest needs for system integration and interoperability.

3.10.1.1 Compliance

This section addresses compliance with state and federal statutes, policy, mandates as well as industry standards required for the Contractor's Scope of work. Offerors must describe how their solutions and operational approach meet each of the Compliance requirements detailed in Attachment F, Requirements Matrix.

The **DyP** solution is built to achieve CMS certification and meet all requirements for modularity as well as additional, specific mandates under law, including, but not limited to:

- Adherence to the MITA Seven Conditions and Standards
- Alignment to additional, sub-regulatory guidance released by CMS, including the State Medicaid Director (SMD) letter #16-010
- Alignment to the Medicaid Enterprise Certification Toolkit (MECT), including modifications currently in progress to reflect the latest version 2.2 (July 31, 2017 release)
- Satisfies 45 CFR 164.316 and Administrative Rule 37.85.414 for data retention requirements
- HIPAA (Public Law 104-191 and the associated Administrative Simplification [Subset of Title II] provisions), HITECH, and ADA 508 compliant
- Provides maximum interoperability, flexibility, and adaptability to meet state-specific needs

Overall, **DyP** is built based on best practices to ensure optimal end user usability (modern UX/UI experience) while maintaining maximum backend performance, processing, maintenance, and transmission of data. To satisfy the Modularity Condition of the MITA 3.0 standard, **DyP** is built on modern, modular architecture with well-defined and documented APIs.

The combination of our solution and experienced staff will ensure a successful implementation of the Provider Services Module for DPHHS MPATH. As required, provided in the following table is an item-by-item response demonstrating how our solution and staff will ensure full compliance of our proposed solution with all DPHHS compliance requirements.

Figure 3: Compliance Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
CMP01	The Contractor shall, upon request by the State or at the end of the contract, transfer or destroy all documentation in the custody of the Contractor. The Contractor shall provide the transferred records and data in a format agreed upon by the State.	HHS Tech will deliver all agreed upon project artifacts and deliverables to the State using the agreed upon data format, in accordance with the agreed upon schedule. Any documents that need to be destroyed base on DPHHS guidelines will be destroyed or transferred to the State by HHS Tech in alignment with DPHHS protocols when the contract has ended.
CMP03	The Contractor shall notify the State in writing within five (5) business days following initial detection of suspected fraud or abuse and provide supporting documentation.	As a standard part of HHS Tech protocol, we will ensure prompt notification of any and all perceived, suspected, and/or detected fraud, waste, or abuse within five business days following initial detection. Supporting documentation will accompany all notifications and our team will remain available, providing prompt updates and additional information throughout the resolution period.
CMP04	The Contractor's solution shall have full integration of the MITA initiative with business, architecture and data required to support the State's healthcare programs.	The DyP solution aligns with all MITA standards and guidelines. The DyP solution is configurable to support the business needs identified. For example, longer retention periods of data for business processes like TPL recovery and drug rebate.
CMP05	The Contractor shall adhere to data retention requirements cited in 45 CFR 164.316 and Administrative Rule 37.85.414. The Department may require a longer retention period on an exception basis to support ongoing business needs (e.g., TPL recovery and drug rebate).	The DyP solution satisfies all 45 CFR 164.316 and Administrative Rule 37.85.414 data retention requirements. Additionally, we can provide a longer retention period for specific data sets, requested documents, and/or transactions.

Req. ID	Req. Language	Response
CMP06	The Contractor shall have written policies governing access to, and duplication and dissemination of all individual or entity information.	To ensure alignment with HIPAA and other protocols, HHS Tech has established written policies which govern access to sensitive client data, including that of individuals and entities. These series of policies ensure the security and protection of all data coming through our system. Further, in regards to personnel, all staff and contractors are trained in HIPPA guidelines and must sign Non-Disclosure Agreements (NDAs) to ensure compliance on every project.
CMP07	The Contractor shall comply with all sections of the Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act and ensure user interface standards account for the various forms of colorblindness.	The overall design of the DyP solution has been made to ensure compliance with the ADA and established 508 accessibility standards.

Req. ID	Req. Language	Response
CMP08	The Contractor and its services, work products and final deliverables provided by the Contractor applicable to the services described in the scope of work shall be knowledgeable of and in compliance with pertinent State and Federal Statutes, CIO Promulgated Rules, State IT policies, rules, and standards for required system hardware, software and development tools and processes, and operational procedures when completed and accepted by the Department. The Contractor shall also be aware of upcoming changes to existing rules and regulations as well as new rules and regulations that may impact the scope of work.	HHS Tech has dedicated business analysts that continually monitor changes to existing rules and regulations within the industry. As changes and new guidance are released, internal sessions are established to thoroughly analyze the latest changes in regulations and to map out any enhancements and/or modifications necessary to support the latest rule changes. This process is critical to ensure ongoing adherence and compliance to all regulations. As part of the analysis, federal guideline changes will be implemented as part of the base product. Base product enhancements will be made available to the State on a regular basis. We will work with the State for any state-specific legislative changes to define the scope and timeframe for delivery.
CMP09	The Contractor shall adhere to recognized best practices during the execution of the scope of work including the latest version of the National Institute of Standards and Technology (NIST) Special Publication (SP) 800 series related to cyber security.	HHS Tech ensures adherence to the latest guidance from NIST and their recommendations as published. For example, the SP 800-150 guidance specifically addresses cyber threat information sharing, which is analyzed by our Security Incident Response Team (SIRT) to modify existing policies and procedures to ensure compliance and alignment.

Req. ID	Req. Language	Response
CMP10	The Contractor shall be knowledgeable of and support the Department to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions-MITA Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data.	HHS Tech's Implementation Team holds extensive knowledge on the latest, established MITA Standards and Conditions and the associated guidance from the latest version of the Medicaid Enterprise Certification Toolkit (Version 2.2). Our team will continue to review and align to the latest releases of standards and guidance from CMS throughout the lifetime of our contract, including: · Information Architecture · Standards and Conditions · Access and Delivery Protocols · Interface Requirements · Integration and Utility Guidance

Req. ID	Req. Language	Response
CMP11	The Contractor shall be knowledgeable of and support the Department to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions - Industry Standards Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. The Contractor shall ensure alignment with, and incorporation of, industry standards, HIPAA, privacy and transaction standards; accessibility standards, and standards that provide greater accessibility for individuals with disabilities and standards under the Affordable Care Act.	The DyP solution is built to adhere to all MITA 3.0 Standards and Conditions as well as all standard industry regulations, such as HIPAA, ADA 508 requirements, and rules from the ACA. Our UX Design Team ensures the usability of our system and the adaptability of the user interface (UI) to meet specific regulatory requirements and individual needs. This ensures not only support for people with disabilities but also <i>maximizes usability</i> across all users since ease of use is often the most critical feature in ensuring the solution implemented will be efficient and effective long-term. As new guidance and changes to regulations occur throughout the term of the contract, HHS Tech will take a proactive approach in alerting DPHHS. Our team will discuss any changes needed to the system in advance so that the Provider Services module maintains continual adherence to all regulations, rules, and protocols.
CMP12	The Contractor shall be knowledgeable of and support the Department to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions - Leverage Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. The Contractor shall promote sharing, leveraging, and reuse of healthcare technologies and systems within and among states.	The DyP Provider Services Module is built to inherently promote sharing, leveraging, and reuse of its technology components and service layers. As a SaaS, COTS, and web-based solution, DyP is both flexible and adaptable to meet changes to state and federal requirements.

Req. ID	Req. Language	Response
CMP13	The Contractor shall be knowledgeable of and support the Department to maintain compliance with the "to be" vision of MITA 3.0 Standards and Conditions -Business Results Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. The Contractor shall support effective communications with providers and the public.	The DyP solution has an embedded claims business process layer to effectively receive or enter claims and transmit those claims to the claims adjudication engine. Functionalities are included in both the Provider Portal and the Internal User Portal to support the prompt receipt and transfer of claims. In addition to supporting standard HIPAA-compliant electronic data interchange (EDI) transaction sets for claims and eligibility inquiries, DyP also provides secure messaging functionality. In facilitating effective communications among stakeholders, the DyP solution includes messaging services as part of its service layer. This provides a number of additional features including mail, short message service (SMS) notifications (texts), and live chat capabilities.

Req. ID	Req. Language	Response
CMP15	The Contractor shall be knowledgeable of and support the Department to maintain compliance with the "to be" vision of MITA 3.0-Standards and Conditions- Interoperability Condition or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. The Contractor's solution shall ensure seamless coordination and integration with components, other systems and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services and federal data sources.	Working in conjunction with the selected Systems Integrator (SI), HHS Tech's Implementation Team will ensure all integrations and interoperability needs with other systems are identified and mapped at the start of the implementation. The DyP solution is built on modern, service-oriented architecture to be flexible and adaptable to seamlessly integrate with other systems. API adapters are available to integrate with different systems through different protocols. For example, web services, RESTful APIs, JSON objects, batch files, etc. All interfaces will be tested to ensure successful receipt of EDI transactions by the ESB and onto other integrated systems before the solution goes live. HHS Tech will ensure maximum interoperability between systems and the seamless flow of information to other systems, agencies, services, and associated programs.

Req. ID	Req. Language	Response
CMP16	The Contractor shall be knowledgeable of and support the Department to maintain compliance with the "to be" vision of MITA 3.0-Standards and Conditions- Modularity Standard or the latest MITA version that requires states to align to and advance in MITA maturity for business, architecture and data. The Contractor's solution shall use a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interfaces (API); the separation of standardized business rule definitions from core programming; and the availability of standardized business rule definitions in both human and machine-readable formats.	To align with modularity standards released, DyP is built based on a flexible, adaptable modern architecture, with well-defined and documented APIs. The features and functions of the system are defined and configured based on established business rules which can be easily modified to meet state-specific needs. Business rules can be modified by users through the Internal User Portal for database-driven rules. Users can also modify or create business rules using the rules management console. Lastly, system administrators can also configure rules via property files. Further, all business rules are built to be easily modified and not embedded within DyP's core programming. This enables changes to be made at the UI tier, business tier, and system/infrastructure tier efficiently.
CMP17	The Contractor must provide the Department with compliance assurances for the Contractor scope of work.	Upon award, HHS Tech will discuss all final SLAs with DPHHS which will be tied into the final contract to ensure adherence and assert our commitment to the success and compliance of HHS Tech's solution.
CMP18	The Contractor shall be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) requirements in effect as of the date of release for the RFP and with any changes that subsequently occur, unless otherwise noted.	The DyP solution is HIPPA compliant. In addition, we continually monitor changes within the industry so that our product is enhanced accordingly.

Req. ID	Req. Language	Response
CMP19	The Contractor shall enter into a Business Associate Agreement (BAA) prior to the initiation of work. The Contractor and the Department acknowledge and agree that the Business Associate Agreement is subject to HIPAA, and the HIPAA implementation regulations thereunder, and the Health Information Technology for Economic and Clinical Health Act (HITECH), and the HITECH implementation regulations thereunder. Under the Agreement, both parties are responsible for security and privacy compliance and must take advantage of the appropriate security capabilities and measures and adequate data validation, as well as have appropriate policies and procedures in place to minimize or prevent unlawful access by any person who may have access to the entire database.	HHS Tech understands any BAA executed would mandate our adherence to HIPAA, HITECH, and associated industry regulations. As a company with years of healthcare technology experience, both our staff and solution are monitored to ensure our “Need to Know” (Minimum Necessary Standard) and other compliance protocols are followed at all times. Throughout the lifetime of the contract, we will continue to align to all of our best practices in place, from our extensive training of personnel to the 24/7 monitoring of our product and embedded security measures to prevent any unlawful access to sensitive Protected Health Information (PHI) and/or Personally Identifiable Information (PII).
CMP20	The Contractor shall ensure all information not specifically identified as Protected Health Information (PHI) or Personally Identifiable Information (PII) as defined under HIPAA and/or HITECH is treated as privileged communications, held confidential, and must meet the terms and conditions specified in the RFP, BAA and Contract.	HHS Tech considers any client information to be confidential, and is treated as such throughout the lifetime of each engagement. Further, any additional confidentiality obligations from the RFP, BAA, and Contract will be followed. All activities conducted, including those of any contractors utilized, are covered and enforced by our Information Security Policies in place.

Req. ID	Req. Language	Response
CMP21	The Contractor shall ensure that except as provided by law, no information in the possession of the Contractor about any individual shall be disclosed without prior written consent.	HIPAA and other associated laws are very specific on how and under what circumstances information about an individual can be disclosed. As such, HHS Tech has developed policies and procedures in place to ensure written consent is obtained before the release of any information. In working with the DPHHS, HHS Tech will maintain the same, strict standards and conditions we have in place today for our other clients to ensure the secure protection of information, including any agency-specific information and that at the individual level.
CMP22	The Contractor shall follow all applicable technical standards for site and system security policies and procedures to protect the Department's healthcare data and information systems.	All data, both in transit and at rest, is encrypted in alignment with the final standards established by contract. HHS Tech recognizes DPHHS may have specific technical standards for the secure storage and transmission of data and will ensure these are adhered to along with industry regulations.
CMP23	The Contractor's data management approach and operational policies shall meet HIPAA, HITECH, ARRA and other federal and State privacy and security requirements.	HHS Tech will adhere to the data management and operational policies as outlined in HIPPA, ITECH, ARRA, other federal and state privacy and security requirements.

Req. ID	Req. Language	Response
CMP24	The Contractor's solution shall be compatible with multiple standard browsers in accordance to the State's IT Standards which can be found in the Procurement Library. The solution shall allow access from standard browsers without requiring specialized plug-ins or applets to function.	DyP is built to support all standard, modern web browsers without the need for any added plug-ins or applets. Our solution is compatible with the latest and -1 version of the following browsers: · Chrome · Internet Explorer · Opera · Mozilla Firefox · Safari
CMP25	The Contractor shall retain, all original paper documents for fifteen (15) calendar days from the date the documents are received and have been scanned, indexed, stored in the ECM and meet verification process standards. Original documents may be destroyed once indexed and stored in the ECM and the retention period is met in accordance with State and Federal guidelines.	HHS Tech will conform to all date-specific retention policies, including the wait time of 15 calendar days for all hardcopy documentation received and processed. The DyP solution includes an Enterprise Content Management (ECM) component layer that ensures all documentation is properly indexed and stored for retrieval in real-time, 24/7/365. Any separate retention periods specific to other state and/or Federal guidelines will also be acknowledged and adhered to throughout the contract term.
CMP26	The Contractor shall maintain an auditing system and employ accounting/auditing procedures and practices that conform to GAAP and GAAS. All charges applicable to the contract shall be readily ascertainable from such records.	HHS Tech's Finance Team conforms to all Generally Accepted Accounting Principles (GAAP) and Generally Accepted Auditing Standards (GAAS). All charges, invoices, payments, and other transactions will be recorded, filed, and easily retrievable at all times.

Req. ID	Req. Language	Response
CMP27	The Contractor will ensure that all technologies implemented are in compliance with any End User Licensing Agreements or other licensing arrangements.	HHS Tech maintains and ensures adherence to all licensing agreements in place for the proper operation of HHS Tech's solution. We will continue to hold ourselves accountable for ensuring the maintenance and adherence of all licensing agreements in place throughout the duration of the contract.
CMP29	The Contractor shall comply with Affordable Care Act Section 1104 Administrative Simplification, and Section 1561 Health IT Enrollment Standards and Protocols.	DyP is built to ensure adaptability to changing regulatory requirements, including those identified in these name standards and protocols. Both the operating rules to standardize business practices as laid out in Section 1104 Administrative Simplification of the ACA as well as the committee recommendations released for Section 1561 will continue to be followed and adhered to.
CMP30	The Contractor's solution shall ensure that all data necessary for legal requirements is retained.	HHS Tech has established Data Retention policies in place, complete with set administrative protocols to ensure the proper maintenance and retention of data, including for legal reasons such as HIPAA case filings. Further, the DyP solution includes integrated electronic document management storage enriched with customizable, rule-based workflows to modify data retention standards to meet state-specific needs.
CMP32	The Contractor shall provide a mechanism to purge source documents in accordance with HIPAA security provisions and State requirements.	The DyP solution provides capabilities to purge data based on state-specific guidelines. In general, no data is deleted from the system, but in the case of a purge request, all data associated with a provider or entity will be physically deleted from the system.

3.10.1.2 Security

This section addresses security requirements for the Contractor's solution(s) and operations. Due to the nature of the information managed by the State, any event resulting in a potential loss of confidentiality, integrity and/or availability of government data is unacceptable. Offerors must describe their approach to security and describe how proposed solution(s) meet each of the Security requirements detailed in Attachment F, Requirements Matrix.

As a software company, particularly one specializing in health and human services solutions, HHS Tech is acutely aware of the serious need for extensive security protocols and measures to safeguard the protection of all client and consumer data. As such, all data is considered confidential, including any that involves Protected Health Information (PHI) and/or Personally Identifiable Information (PII).

In addition, unlike other companies, our security is built into HHS Tech's solution through the underlying integration, and not simply as a 'bolt-on' to the application layer. Some of our key security measures in place include, but are not limited to:

- Advanced Encryption Standard (AES) 128-bit or 256-bit, depending on the browser version used
 - o Meeting both Federal Information Processing Standards (FIPS) and Public-Key Cryptography Standards (PKCS)
- Security, identity management, role-based authentication, and authorization all controlled using OpenAM
 - o Open source technology that provides an access management, entitlements, and a federation server platform
 - o Sponsored by ForgeRock
 - o Awarded Product of the Year in the Security category in 2009
- All data is fully protected – both in transit and at rest
- Both physical and virtual security measures are implemented
- Intrusion detection and penetration testing mechanisms for protecting against external and internal attacks
- Protections against improper data changes
- Cloud-based technology through Amazon Web Services (AWS) GovCloud to ensure consistent adherence to the latest security standards and protocols, including:
 - o Federal Risk and Authorization Management Program (Fed RAMP)
 - o Payment Card Industry (PCI) Data Security Standards
 - o HIPAA Act Privacy Standards
 - o National Institute of Standards and Technology (NIST) SP 800--53 (rev4) and SP 800-171
 - o Federal Information Processing Standard Publication
 - o Federal Information Security Management Act (FISMA)
 - o Department of Defense Security Requirements Guide (SRG)



- o U.S. International Traffic in Arms Regulations (ITAR)
- o Department of Commerce Export Administration Regulations (EAR)
- o IRS-1075 Encryption Standards for Federal Tax Information (FTI) Section 6103 (p)
- o Department of Justice Criminal Justice Information Service Security Policy
- o Defense Federal Acquisition Regulation Supplement (DFARS)
- Flexible, role-based permissions that allow access and role changes to be made in real-time with appropriate authorizations
- Oauth2 or SAML 2.0 protocol for authentication, with strict requirements for end users' passwords
- 24/7/365 support and monitoring of our solution to address client inquiries and to ensure the secure, efficient operation of HHS Tech's solution at all times
- Electronic transaction marking with a digital signature compliant with HIPAA
- Tools for system monitoring and management



For additional information, provided in the following table is an item-by-item response to all security requirements, as set forth in *Attachment F*, providing detailed information on our security measures in place.

Figure 4 Security Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
SEC01	The System shall provide a physical and electronic environment that uses public key infrastructure to verify all transactions and the identity of all users and denies access to unauthorized users. For example: a. Require unique sign-on (ID and password) b. Require authentication of the receiving entity prior to a system-initiated session, such as transmitting responses to eligibility inquiries.	HHS Tech's established security standards and integration infrastructure in place adhere to these requirements, including: · Support to both authenticate and authorize user access · SAML 2.0 or Oauth2 supported single sign-on (SSO) · Use of https protocol for communication, which supports public and private keys · Configurable username and password requirements

Req. ID	Req. Language	Response
SEC02	The Contractor shall ensure that any data being transmitted or transported either physically or electronically will be encrypted.	All data in transit or at rest is encrypted using 128 or 256 bit encryption standards.
SEC03	The Contractor shall ensure that any unneeded hardware, software, and licenses have been decommissioned.	The DyP solution will only utilize the hardware, software, and associated licenses necessary to properly operate our solution.
SEC04	The Contractor shall protect all government data from loss or unauthorized disclosure.	Our security measures, protocols, and cloud provider, AWS GovCloud, will fully protect DPHHS from any unauthorized data access or disclosure. In addition, a Business Continuity and Disaster Recovery Plan will ensure minimum loss of data.
SEC05	The Contractor's solution shall streamline electronic transactions by incorporating electronic and digital signatures compliant with HIPAA and other State and federal statutes.	The DyP solution uses digital signatures compliant with HIPPA, state, and federal statutes to support a streamlined processes, for example, enrollment or appeals process.
SEC06	The Contractor's solution shall provide tools (e.g., alerts or reports), which identifies usage anomalies or users who may have misused the system.	All actions which occur in the system are fully monitored and logged. User dashboards are in place to monitor all activity to spot any erroneous actions immediately. Built-in alerts are in place in addition to our 24/7/365 monitoring. Log reports identifying any anomalies within the system can be reported upon. System and user activity reports can be generated both on demand and at regular intervals throughout the contract period.

Req. ID	Req. Language	Response
SEC07	The Contractor's solution shall automatically maintain an audit trail of users, including database administrators, who pass through or view a record, regardless of whether data is changed.	System Administrator and user actions are logged within DyP (Who saw "what", "where", and "when"). Logstash is used for both gathering and storing logs.
SEC08	The Contractor's solution shall have security audit trail reporting capabilities (e.g. security, level, locale, IP address, user ID, before and after changes).	HHS Tech leverages Kibana, an open source data visualization technology, to take captured log data and transform it into readable, graphical reports. Reports can be generated off all audit data measures tracked, including all parameters noted (e.g., user ID, changes made).
SEC09	The Contractor's solution shall ensure the audit trail that cannot be modified.	There is no open functionality within the system for any user to update/modify audit records. This is an embedded security control measure in place.
SEC10	The Contractor's solution shall contain information determined by the Department and must meet Health Information Technology for Economic and Clinical Health Act (HITECH) auditing standards.	HHS Tech will support DPHHS during all required audits. All established auditing standards are adhered to, including compliance with the HITECH standards. Further, we utilize external audit companies to routinely evaluate our own solution to ensure internal compliance and adherence to all federal and state guidelines.

Req. ID	Req. Language	Response
SEC11	The Contractor shall perform risk assessments per the Guide for Applying the Risk Management Framework to Federal Information Systems: A Security Life Cycle Approach NIST SP 800-53 Rev 4. Risk assessments shall be completed on an annual basis and when additions or changes to functionality impact the security framework, architecture or when a new vulnerability exists.	Risk assessments are routinely performed, at a minimum annually, in alignment with these standards, including SP 800-53a which was released over a year after the initial SP 800-53 Revision 4. This additional release expanded upon the initial security controls guidance by providing guidelines for conducting effective security assessments. HHS Tech will continue to ensure adherence to these and the latest standards and guidelines released as part of our routine protocols.
SEC12	The Contractor's solution shall manage role-based permissions and provide a National Institute of Standards and Technology (NIST) compliant identification, authentication and accounting solution.	HHS Tech ensures all of the DyP solution components adhere to all established standards and are NIST compliant. OpenAM is utilized to centralize access control, handling both authentication and authorization. Authentication confirms each successful login, then authorization grants access to authenticated end users. HHS Tech also leverages the OAuth2 protocol for authentication. Further, HHS Tech's solution supports role-based permission levels, ensuring end users are only granted access to the areas of the system applicable to their assigned user role.

Req. ID	Req. Language	Response
SEC13	The Contractor's solution shall have multiple layers of external and internal security that provide administrative, physical, and technical mechanisms to protect sensitive or confidential information used in performing the responsibilities and duties defined for the module scope of work.	HHS Tech has established security guidelines and protocols to fully protect all data, including data that is confidential and/or which contains PHI or PII. HHS Tech has physical security measures in place, including data center level protections and staff protocols such as our Clean Desk Policy (CDP). For specific technology security, we have an https client layer, AWS GovCloud Web server security layer, and a database security layer.
SEC14	The Contractor's solution shall not include any code of unknown origin.	HHS Tech has appropriate audit controls with regards to scanning of the source code for such anomalies. These audit controls adheres to this requirement.

Req. ID	Req. Language	Response
SEC15	The Contractor shall provide an independent third party to perform penetration testing within six (6) months prior to implementation. Penetration testing must also be performed by an independent third party on an annual basis and when additions or changes to functionality impact the security framework, architecture or when a new vulnerability exists. Penetration Test Report results shall be supplied to the Department and any major or critical vulnerabilities mitigated.	HHS Tech's Security Team will support all requirements for Penetration Testing, including before the implementation and on an annual basis. We use SonarQube, an open source platform, and their associated tools to enable our team to perform continuous inspection of our code quality and to perform automatic reviews to detect any bugs in the system as well as any security vulnerabilities. All reports which show any major or critical vulnerabilities will be shared with DPHHS along with information on our mitigations deployed to address deficiencies noted. In addition to our internal reviews, we will also employ third-party vendors to perform intrusion detection and penetration testing.

Req. ID	Req. Language	Response
SEC16	The Contractor shall provide the primary and disaster recovery facility(s) which will ensure security, performance and disaster recovery requirements outlined in the module scope of work.	HHS Tech will ensure adherence to all final security, performance, and disaster recovery requirements. We utilize AWS GovCloud to ensure the secure hosting of the DyP solution. AWS GovCloud has geographically dispersed data centers in opposite sides of the country (west coast and east coast) to ensure the continual availability of data, including in the event of a disaster. The primary facility and disaster recovery facility are fully operational at all times, and since they are located in separate 'Availability Zones', an incident in one zone will enable operations to continue in the second zone.
SEC17	The Contractor shall maintain policies and procedures for security clearance and staffing controls for allowing access to confidential information and/or to restricted areas within the Contractor's solution.	In compliance with HIPAA and our security best practices in place, access is only granted on a 'need to know' basis and must align with that staff member's designated role and access level granted. Our hosting provider, AWS GovCloud, also has strict access controls in place, including physical controls, to restrict staff access to the data center and individual servers and systems.
SEC18	The Contractor shall maintain adequate technical support/staffing to provide 24x7x365 coverage.	The DyP solution includes 24/7/365 technical staff and support availability. This is our standard level of support offered for our clients.

Req. ID	Req. Language	Response
SEC19	The Contractor's data encryption solution shall meet Federal Information Processing Standard (FIPS) 140-2 and at a minimum use AES 128 encryption.	The DyP solution uses https to support AES 128-bit or 256-bit encryption, depending on the browser version utilized. This is in full compliance with the FIPS 140-2 standard.
SEC20	The Contractor shall ensure that all data, regardless of its location, is encrypted at rest.	All data transmitted through DyP is encrypted, including both in transit and at rest.
SEC21	The Contractor's transmission security shall use TLS 1.2, SHA 2 with a minimum of a 2048-bit key.	HHS Tech uses a 2048-bit key, which is the known web standard for security.
SEC22	The Contractor will provide a completed Security Audit Report with results to the Department by the 30th (thirtieth) of September each year. The Security Audit Report must include either an electronic data processing (EDP) systems audit using SSAE 16 at a minimum level service organization control (SOC) 2 Type II or a NIST 800-53 rev 4 assessment at a "moderate" system risk control level. The Contractor shall provide a mitigation plan for all reported deficiencies. Major and critical deficiencies must be corrected within forty (40) calendar days of the report submission to the Department.	HHS Tech will fully support this requirement, including the Security Audit Report required. As part of our standard protocols, all audit reports will be analyzed internally to develop a Mitigation Plan to address all deficiencies noted in the report. The Mitigation Plan and all noted action items to be addressed are then tracked through completion. The timeline of 40 calendar days will be supported with an established SLA as part of the final contract.

Req. ID	Req. Language	Response
SEC23	The Contractor's solution shall provide security features that support increasing the complexity of the authentication and authorization as the sensitivity of the data or functionality increases.	Protection levels are configurable in the system. For example, a 'Super User' administrator might have stricter username and password requirements and might be required to update/change their password on a more frequent basis than that of a general administrator with a lower level of access and permissions.
SEC24	All Contractor's module components shall adhere to any applicable the Department system security practices, configurations & procedures.	During the implementation, HHS Tech will review all department-specific security practices, configurations, and procedures in place. This is part of our standard implementation procedures. For example, many clients have established password length and complexity requirements. These types of changes can easily be configured in DyP's Security Module.

Req. ID	Req. Language	Response
SEC25	The Contractor's solution shall provide the ability to grant authorization through role-based security (create, delete, modify and view) access to user interfaces, reports, data elements/field level, and menu items.	The DyP solution is built to support the use of role-based authentication and authorization. During the implementation, existing user roles within the system will be reviewed and modified to suit DPHHS' administrator and managerial levels in place today. This includes reviewing each role's level of access and visibility across the system, down the individual field level and system section views, including the reports area and others. The roles will be adjusted and tested prior to Go Live. Designated 'Super Users' will also be established. These separate users will have access to the entire system. 'Super Users' will also be able to control any updates to user roles needed through the Internal User Portal, eliminating the need to contact HHS Tech staff for future user role changes.
SEC26	The Contractor's solution shall allow access and role changes to be made in real-time with appropriate authorizations.	Real-time changes to user roles and associated access permission levels can be made through the Internal User Portal. Designated 'Super Users' will be provided with this capability during implementation.

Req. ID	Req. Language	Response
SEC27	The Contractor's solution, in order to protect the database from SQL injection attacks, shall access the database from the application through a standard database abstraction layer.	DyP is designed to support this type of access standard. Access to the database is granted through the Spring Data JPA which stores and retrieves data in a relational database.
SEC28	The Contractor's solution shall be easy-to-use and provide a user interface that allows authorized users to edit, create, and implement role-based and group-based security at the data element/field level for authorized users based upon individual characteristics or functional security groups.	As a role-based solution, access to the system is granted through designated end user roles. Designated 'Super Users' of the system can create and modify user roles and associated permissions dynamically from the Internal User Portal. Groups of users will be associated ('tagged') to designated user roles in the system during the implementation to ensure appropriate access for all administrators and associated stakeholders. 'Super Users' will then be trained to make access-level modifications going forward as a self-service function.
SEC30	The Contractor must limit access to its off-site facilities; including storage facilities. The Department has the right to perform physical security audits of the Contractor's off-site and on-site facilities at the Department's discretion.	HHS Tech has standard on-site and off-site protocols in place to ensure access to facilities. In addition, HHS Tech has appropriate protocols and processes in place to support the retention and security of data. Both our physical site facilities utilized as well as associated policies in place can be reviewed by DPHHS and other Departments upon request.

Req. ID	Req. Language	Response
SEC31	The Contractor shall establish security and privacy standards and standard operating procedures. These standards include HIPAA, Federal Information Security Management Act (FISMA), Privacy Act, Federal Tax Information (FTI), and other Federal and State laws, regulations, and policies. The Contractor shall also establish business and technical protocols to ensure that the transmission and storage of information remains secure.	These information technology standards are fully supported today. HHS Tech retains extensive security and privacy guidelines and protocols in place. We also require the same level of strict adherence to all of our subcontractors as well. During the implementation, copies of all established protocols will be shared with DPHHS, along with supporting all audits and report reviews to further validate our compliance with all established standards.
SEC38	The Contractor's solution shall employ malicious code protection mechanisms at IT systems entry and exit points, at workstations, servers, and mobile computing devices on the network to detect and eradicate malicious code.	HHS Tech employs open security architecture in alignment with NIST 800-53 Revision 4 to protect against malicious code. This includes protections in place against viruses, worms, Trojan horses, spyware, and others across all end user workstations, laptops/desktops, servers, and across our network.
SEC39	The Contractor's solution shall use foundational technical standards such as X.509 Certificate format and Public Key Cryptography Standard (PKCS).	The DyP solution adheres to all technical standards, including the X.509 standard that defines the format for public key certificates and the group of Public Key Cryptography Standards.
SEC41	The Contractor shall collaborate with the Systems Integration Services Contractor to integrate the Contractor's solution into the State's integration platform for single sign-on and federated identity management.	HHS Tech will work with the selected (SI) to integrate DyP as a SSO application using the State's security integration platform for SSO and federated identity management.

Req. ID	Req. Language	Response
SEC42	The Contractor shall have an overall data security process that supports data security auditing.	HHS Tech has established Data Security policies and procedures in place that define how our Security Team, Security Incident Response Team (SIRT), and associated security personnel operate, down to performance and testing activities, monitoring processes, auditing standards and routines to be followed, and more. Auditing is an inherent part of our overall standard security operating procedures in place. As such, we've deployed the use of an auditing tool along with procedures to be followed in conducting and supporting all audits. In addition, we have established procedures for our post-audit activities, including reviews of findings, Mitigation Plans, and reports.

Req. ID	Req. Language	Response
SEC44	The Contractor must be compliant with the security processes outlined in the "Security and Privacy Controls Requirements" document that has been included in the Procurement Library.	HHS Tech has reviewed this file within the Procurement Library and will ensure adherence to all outlined requirements. During the implementation, an in-depth cross-comparison of these requirements against our established policies will occur. This will ensure each requirement is identified and addressed. This also enables HHS Tech to further train and inform our Security Team and associated personnel on all specific contractual requirements for security and privacy, further ensuring requirements are adhered to and followed throughout the duration of the contract.

Req. ID	Req. Language	Response
SEC45	The Contractor shall monitor system activity and prevent and detect intrusion, hacking, unusual activity, or system compromise. The Contractor shall immediately report any incidents of such, regardless of the outcome to the state, activate a Department approved communication strategy, perform mitigation activities, and provide continuous status updates to the Department until the issues are resolved to the Department's satisfaction. Only authorized contractor personnel may override system security alerts and edits.	HHS Tech will fully support all of these requirements. The DyP solution is monitored 24/7/365. Specific reporting protocols and activities we have in place today will be reviewed with DPHHS during the implementation and modified as necessary to support your needs. This includes our approved Communication Strategy and status update formats and reporting methods preferred. As part of our standard security protocols and processes in place, only authorized personnel with 1 level of approval can override system or application alerts. Any individuals with this level of permission will be identified and reviewed with the State during the implementation to ensure proper approvals are obtained.
SEC46	The Contractor shall provide and operate solutions that terminate access immediately and/or generate alerts for conditions that violate security rules, unauthorized attempts to access data and system functions, and system activity based on security parameters.	The DyP solution includes standard web server security protocols in place. Any recognized violation of security authorization or access is configured to generate an alert and/or immediate action depending on the violation that occurred (unauthorized access attempt, virus detected, etc.). Conditions and associated business rules and alerts for all types of security violations will be reviewed during the implementation to ensure adherence to State protocols.

Req. ID	Req. Language	Response
SEC47	The Contractor's solution shall ensure that only authorized users have access to systems and data, by requiring the following: - Unique authentication credentials identifiable to each user of the system, not allowing for the re-use of credentials; - Authenticates the receiving entity prior to a system initiated session, such as transmitting responses to case inquiries; - Maintenance of key user information as part of a user profile including user ID, name, employer/state agency, - Identity verification information, and an indicator of employee versus contractor; - Multi-factor user authentication and the ability to restrict or permit a user's access to system functions, features, and processes based on the user's assigned roles based on business need and user security profile and a unique user ID and password and including a read-only access level; - Column and row-level security access, data classification schemes, and/or the designation of data at multiple levels (e.g., case, individual) as restricted or sensitive (e.g., substance abuse treatment data) with the ability to define and implement exclusion controls on a per-user or user-group basis within a multi-level organizational structure, (e.g., external agencies and Appeals units). - A method for authentication of all internal and external users and systems and the ability to deny access to all invalid users and systems	DyP will support the requirements, for example: - Multi-factor authentication - Employee type - User ID - Password formats - Data Security at page and field level - Encrypted Passwords - Inactivity reports - Time-out periods - Etc.

Req. ID	Req. Language	Response
SEC48	The Contractor shall provide to the Department, upon request, a listing of all users having access to the Contractor's module components and/or data with details regarding the access granted to each user.	HHS Tech can provide a quick report pull of all users established in the system. The system generated report automatically includes the associated, documented user role for each individual user in the system.
SEC49	The Contractor shall provide and operate solutions for security incident reporting and mitigation mechanisms. The Contractor shall preserve and report specified audit data when security violations are detected and mitigated.	The DyP solution includes 24/7/365 security and monitoring. All security incidents will be logged and reported upon, including report submissions to DPHHS and other departments as required. Further, as part of our standard practices, Risk Mitigation Planning is conducted to analyze options and actions that can be taken to reduce known threats and to review opportunities to enhance security.
SEC50	The Contractor shall comply with NIST Special Publication 800-111: Guide to Storage Encryption Technologies for End User Devices where required by CMS to protect confidential information stored on end user devices.	As a web-based solution, DyP solution does not store any confidential information on end user devices. In order to access DyP , users are required to go into the system through their web browser and enter their secure username and password. Note that strong encryption channels are used to transfer data.
SEC51	The Contractor shall comply with NIST Federal Information Processing Standards (FIPS) Publication 180-4: Secure Hash Standards as required by CMS for use of secure hash algorithms.	The DyP solution uses secure hash algorithms. HHS Tech will ensure adherence to all hash standards in alignment with the latest publication.

Req. ID	Req. Language	Response
SEC52	The Contractor shall comply with NIST Federal Information Processing Standards (FIPS) Publication 186-4: Digital Signature Standard as required by CMS for use of secure algorithms in digital signatures.	DyP uses third-party digital signatures that are FIPS compliant today. Furthermore, we will ensure ongoing adherence to the latest guidance from FIPS throughout the contract.
SEC53	The Contractor shall comply with the Harmonized Security and Privacy Framework - Exchange Reference Architecture Supplement Version 1.0 and as required by CMS.	HHS Tech will ensure proper adherence to the security and privacy requirements of systems as laid out in the CMS <i>Harmonized Security and Privacy Framework</i> . Both the guidelines from Version 1.0 as well as the additional guidelines released in Version 2.0 in 2015 will be adhered to, as applicable to HHS Tech's solution.
SEC54	The Contractor shall comply with the OASIS Web Services Security - Simple Object Access Protocol (SOAP) Message Security Version 1.1 Specifications as required by CMS to build secure web services to implement message content integrity and confidentiality.	SOAP-based web services can use widely-supported web services security standards, including the Organization for the Advancement of Structure Information Standards (OASIS) specifications. HHS Tech adheres to this requirement today through our use of Axis2 which complies with OASIS protocols.

Req. ID	Req. Language	Response
SEC55	The Contractor shall respond to all risks identified through the periodic security risk assessments with a CMS Information Security Program Plan of Action and Milestones (POA&M) containing clarifying information, a proposed mitigation strategy if necessary, a timeline for implementation, and shall work with the Department to successfully execute the POA&Ms.	HHS Tech performs ongoing security risk assessments as part of our standards in place today. To ensure compliance with CMS, we will adhere to the latest issued version of the CMS <i>Plan of Action and Milestones Process Guide</i> which details the POA&M process to reduce risks to data, including the identification of security and privacy weaknesses for mitigation.
SEC56	The Contractor shall ensure all contractor and subcontractor personnel providing services under this contract are familiar with and comply with the Business Associate Agreement and the privacy and security policies included in the RFP.	All HHS Tech subcontractors and contracted personnel will be required to review, sign, and attest to their adherence to all RFP and subsequent contractual terms and conditions and associated policies for this project. This will be a requirement before any work on the part of a contractor or subcontractor can commence.
SEC57	The Contractor shall provide physical and logical segregation of the Contractor's solution, components, and network connections with other entities and prevent any unauthorized disclosure of the States' data.	DyP is deployed in the AWS GovCloud environment. Integration to any state systems are provided over secure connections through a set of integrated points. Data will be segregated and isolated to prevent any unauthorized disclosure.
SEC58	The Contractor's solution code shall never run from a system level account with unlimited privileges such as "root" or "administrator".	The DyP solution is set up to inherently support this security requirement today as part of our standard protocols.

Req. ID	Req. Language	Response
SEC59	The Contractor shall ensure the confidentiality, privacy, and security of all state data passing through the Contractor and subcontractor networks.	All data in transit is encrypted and securely passed through DyP as part of our security guidelines and standards in place.
SEC60	The Contractor shall establish and implement emergency access procedures for the Department to obtain secure access to module data during an emergency. Emergency access procedures shall be subject to the Department's approval.	HHS Tech can support specific emergency procedures as discussed and agreed to under contract. Emergency-level access will need to be defined, documented, and agreed to during the implementation along with workflows and processes established. Specific events which will trigger these emergency procedures to activate will also need to be discussed to ensure secure access is only granted for approved emergency situations. Designated personnel to be granted access to the solution will be supported 24/7/365 by our technical team.
SEC61	The Contractor's solution must protect data from improper alteration or destruction including authentication mechanisms and to corroborate that the data has not been altered or destroyed in an unauthorized manner.	All data storage and destruction procedures along with data retention timeframes will be discussed and agreed to in collaboration with DPHHS and in alignment with established protocols. Controls will be established to prevent any unauthorized destruction or alteration of data received.

Req. ID	Req. Language	Response
SEC62	The Contractor's solution shall display a security warning banner prior to allowing entry into the system. The solution shall have security warning banners and headers and footers that adhere to Federal, state, and other applicable standards that are prominently displayed introductory screens.	The DyP solution supports the use of alerts, banners, and other displays of information throughout the system. Specific banners, alerts, and warnings for end users, along with the approved text, will be reviewed and demonstrated to DPHHS as part of our implementation.
SEC63	The Contractor shall utilize cloud-based technology wherever advantageous to maximize the efficient and effective utilization of technology.	The DyP solution is a cloud-based solution hosted on the AWS GovCloud. HHS Tech recognizes the inherent benefits of utilizing a cloud-based solution, including: · Maximum stability to cost ratio performance · Fast, reliable, and secure · Quicker implementation timeframe

Req. ID	Req. Language	Response
SEC64	The Contractor shall ensure user account access is reviewed on a quarterly basis at a minimum. User accounts should be appropriately disabled as roles and responsibilities change.	The DyP solution can provide a report of all users in the system and their associated roles on a quarterly basis. In addition, designated 'Super Users' with access to change users' assigned roles can also pull their own report and make changes dynamically in the system through the Internal User Portal. Apart from reports, our solution can also be implemented to include an expiration mechanism. This will allow user accounts and/or associated roles to expire after a set timeframe (can be configured to be quarterly, as desired). This will enable a forced review of user accounts to ensure inactive users are disabled and all active user accounts are reviewed to ensure they have been tagged to the correct user role and associated permissions.

Req. ID	Req. Language	Response
SEC66	The Contractor's solution shall meet the minimum password requirements below: 1. Must not contain the user's account name or parts of the user's full name that exceed two consecutive characters 2. Minimum password length: 8 characters 3. Contain characters from 3 of the following 4 categories a. English uppercase characters (A through Z) b. English lowercase characters (a through z) c. Base 10 digits (0 through 9) d. Non-alphabetic characters (for example, !, \$, #, %) (these will not work when logging into ReRite from Toshiba printers ... not on the key pad) 4. History: Cannot reuse a password for 24 password changes, user cannot reset password again for 24 hours 5. Expiration time frame: 60 day 6. Lockouts for failed attempts – account locks after 3 failed attempts, will unlock after 15 minutes	The DyP solution can be configured to meet all of these requirements for password complexity, expiration, and lockout. These types of configurations are standard when implementing HHS Tech's solution for a client in order to align with their specific security requirements for passwords and associated configurations. Any additional changes to your security policies throughout the duration of the contract which cause changes to need to be made to password requirements, or any other security level item, can also be accommodated throughout the duration of the contract.

Req. ID	Req. Language	Response
SEC67	The Contractor's solution shall track disclosures of ePHI; provide authorized users access to and reports on the disclosures.	All electronic PHI disclosed is fully tracked and logged in the DyP solution. Authorized 'Super Users' or other designated users will be provided with access to pull reports on all disclosures made.
SEC68	The Contractor shall support the State in developing a Privacy Impact Analysis for each module or module component that includes the following information: – Use of personally identifiable information (PII) or personal health information (PHI) and a description of the types of data that will be collected – Sources of PII/PHI, populations, and transfer and disclosure mechanisms – Legal environment (legal authorities and state privacy laws) – Details about the entities with which the collected information will be shared – Privacy and security standards for its business partners and other third parties and the agreements that bind these entities – Incident handling procedures – Privacy and/or security awareness programs and materials for its workforce	HHS Tech is experienced at performing Privacy Impact Assessments (PIAs). As a health and human services solutions company, HHS Tech's Security Team ensures the comprehensive tracking and analysis of how PII and PHI is collected, used, shared, and maintained in order to stay compliant with all federal and state regulations. HHS Tech will work with DPHHS to ensure this information is tracked and reportable at all times.

Req. ID	Req. Language	Response
SEC70	The Contractor shall provide the ability to de-identify and/or redact data for entities not authorized to receive PII or PHI and utilize de-identification algorithms to allow for re-identification of data if required.	HHS Tech supports de-identification for entities not authorized to receive PII and/or PHI and will utilize our de-identification algorithms as permitted by the guidance released from the U.S. Department of Health & Human Services (HHS) in alignment with the HIPAA Privacy Rule.
SEC71	The Contractor shall provide a process for masking, sanitizing, scrambling, or de-sensitizing sensitive data (e.g., PII/PHI) when extracting data from the production environment for use in non-production environments.	The DyP solution should not need to extract PHI and/or PII data from the production environment for use in a non-production environment once the solution is fully integrated and goes live. As a safeguard, particularly during the implementation, a standard process will be implemented to ensure appropriate masking of sensitive data outside of the production environment.
SEC72	The Contractor shall review and identify monthly, any unneeded hardware, software, and licenses, present recommendations to the State for review and ensure that any unneeded hardware, software, and licenses have been decommissioned upon approval from the State.	HHS Tech maintains and reviews all licenses in place on a routine basis. In alignment with the requirements, we will conduct a formal monthly review to ensure any unnecessary licenses of all types are still required. Any licenses no longer needed to support HHS Tech's solution will be reviewed with the state and, once approved, will be decommissioned as required.

Req. ID	Req. Language	Response
SEC73	The Contractor will provide the completed reports with the results of the service organization control (SOC) 1 Type II audit annually on date identified by the State. The Contractor shall provide a mitigation plan for all areas of non-compliance. Issues found to be non-compliant shall be corrected within forty (40) calendar days of the report submission to the Department.	HHS Tech will work with the state to support all audit requirements, including the annual SOC 1 Type II audit which focuses on the design, testing, and overall effectiveness of our controls. Any non-compliance captured by the auditors will be addressed and mitigated within the 40 calendar days allotted. HHS Tech will utilize our Agile methodology to roll out 2 week Sprints to address any deficiencies found.

3.10.1.3 Hosting and Environments

This section addresses hosting and environment requirements. The Department prefers cloud based hosting for the proposed solution. The Department expects the delivery of the solution/services to be seamless with the hosting solution providing the flexibility to integrate other solutions for security and regulatory purposes in the future, and be cost-effective and scalable. Also, the Contractor is expected to provide a hosting environment for all solution components that has a Federal Risk and Authorization Management Program (FedRAMP) Certification, FedRAMP Risk Assessment that indicates compliance, or has a documented NIST 800-53 rev 4 at a "moderate" system risk assessment designation. In addition, the Contractor is required to demonstrate that their hosting solution is Statement on Standards for Attestation Engagements (SSAE-16) SOC 1 Type 2 and SOC 2 Type 2 compliant.

In their response, the Offeror must describe their approach to solutions and services that meets State and federal regulations, security and performance requirements detailed in Attachment F, Requirements Matrix.

HHS Tech's proposed **DyP Provider Services Module (DyP)** is a web-based solution hosted on Amazon Web Services (AWS) GovCloud. AWS GovCloud is an exclusive, isolated AWS region that not only meets, but exceeds DPHHS' requirements for hosting and environments. Not only is GovCloud SSAE 16 Type 2 Compliant but is also compliant and/or certified with:



- Federal Risk and Authorization Management Program (Fed RAMP)
- Payment Card Industry (PCI) Data Security Standards
- HIPAA Act Privacy Standards
- National Institute of Standards and Technology (NIST) SP 800--53 (rev4) and SP 800-171
- Statement on Standards for Attestation Engagements (SSAE-16) SOC 1 Type 2 and SOC 2 Type 2 compliant
- Federal Information Processing Standard Publication
- Federal Information Security Management Act (FISMA)
- Department of Defense Security Requirements Guide (SRG)
- U.S. International Traffic in Arms Regulations (ITAR)
- Department of Commerce Export Administration Regulations (EAR)
- IRS-1075 Encryption Standards for Federal Tax Information (FTI) Section 6103 (p)
- Department of Justice Criminal Justice Information Service Security Policy
- Defense Federal Acquisition Regulation Supplement (DFARS)

The entire hosting environment is monitored and maintained 24/7/365 by on-site resources at locations within the U.S. Full compliance with HIPAA, PHI, PII, and other standards and protocols ensure the safeguard of DPHHS data and that of providers and Montanans throughout the State. Provided in the following table is an item-by-item response to each of the requirements for Hosting and Environments as set forth in *Attachment F*.

Figure 5: Hosting and Environments Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
ENV02	The Contractor shall provide hosting services that shall meet all state requirements.	Our hosting provider, AWS GovCloud, meets and exceeds all state requirements. AWS GovCloud has Fed RAMP certification and is further approved and utilized by a wide range of federal and state entities. For cloud-based hosting, AWS GovCloud is the leader in supporting and adhering to state and federal requirements.
ENV03	The Contractor's hosting solution shall provide the flexibility to integrate other solutions for security and regulatory purposes in the future and be cost-effective with burst capacity.	AWS GovCloud can inherently support integration with other solutions and can provide a single, cloud-based hosting solution across the whole MMIS and all associated technology modules, as desired in the future by DPHHS. Further, to support burst capacity, AWS GovCloud has the flexibility to adapt quickly to changing volume needs with an Auto Scaling feature to scale up or down as volume demand shifts.
ENV04	The Contractor's hosting environment for all module components shall be compliant	AWS GovCloud adheres to these requirements and is

Req. ID	Req. Language	Response
	with SSAE 16 Type 2 and have Federal Risk and Authorization Management Program (FedRAMP) certification.	also compliant with a number of other federal and state protocols.
ENV05	The Contractor's solution shall be available and accessible twenty-four (24) hours a day, seven (7) days a week, with the exception of planned downtime due to system upgrades or routine maintenance. All planned downtime and maintenance outages shall be coordinated and approved by the Department at least five (5) business days in advance.	HHS Tech will ensure the proper uptime of the DyP solution as agreed upon under contract, with the exception of planned downtime. All downtime for maintenance will be conducted during off hours, late at night and/or on the weekend, as mutually agreed upon with DPHHS. The standard annual uptime percentage of AWS is at least 99.95%.
ENV06	The Contractor shall provide the ability to run multiple sessions /environments/applications/areas/views simultaneously. This includes providing sufficient environments and configurations (e.g., multiple environments, multiple application layers, hub architecture) necessary to perform all required functions (e.g., testing, training, production operations, modeling, disaster recovery).	During implementation and prior to Go Live, HHS Tech will ensure the appropriate number of environments are established, tested, and maintained to support the DyP solution and different phases of the software development lifecycle. Continual monitoring of all environments will take place throughout the lifetime of the contract to scale up or down to meet the needs during DDI and production.
ENV07	The Contractor shall identify the physical location(s) where the Contractor's solution is installed and operating. The Department must have transparent access to this location(s).	Unlike other AWS hosting options, AWS GovCloud provides hosting solely within the continental United States. The data centers are operated in geographically distinct regions or zones so that if an environmental or other disaster occurs in one zone, all operations can

Req. ID	Req. Language	Response
		immediately transfer to the other zone. Hosting zones include Northern Virginia, Ohio, Northern California, and Oregon. DPHHS can be provided with the same level of access as HHS Tech along with continual hosting and environment reports, as needed.

3.10.1.4 Integration

This section addresses integration requirements for the Contractor's solution(s) and operations. The ESB is the communication broker and web services orchestrator for MPATH Integration Platform which is administered by the MPATH Systems Integration Services Contractor. The Provider Services component(s) must ensure all service endpoints/APIs are clearly defined, exposed to the ESB and be able to receive and submit messages through the ESB to facilitate standardized data exchanges throughout the MPATH Integration Platform. The offeror must describe their approach to meet each of the integration requirements detailed in Attachment F, Requirements Matrix.

The **DyP** solution is designed to support industry standard interoperability mechanisms via an Enterprise Service Bus (ESB) configuration. HHS Tech will work with the selected SI to define, document, and expose all solution endpoints to the MPATH Integration Platform and ensure web Application Programming Interfaces (APIs) are securely established to send/receive data to/from the ESB.

The ESB will provide open, standards-based connectivity for the **DyP** service-oriented architecture (SOA). HHS Tech will ensure appropriate configurations are put into place during the implementation and extensively tested to ensure the smooth, secure routing of data to/from the ESB and then on to the designated, workflow/integration endpoint.

Our work with the selected SI during the implementation will ensure the **DyP** solution integrates/federates with the State ESB to facilitate proper data transmission, mapping, message and event queuing and sequencing, exception handling, data conversion, and security compliance. For additional details on the **DyP** integration, please see our item-by-item responses in the following table to all outlined integration requirements as set forth in *Attachment F*.

Figure 6: Integration Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
INT02	The Contractor's solution shall support retrieval and presentation of data associated with geographic indicators such as by state, by county, by zip code, by peer group, or other geographical indicators specified by the Agency.	The DyP solution supports both basic and custom queries and filters across a range of data types, including geographical data. Data is retrieved and presented through the user interface (UI) in both the Provider Portal and the Internal User Portal.
INT10	The Contractor shall develop operational procedures in coordination with other enterprise module vendors to restore system availability.	HHS Tech has established procedural documentation in place that guides our protocols and instructions to follow in the event of a system failure. These procedures will be reviewed, in collaboration with other module vendors, as well as the Systems Integrator, to establish overarching operational procedures and workflows across the whole enterprise, including to restore system availability.
INT15	The Contractor's solution shall use XML standard messaging format to ensure interoperability.	Our solution uses standard industry accepted messaging formats, including Extensible Markup Language (XML) as well as JSON which an open standard file format.
INT22	All service endpoints/APIs shall be exposed to the ESB and are able to receive and submit messages through the ESB.	Our SOA solution is designed to utilize APIs to send/receive transmitted data/messages through an ESB configuration. During the implementation, endpoints will be exposed so that integrations can be established and fully tested prior to Go Live.

Req. ID	Req. Language	Response
INT35	The Contractor shall provide an architecture that has clearly defined service endpoints.	The DyP architecture is fully documented, including individual open source components, services, architectural layers, and associated end points. HHS Tech will review this documentation with the selected SI during the implementation to map out all end points for integration.
INT40	The Contractor shall provide technical, functional and performance documentation required by the IV&V Contractor for the solution in order to support IV&V reporting needs identified in the most current version of MECT.	All requested documentation throughout the course of the contract will be provided to the Independent Verification and Validation (IV&V) contractor designated by DPHHS. HHS Tech will ensure CMS-compliant documentation and associated artifacts are available that are aligned to the requirements as set forth in the Medicaid Enterprise Certification Toolkit (MECT).
INT52	The Contractor shall collaborate with all State enterprise contractors and solutions to accurately collect, process, and distribute applicable HIPAA EDI transactions.	The DyP solution is designed to inherently support a wide range of electronic data interchange (EDI) HIPAA-compliant data transactions. During the implementation, HHS Tech will work with selected SI and all associated module contractors to ensure the efficient, secure routing of EDI transactions. All data transmissions will undergo extensive testing to ensure endpoint configurations are setup between DyP , the ESB, and all other contractor modules/legacy applications to ensure appropriate data exchanges.

Req. ID	Req. Language	Response
INT54	The Contractor's solution shall require (when appropriate), capture, and maintain the 10-digit NPI.	DyP supports the capture and retention of NPIs during routine events, such as when providers complete their initial application. This information is securely saved and retained in the system. Authorized administrative users can then view NPI information on a specified provider from their Internal User Portal.
INT55	The Contractor's solution, shall accept the NPI in all applicable standard electronic transactions mandated under HIPAA.	DyP provides the ability to capture additional identifiers for a provider, for example: NPI, tax ID, internal IDs, etc. DyP uses NPI for all HIPPA transactions and can receive NPI within all EDI transactions.
INT59	The Contractor shall ensure all hardware, software, and communication components installed for use by State staff are compatible with the State currently supported versions of the Microsoft Operating System, Microsoft Office Suite and Internet Explorer; and current technologies for data interchange.	As a web-based solution solution, no specific hardware or software components need to be installed. The only technology necessary is the end user's desktop/laptop computer (issued by the State) and a modern web browser. Further, the DyP solution is operating system (OS) independent and can run on any modern web browser. Therefore, the State-supported Microsoft OS as well as Internet Explorer are both inherently supported.

Req. ID	Req. Language	Response
INT60	Unless otherwise mutually agreed to in writing, the Contractor must maintain any and all hardware and software products required to support the Contractor's solution at their most current major version (patches, fixes, upgrades, and releases for all software, firmware and operating systems) or no more than one version back from the most current version.	HHS Tech will be responsible for managing and maintaining all associated, backend hardware and software necessary within DyP 's solution stack to ensure the continual, proper operation of the solution. Our established standards require the use of the latest and most secure versions of all technology components used in the solution.
INT61	The Contractor's solution shall allow internal and external stakeholders to upload and view electronically submitted documents.	The DyP solution supports the upload and viewing of documentation from both the Provider Portal and the Internal User Portal. Only permissioned, registered, and authorized users (as applicable to their assigned role) can access their respective portal. All internal and external stakeholders will be required to register in order to receive access to the system. All documents are linked to the associated provider record in the system and can be retrieved, downloaded, and/or printed on demand.

Req. ID	Req. Language	Response
INT62	The Contractor's solution shall ensure information sharing and event notification standards include aggregated and integrated information.	DyP is designed to aggregate data into applicable sets of information to support efficient data transmissions, including for use in batch transactions. Event notification standards and associated data transmission protocols will be discussed and established during the implementation to align with DPHHS requirements.
INT63	The Contractor's solution shall have business process orchestration in an event-driven environment that maximizes process automation.	DyP has configurable, established business process rules and associated workflows for the secure and smooth operation of our solution. These, and their associated triggers, will be reviewed with the selected SI during the implementation to maximize automation with the ESB for the sending and receiving of data. In addition, to maximize internal self-service functions and process efficiencies, business rules and workflows will be configured and subsequently modifiable from within the Internal User Portal. Automated processes in place will be demonstrated and reviewed with DPHHS and associated stakeholders to finalize any modifications necessary to align with final, agreed upon workflows. Once live, many processes and their associated triggers, alerts, notifications, and more will be able to be modified from within the Internal User Portal.

Req. ID	Req. Language	Response
INT65	The system shall provide the ability to share and federate data with other data sharing partners.	The DyP solution provides interfaces to share, export, and import data with other partners via the ESB. Point-to-point/direct integration with other systems and partners can also be enabled if desired and approved by DPHHS.
INT66	The Contractor's solution shall provide the ability to create/edit, send, receive and process X12, NIEM standardized transactions and NCPDP D.0 transactions relative to the Contractor's scope of work.	The DyP solution is able to create, edit, send, and receive data using standard X12 transactions for claim inquiry, eligibility inquiry, payment entry, service authorization inquiry, etc.
INT68	The Contractor shall collaborate with the Systems Integrator to automatically report system availability to the SI availability solution. The frequency of each module component verification will be defined by the Department.	DyP supports 24/7/365 system monitoring to ensure the continual availability of HHS Tech's solution. Up-time reports can be executed and provided to the selected SI and DPHHS. The frequency of availability verification and associated reporting will be as defined by DPHHS in the final contract. HHS Tech will ensure the proper configuration and ongoing maintenance of DyP, optimizing our middleware and hardware usage to scale as needed to meet demand.

Req. ID	Req. Language	Response
INT70	The Contractor shall identify and describe the licenses necessary for the scope of work to support the infrastructure that will provide sufficient bandwidth and redundancy to ensure accessibility, reliability/fault tolerance and acceptable performance.	As part of our SaaS operating protocol, our team continuously reviews the comprehensive list of all licenses necessary during DDI and Operations. As part of our standard deployment processes, appropriate redundancy, reliability, and fault tolerance to support the contract's SLAs, are taken into account prior to Go Live.
INT73	The Contractor shall be responsible for understanding the business processes to automate and orchestrate appropriate workflows, business rules, data flow and metadata within the solution and work collaboratively with the SI.	As part of the implementation process, all processes and workflows will be reviewed in joint sessions with both DPHHS and the selected SI. Any changes to the processes will be identified and documented upfront so that configurations can occur before the solution goes live. Once in production, any future changes, particularly as DPHHS procures additional modules, can be accommodated to support continual, efficient data flow across the enterprise.
INT74	The Contractor's solution shall have the ability to identify errors in transactions and immediately notify the source system of the specific errors including whether the errors have precluded loading and/or using the data.	DyP has built-in, self-diagnostic functionality which allows for transaction errors to be identified in real-time, with automatic alerts and notifications sent based on established business rules.

Req. ID	Req. Language	Response
INT78	The Contractor shall provide an environment where components can be added or replaced quickly.	The DyP solution is a modular, microservices architecture. This provides an environment of independently deployable and small modular services. HHS Tech will provide a sandbox environment for DPHHS to integrate and test other components/modules with DyP before introducing them to the development, test, and production environments.
INT79	The Contractor's solution shall allow internal and external users to enter data using electronic forms and receive documents electronically from other systems.	DyP data entry and retrieval capabilities include, but are not limited to: - Document upload/Electronic forms – transmission and receipt using the provider portal - Direct entry and modification using the provider portal Using ECMs to retrieve and view uploaded documents
INT80	The Contractor's solution will interface with the State's designated financial processing solution.	DyP has specific payment interfaces that can be used to share or interface with the State's Financial System, for example, collection of the enrollment fee. DyP also has specific APIs to fetch and display payment information on the Provider Portal. These APIs can be used to fetch claims payment information from the State's financial system or the MMIS system.

Req. ID	Req. Language	Response
INT81	The Contractor's solution shall have the capability to receive and display data, messages, and alerts from other systems in real-time.	DyP is designed to support real-time sending, receiving, and displaying of data transactions and services. This includes the real-time sending, receiving, and displaying of all notifications and system alerts in the message center or the banner.
INT85	The Contractor's solution shall support web services, specifications, and adapters (e.g., ODBC, Web Service (WSDL, WS-*, SOAP, REST, UDDI, ODATA), JSON-WDP, MS SQL, SQL Server, Oracle, FTPS, SFTP, HTTPS, MSMQ).	The DyP solution, based on the Java EE stack, supports these protocols and specifications.
INT86	The Contractor's solution must be capable of receiving, translating, and processing data to and from the variety of protocols (e.g., FTP, FTPs, SFTP, HTTP, HTTPS, JMS, JDBC, ODBC, NET, AS2, AS3, POP3, SMTP, SSH, TCP, CICS). The Contractor shall include in their response a list of protocols supported.	The DyP solution is designed to support all standard information technology protocols including, but not limited to, web services support, SOAP over HTTP and HTTPS, XML, Web Services Description Language (WSDL), and more. Support is also enabled for standard communication protocols (FTP, SFTP, and SCP), secure communication layers (SSH as well as TLS – formerly known as SSL for HTTP, SMTP, POP3, and FTP).

Req. ID	Req. Language	Response
INT87	The Contractor's solution shall provide context sensitive help (situational clarification and support associated with process specific steps), to support user activities (e.g., provider enrollment and maintenance activities).	The DyP solution includes built-in, online help functionality, including the use of context-sensitive help. Our functional, user-friendly help includes, but is not limited to: · On screen 'tool tips' (field marks that provide additional information when the end user hovers over them) · Training manuals · Reference materials and other associated documentation attachments · Support for in portal training modules and videos · Frequently Asked Questions (FAQs) · Help areas in the footer and/or designated navigational heading (as desired) · Live chat support for real-time, agent-assisted support
INT88	The Contractor shall implement a solution where module components are loosely coupled and can be added or replaced quickly.	DyP is built on a modular, microservices architecture where individual components are loosely coupled. This provides the ability to easily scale, replace, and/or add individual components quickly and efficiently without disruption to the overall system.

Req. ID	Req. Language	Response
INT93	The Contractor shall provide electronic notification including detailed release notes for Major and Minor version, patches, updates and fixes deployed to the production environment.	HHS Tech adheres to Agile Methodology in providing prompt notification of all major and minor releases, including any bug fixes deployed. Each sprint contains all associated artifacts, including detailed release notes with the list of all issues, epics, user stories, and tasks which were performed during the product increment. All accompanying release notes and associated, updated guides (e.g., Installation Guide, Admin Guide, Development Guide, Training Guide) are provided for all production environment updates.
INT94	The Contractor shall work collaboratively with module vendors to reconcile ODS data elements with the all data elements for each module component.	Operational data store (ODS) elements will be reconciled with associated data elements across other module vendors in alignment with DPHHS requirements.

3.10.1.5 Data Management

Data management within the Offeror's proposed solution and operational data management policies must at a minimum meet HIPAA, HITECH, ARRA and other federal and state privacy and security requirements as they exist on the release date of this RFP and be configurable to assist in meeting future requirements. The Offeror must describe their approach to meeting each of the Data Management and Data Services requirements detailed in Attachment F, Requirements Matrix.

HHS Tech has built up our own Data Management best practices over the years to ensure HHS Tech's solution design, practices and procedures in place, and our written policies and associated documentation provide complete, documented, proven, and auditable adherence to the latest requirements.

Furthermore, HHS Tech will ensure our Data Management policies, trained practices in place, and HHS Tech's solution are continually updated to align to the latest requirements released. We have an internal team of Business Analysts who monitor trends and upcoming changes in legislation, including from CMS as well as state-level guidance, to ensure DyP and documented policies are reflective of the latest guidelines, including the American Recovery and Reinvestment Act (ARRA), the



Health Insurance Portability and Accountability Act (HIPAA), the Affordable Care Act (ACA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, CMS-released guidance for modularity and standards for technology solutions and security, and more.

Apart from ensuring adherence to the latest guidelines, HHS Tech's solution itself is a modular, web-based application designed with a secure, compliant Data Sharing Gateway (DSG) as part of our integrated backend architecture. At a high level, our DSG provides:

- Alignment and compliance with recognized data management and transactional data sharing guidelines
- Interoperability and flexible integration and data exchange with external systems, middleware, and third-party interface partners (e.g., ESB, providers, facilities, State offices, trading partners, and others)
- Multiple connectivity protocols supported
- Exchange of secure, compliant EDI and non-EDI transactions
- Support for transactional send/receipt, validation, and response
- Environment for continual data management with open architecture and use of COTS backend components for data transformation and data validation

For additional information on our data management best practices, policies, and technology support, please see our item-by-item responses to each of the data management requirements set forth in *Attachment F*, as provided in the following table.

Figure 7: Data Management Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
DM04	The Contractor's solution shall maintain record/audit trail of errors during update processes, accounting for originating source and user.	Auditing capabilities with fine-grained controls are built into the solution. Our solution is designed to record all changes made in the system, including any errors, source information, and associated end user (as applicable). Additional features include the ability to find changes, including full logging information such as the effective date, end date, last change made, user who made the change, and why the change was made (correction, modification, update, etc.).
DM09	The Contractor's solution shall provide audit trails to allow information on all transactions to be traced from receipt of the transaction through the completion of the transaction, capture at a minimum date/timestamp, data source, worker id, action taken and log any errors encountered for reporting.	All activity made throughout the system is logged and time-stamped and can be retrieved and analyzed on demand. The specific fields noted within this requirement such as the associated ID, errors, actions taken, and other items are logged and tracked in the system, including any changes made by system administrators ('Super Users').
DM10	The Contractor shall ensure that all narrative descriptions of codes and abbreviations are available for reporting.	All associated codes and abbreviations utilized across the system are documented, updated as necessary, and can be reported upon.
DM108	The Contractor's solution shall provide a configurable workflow process for resolving near matches for providers that can link, void or end date extraneous records (i.e., duplicate provider records).	Our business process management (BPM) solution capabilities are configured during the implementation to enable "stemming" which will yield potential data matches that are outside the verbatim field-level match. This same functionality is built into our search capabilities within the user interface in order to prevent the entry of duplicate records.

Req. ID	Req. Language	Response
DM11	The Contractor shall develop and maintain an electronic data dictionary using industry best practices to be approved by the Department. At a minimum, the data dictionary shall contain for each field: field name in human readable format, field description, database field name, database table, field type and length, valid values and their corresponding descriptions.	The DyP solution has a data dictionary, which describes the entities and attributes within the database, its associated format and structure, and how the data is utilized. Additional support for the specific fields noted is enabled. Other data elements as defined and approved by the Department will also be supported throughout the project.
DM115	The Contractor's solution shall collect, store, and maintain the data necessary for T-MSIS reporting as required by CMS.	HHS Tech will ensure that all the appropriate elements with respect to the provider segment of Transformed Medicaid Statistical Information System (T-MSIS) will be collected, stored and maintained as required by CMS. Appropriate APIs to extract the provider segment of T-MSIS data store are available to support the reporting requirements needed for CMS.
DM116	The Contractor's solution shall capture and maintain the provider related data items needed to support Payment Error Measurement (PERM) processing.	DyP has the data elements to support the PERM review. Some of the data elements ■ Provider name ■ Provider number (42 CFR 455.440 National Provider Identifier) ■ Provider registration/enrollment (42 CFR 455.410) ■ Provider license, if required (42 CFR 455.412) ■ CLIA certification, if required ■ Provider type and specialty ■ Provider and service location ■ Provider sanction/suspension periods, including verifying a provider is not listed on the OIG's List of Excluded Individuals/Entities (LEIE) and other elements needed to perform the PERM processing.

Req. ID	Req. Language	Response
DM117	The Contractor's solution shall retain in the module, after implementation, seven (7) years of electronically imaged documents and data. After seven (7) years, the data will be purged (deleted) from that module. All active records (active providers, active members, active cases, etc.) and 100% of all history for any entity or case that has been active within the last seven years will be retained. Any entity and/or case that has been continuously inactive for the last seven years will not be retained, will be purged, and will no longer be accessible by users in that module.	Lets look at our Archive response and we canm use that to be consistent.
DM13	The Contractor shall be able to demonstrate the ability to support requirements for backup and archiving consistent with Department SLAs and CMS, State, and industry standards. The Contractor shall also adhere to data retention requirements cited in 45 CFR 164.316 and the State's Administrative Rules.	As a web-based solution hosted in the AWS GovCloud, HHS Tech will ensure appropriate backup and archival of information through AWS data archiving, backup, and recovery services provided. Options including Amazon Glacier and Amazon Simple Storage Service (S3) will be reviewed with DPHHS and approved before deployment to ensure full alignment and adherence to the latest policies and requirements.
DM14	The Contractor's solution shall maintain an audit trail of all changes to data, including changes that were made in error and subsequently backed out of or suspended.	Our built-in audit trail capabilities support the logging of all activity, including errors and changes made or canceled within the system. Similar to who saw what, where and when, DyP also provides capabilities for who did what, where and when. HHS Tech uses Logstash, an open source technology, for both gathering and storing logs.

Req. ID	Req. Language	Response
DM15	For audit and reporting purposes, the system shall provide and maintain the following data for all reference codes: a. Effective date b. End date c. Date when last changed d. Who made last change e. Short description f. Long description	These data fields are all supported by the DyP solution. All data logged can be pulled on demand and reported upon.
DM17	The Contractor's solution shall provide the ability to store and apply updates to all applicable codes upon new release at an interval appropriate for the data or when requested by the Department.	DyP provides versioning of code sets based on date. DyP also provides the ability to document changes to the code sets and set a future release date. Changes to the code sets can be updated by authorized users, only. Date based release of the code set to production requires multiple levels of approval as part of the workflow.
DM18	The Contractor's solution shall perform batch control including logging and reporting.	DyP is designed to have built-in auditing and controls throughout the system. DyP provides checks and balances to support specific input controls include batch controls, balancing, input authorization, error reporting and handling, and more.
DM19	The Contractor's solution shall archive all versions of reference information and update transactions.	DyP versions all code sets by date. DyP provides archival capabilities by various filters like date, alphabetical name sort, provider type, etc.
DM20	The Contractor's solution shall have the ability to void or reverse recent changes by rolling back to prior configurations.	DyP provides compensation logic to reverse current versions to previous versions or make retroactive adjustments to existing configuration changes. All changes are logged and can be reversed as required.

Req. ID	Req. Language	Response
DM21	The Contractor's data management strategy shall include the following concepts: Data Integrity (data cannot be modified undetectably), Data Availability (access is not inappropriately blocked or denied), Data Authenticity (validation of transactions), Data Security (encryption and Department approved security protocols and processes), Non-repudiation of Data (parties to a transaction cannot deny their participation in the transaction).	The DyP solution is built on these foundational Data Management practices. DyP has checks and balances within the product to validate data integrity and data authenticity. DyP 's fine-grained RBAC ensures data is available to the defined user role on the appropriate page. These established practices are documented within our guidelines and protocols, with training provided to all staff, which will have access to client data. This includes support and protections in place to ensure data integrity, availability, authentication, security, and more in alignment with HIPAA and other federal and State standards for data management.
DM22	The Contractor's solution shall provide entity search capability including the ability to search by entity type, entity name, entity address elements, entity phone number(s), unique identifier for entity type, any alternate identifiers including EIN, SSN, TIN and other demographic elements.	DyP uses elastic search capabilities to search on the criteria as identified in the requirements.
DM23	The Contractor shall provide real-time access to transactional data for all module components.	DyP 's On-line transaction processing (OLTP) database provides real-time access to all modules via web services and restful APIs.

Req. ID	Req. Language	Response
DM24	The Contractor shall ensure complete transparency of all data fields in reports generated by the system including: providing the Department with SQL, pseudo code, narrative description, analytic protocols and assumptions to document the logic and formulas used in all calculations.	DyP's user manuals, system administrator manuals, deployment guides and technical user guides will provide appropriate details to the Department with regards to protocols, APIs, design artifacts, calculations and logic to document the data field requirements for reporting. Our reporting engine for backend-logged data captured is Kibana, an open source data visualization tool. Kibana provides real-time, comprehensive analysis and reporting of all logged data. Full access and transparency will be enabled during the implementation with designated, authorized staff. Apart from logged data, HHS Tech also leverages Sisense for user-facing business intelligence reporting and dashboards through our portals. All field data tracked can be supported for viewing in graphical and text format through the dashboard along with the ability to provide reports on any data field in the system.
DM25	The Contractor shall create and maintain a suite of State/Contractor-defined on-line reports to allow users to choose from pre-built defined parameters (such as provider number, procedure code, date of service, etc.) to generate customized reports for monitoring the daily operations of the system and Fiscal Agent Operations.	Our primary business intelligence reporting solution, Sisense provides the ability to create custom and ad hoc reports on demand. An unlimited number of metadata and associated individual fields will be available for reporting in order to create tailored reports to suit the end user's needs. Any required standardized reports will be documented and configured during the implementation.

Req. ID	Req. Language	Response
DM26	The Contractor shall certify that any and all unmasked or unscrambled Department data will reside in data centers located in the continental United States. Additionally, this data will only be accessible by resources within the continental United States that have completed the necessary HIPAA and PHI training. Any data that will be accessed by resources that are not physically located in the United States will be masked or scrambled (which would make it impossible to establish a connection between claims data and a specific member or provider associated with the claim) thereby removing the HIPAA and PHI connection between interested parties and the claim data.	The DyP solution is hosted in the AWS GovCloud. This particular hosting service is only available to be supported in U.S.-based data centers. A primary and backup data center (east coast and west coast) will be utilized to host HHS Tech's solution. Further, all personnel, regardless of level of data access, receive HIPAA and PHI/PII training as part of our established policies and procedures. Annually re-training is also required in order to maintain HIPAA compliance. DyP will use de-identified data set for testing in non-production environments.
DM31	The Contractor's solution shall be configured and maintained to validate and standardize addresses according to United States Postal Service (USPS) verification, validation and standardization rules.	The DyP solution is integrated with Google Address Validation Service for address level verification and validation in accordance with the latest USPS address information, rules, and guidance, including Publication 28 released. With Google Address Validation tools, integration, our solution can process, filter, clean, and validate address input data in real-time while ensuring compliance.
DM37	The Contractor's solution shall facilitate real-time data processing including data cleansing, data loading, data brokerage, integration, validation, reconciliation, and synchronization with the State's enterprise.	Our DyP solution is designed to support the receipt and processing of data from a multitude of source systems in real-time. This includes associated data validation, verification, reconciliation, and other activities in the system.

Req. ID	Req. Language	Response
DM38	The Contractor's solution shall optimize and consolidate data management storage.	DyP uses database optimization and file storage optimization methods to optimize and consolidate data storage.
DM39	The Contractor's solution shall maintain all data sets defined by the HIPAA Implementation Guides to support storage of all transactions required under HIPAA Administrative Simplification Rule (e.g., Gender, Reason Code) for seven (7) years.	Transactional data storage can be supported for the seven years required. The length of storage time is configurable and can be adjusted as needed. All data is properly stored in alignment with HIPAA protocols and EDI transaction standards.
DM40	The Contractor's solution shall maintain a normalized RDBMS with referential integrity and is optimized to meet performance requirements.	In alignment with referential integrity concepts, table relationships will be optimized to maintain consistency and agreement throughout the relational database management system (RDBMS). All data within the system is analyzed and tested for performance on a regular basis.
DM41	The Contractor's solution shall provide a method to access, query, and report against archived data external to the Operational Data Store (ODS).	DyP provides an archival facility to access data that has been archived. Users will submit an online request for the data set that needs to be restored from archive. Once the data has been restored from archive, DyP provides appropriate user interfaces and APIs to access the restored data.
DM43	The Contractor shall demonstrate through data analysis that the implementation outcomes have been validated and are accurate.	Prior to Go Live, all data validation measures in place will be tested for accuracy through data analysis. This ensures the proper configuration and set up of all data management protocols in place prior to launch of the system. Once launched, DyP will perform ongoing data validation for all transactions received in the system.

Req. ID	Req. Language	Response
DM45	The Contractor's solution shall maintain a history of provider information (i.e., full audit history or equivalent capabilities). All transactions, including the execution of database scripts, need to be recorded in the full audit history.	DyP stores all changes made within the system. For example, provider demographic information, provider licensure information, ownership, etc. All changes, including those made using DyP or externally are logged as part of the provider history.
DM46	The Contractor shall develop and maintain a process to archive and access archived data (including legacy MMIS component data).	The DyP solution will support the backup and archival of data in accordance with data retention requirements in 45 CFR 164.316 and the State's Administrative Rules. Archived data will be accessible to permissioned, authorized users throughout the duration of the project. Please refer to requirement DM41 for additional information.
DM47	The Contractor shall participate in ongoing data governance meetings as required by the Department.	Department and State-level data governance meetings will be supported. HHS Tech will work with the Department to ensure appropriate staff participate in each scheduled meeting.
DM51	The Contractor's solution shall provide the ability to modify transactions in real-time.	Users can change data using DyP in real-time in the production environment. For the ability to replay the transactions, the test or simulation environment should be used, thus not impacting production data.
DM52	The Contractor's solution must have the flexibility to quickly accept new and incremental data items from module components required by the ongoing component, product or service integration.	DyP has been designed to be modular, flexible, and adaptable. This is critical to our overall design, ensuring new data sets, transaction types, formats, open source components, additional COTS technologies, and other aspects of the system and integration with other systems can be seamlessly supported, particularly as CMS continues to release updated modular guidance to states.
DM53	The Contractor's solution shall provide an address type, effective dates, and the ability to select the type of address for provider mailings.	DyP provides effective dating of most attributes in the data model such as address type, specialty, etc. All the effective dated attributes will use the latest value based on the effective and other business rules.

Req. ID	Req. Language	Response
DM54	While the Department prefers real-time/event driven process, the Contractor shall provide a tool to easily administer and execute scheduled events (e.g. reports, file transfers, processes, notifications) to be performed on a regular basis (e.g. daily, weekly, monthly).	In addition to real-time processing of events, DyP also provides a batch scheduler to execute batch jobs/events. For example, file transfers, execution of batch reports, letter generation, notification, etc.
DM55	The Contractor shall provide a conceptual data model (CDM) that identifies the data elements required for an end-to-end business process execution including the identification of data standards that will reduce future rework to achieve successful data sharing across the enterprise and for intrastate/interstate exchanges. The CDM is required to be used as a reference to provide high-level overview of the data and relationships used by the enterprise and to provide a tool for ensuring the completeness of the business model.	A Conceptual Schema will be part of our overall documentation at the start of the implementation. This will allow for appropriate documentation and mapping of data elements to their associated relationship, including with the overarching Data Sharing Gateway (DSG) and HHS Tech's solution solution. This will ensure all data sharing configurations are analyzed on the front-end to identify efficiencies that can be put into place during the implementation. The Conceptual Schema (Conceptual Data Model or CDM) will be a 'living document' throughout the course of the project to serve as an ongoing reference and to reflect any modifications made over time.
DM57	The Contractor shall standardize the structure and visibility of data and applications to support automated electronic data exchanges within the State's enterprise to promote interoperability.	Our solution supports the automated, electronic exchange of data, including all standard electronic data interchange (EDI) transactions. Standardized structures will be documented and set up as part of our implementation, along with final testing to ensure the proper sending/receiving of EDI data in a secure, compliant manner, without validation errors or latency issues.

Req. ID	Req. Language	Response
DM58	The Contractor's solution shall maintain online access to at least four (4) years of selected management reports and five (5) years of annual reports.	HHS Tech will ensure adherence to the length of time (years) required for reports to be accessible online through the portal.
DM60	The Contractor shall be responsible for data management including ensuring the architecture addresses data semantics, data harmonization, and shared-data ownership.	DyP's data model architecture provides the information regarding shared data ownership, data harmonization and data semantics.
DM62	The Contractor's solution will ensure current and historical provider IDs are linked back to one universal/common identifier.	DyP provides merge and unmerge functions that can link current and historical provider IDs to one common identifier.
DM63	The Contractor's solution shall assign standardized unique internal identifiers for entities and prevent the creation of duplicate records.	All data entered through the system is appropriately tagged and tracked to support future audit capabilities and to ensure adherence to our data management and logging protocols. Further, duplicate records are prevented in the system since the solution continually checks information entered across various data fields to existing data stored in the database. This enables real-time alerts and errors to appear on the screen, preventing the user from creating a duplicate record. Similarly, transactions received in the system are validated against known provider records, ensuring appropriate linking and storage to the correct provider and preventing the same record and field level information from being duplicated.

Req. ID	Req. Language	Response
DM64	The Contractor shall be responsible for backup and retention of data to include: 1. Daily incremental backups with retention of sixty-one (61) days. 2. Weekly incremental backups with retention of twelve (12) weeks. 3. Monthly full backups with retention of eighteen (18) months. 4. Annual full backups with retention of seven (7) years.	As a cloud-based, hosted solution HHS Tech can make quick adjustments to established data retention and backup frequencies and timeframes. These configurations will be set during the implementation.
DM69	The Contractor's solution shall maintain online access to all reference tables with an option to search and display by reference data type and code.	Drill down capabilities to table-level information is supported in the system, including for reference data and associated codes.
DM70	The Contractor's solution shall maintain user controlled parameters for all standards and messages.	Within the Internal User Portal, designated 'Super Users' can modify message content and parameters for the message or notification.
DM71	The Contractor's solution shall verify that all dates are valid and reasonable.	DyP provides date validation and formatting based on user defined rules.
DM72	The Contractor's solution shall provide proper data validation rules (e.g., all fields defined as alphabetic contain only alphabetic data, fields defined as numeric contain only numeric data, items with definitive upper and/or lower bounds are within the proper range).	DyP provides appropriate field level validations for example, date only has date, numeric fields only have numbers, dollar fields only have amounts, etc. In addition to these edits, DyP also validates field length. For example NPI, SSN, Date, etc.

Req. ID	Req. Language	Response
DM73	The Contractor's solution shall capture and maintain the data items needed for State or Federal reporting requirements.	All State and federal reporting requirements for the duration of the contract will be reviewed with DPHHS during the implementation. This ensures appropriate data capture will continually occur and will be reportable through pre-established, standardized reports before the solution goes into production.
DM74	The Contractor's solution shall validate calculated data items.	All data entered (keyed in) or transmitted is validated against established rules. This ensure continual data accuracy and proper data management in the system.
DM75	The Contractor's solution shall validate, and/or verify that all data items that contain self-checking digits (e.g., National Provider Identifier) passes a specified check-digit test.	DyP uses the National Provider Identifier Check Digit Test API to verify and validate the Provider NPI.
DM79	The Contractor's solution shall support the Extract, Transform and Load (ETL) processes from real-time web services or batch processes.	The DyP solution supports both real-time and batch data transmission. Our DSG provides a mechanism for supporting ETL jobs to/from databases.

3.10.1.6 Interfaces

This section addresses interface requirements for the Contractor's solution(s) and operations. The Contractor's Application Program Interfaces (APIs) and components must comply with industry standards (e.g., National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST) and HIPAA compliance standards). In the response, the Offeror must describe current methods of electronic data exchange, detail the industry standard formats currently used and describe any proprietary formats used. The Offer must also describe their approach to meet each of the interface requirements detailed in Attachment F, Requirements Matrix.

The **DyP** Provider Services Module is built to satisfy the Modularity Condition of the MITA 3.0 standard. Thus, our web-based platform has inherent interoperability and flexibility to interface with other systems and the ESB. Key capabilities and features of our interface support include:

- Adherence to all industry standards for interfaces, integrations, and compliant data transmission
- Reusable data exchange methods and protocols

- Exposed APIs for quick, seamless integration with other systems
- Satisfies the MITA 3.0 standard for modularity
- Modern architecture providing both flexibility and adaptability
- Well-defined and documented APIs
- Data Sharing Gateway (DSG) as part of the technical architecture to support multiple connectivity protocols
- Interoperability with third-parties and middleware products
- Web API to support create, read, update, and delete (CRUD) operations, processing the database by sending HTTP requests from JavaScript

All established EDI transaction standards and formats can be supported in the system, including HIPAA-compliant data transaction and code sets. EDI methods supported includes direct (point-to-point), via the AS2 internet communications protocol, FTP (over VPN, SFTP, and/or FTPS), Web EDI (browser based), and others. Specifically, for the **DyP** solution, there are no proprietary formats in use. Standard EDI, proprietary, and XML formats can be supported in the system.

Furthermore, DyP provides exposed APIs to enable quick set up during the implementation to support transactions. All APIs and established components and protocols are in compliance with industry standards, including HIPAA guidelines, NIEM, and NIST.

HHS Tech will work with DPHHS during the implementation to define all interfaces to be established with other systems and the appropriate data transmission format and connectivity protocol to be used. For additional details, please see our individual responses to each of the interface requirements noted in *Attachment F*, as provided in the next table.

Figure 8: Interface Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
INR01	The Contractor's solution must ensure that all data exchanges including inbound and outbound interfaces shall comply with industry standards (e.g., National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), HIPAA-compliance standards, Health level 7 (HL7), Fast Healthcare Interoperability Resources (FHIR)).	The DyP solution is built to ensure adherence to the latest standards. This ensures the deployment of flexible, adaptable components, configured to adjust as regulations and standards change and/or are modified. Inherent compliance is in place with all established, standardized interfaces. Throughout the contract, HHS Tech will ensure DyP is continually aligned and meeting the latest compliance standards issued by the Department, CMS, NIEM, NIST, HIPAA, HL7, FHIR, and other industry guidelines.
INR02	The Contractor shall support the exchange of data between the System and the systems with which it interfaces (including external entities) to facilitate business functions that meet the requirements of Department policy, and federal and State rules and regulations.	DyP is built on a modular, SOA architecture with exposed APIs to support interfaces between multiple data sources. HHS Tech will ensure DyP is properly configured to send/receive data with all required systems. Our team will work with the Systems Integrator and other module contractors to ensure the proper transmission of secured, compliant data exchanges across the enterprise.

Req. ID	Req. Language	Response
INR04	The system shall send and receive real-time discrete transactions between modules and the State's integration platform to reduce the need for bulk data transfers.	Our solution supports real-time data transactions using web services and RESTful APIs managed within the API manager of the ESB. Data transmission capabilities include send/receive, export, filtering, transformation, and loading functions.
INR05	The Contractor's solution shall provide the ability to view raw daily interface files for up to sixty (60) calendar days. Archive raw daily interface files after sixty (60) calendar days and maintain for up to six (6) months.	DyP provides ability to configure the archival retrieval and review periods for all interface files. DyP will be configured to meet DHHHS requirements as stated.
INR06	The Contractor's solution shall provide the ability to view raw monthly and quarterly interface files for up to one year (365) calendar days. Archive raw monthly and quarterly interface files for two years (730) calendar days and maintain for up to two (2) years.	DyP provides ability to configure the archival retrieval and review periods for all interface files. DyP will be configured to meet DHHHS requirements as stated.
INR07	The Contractor shall document all interfaces in an Interface Control Document (ICD) which will include data layout documentation, data mapping crosswalk, inbound/outbound capability and frequency of all interfaces.	HHS Tech will use an ICD template for documenting all interface controls. This ensures CMS compliance and comprehensive identification and documentation of all interfaces, including associated requirements and controls.
INR08	The Contractor's solution shall include a process and toolset to maintain interfaces, code, and data models.	DyP uses tools for source code control for data modeling and ETL interfaces.

Req. ID	Req. Language	Response
INR11	The Contractor shall design, develop and maintain interfaces. Each Application Program Interface (API) and components that will interface with the Systems Integration Services Integration Platform will be documented using a mutually agreed upon ICD template. This effort is performed in collaboration with other stakeholders in the State's healthcare programs enterprise.	HHS Tech will work in conjunction with the designated Systems Integrator during the implementation and throughout the life of the contract to ensure continual, proper interfaces are established and maintained with the ESB, with properly working functionality across the enterprise.
INR12	The Contractor shall ensure proprietary interfaces and protocols between modules are not used.	To ensure maximum interoperability with other systems to accept/send data, proprietary interfaces and protocols are not used.
INR13	The Contractor shall provide an extract of Agency defined data to the Agency data warehouse, at a minimum, weekly.	DyP provides APIs to extract data from its data model. These APIs will be used to transfer the data to the data warehouse based on the defined schedule. If additional APIs need to be built, HHS Tech will work with the Agency to identify the gaps.

3.10.1.7 Business Rule

This section addresses Business Rule requirements for the Contractor's solution(s) and operations. The Contractor shall describe the proposed solution's capacity to configure, support and maintain business rules (i.e., add, modify, or remove/retire rules) and the type of resource and necessary skill set(s) required for business rule configuration. Describe the change management processes associated with business rule configuration. In addition, the Offeror must describe their approach to meet each of the Business Rules requirements detailed in Attachment F, Requirements Matrix.

The **DyP** solution architecture includes an integrated, COTS business rules management system (BRMS). This business rules engine enables **DyP** to execute multiple, configured business rules seamlessly. All business rules have been built to be easily modified and not embedded within **DyP**'s core programming. This enables changes to be made at the UI and business rule level in hours, not days as is often the case in older technology systems. Additional key features of our BRMS include, but are not limited to:

- Modern web-based, open source solution
- Dynamic, parameter-driven table-based rules
- Enables the automation of processes and workflows to replace many human-level interactions that would be otherwise necessary
- Separated business logic to eliminate impact to other systems
- Configurable online 24/7/365
- Scalable for enterprise class performance
- Built-in adaptability and extensibility as changes to business processes, workflows, administrative guidelines, and policies occur
- Enables business operations to streamline and be adaptable to market and regulatory/compliance changes
- Enables authorized end users (designated 'Super Users', Business Analysts, and other permissioned staff) to update and make modifications as well as test changes to business rules
- Changes can be made quickly and easily without any need for technical programming skills
- Eliminates most needs for HHS Tech or other Department IT involvement
 - o Ongoing support from our IT staff is still available throughout the duration of the contract to assist, where necessary, to create any new business rules not established during the implementation and to provide all ongoing maintenance and support
- Separation from complex program code

Once all business rules have been set up, tested, and configured during the implementation, they can then be seamlessly adjusted on a going forward basis by permissioned 'Super Users' or other authorized personnel. Training will be provided on how to properly make adjustments and test business rules utilizing the graphical instrument provided from within the user interface.

Change management protocols will be followed for all business rule change requests (CRs) received. This includes receiving proper approvals, defining all triggers and modifications necessary, as well as documented timeframes for configuration in the system. For additional information on how HHS Tech will address business rules in DyP, please see the table provided in the following pages.

Figure 9: Business Rule Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
BR01	The Contractor shall configure, support and maintain a business rules engine (e.g., add, modify, or remove/retire rules) based on the Service Architecture (SOA).	The DyP solution includes an integrated, COTS business rules management system (BRMS). The BRMS enables business rules to be set up and supported. Once documented, established, configured, and tested, designated, trained administrators will have self-service actions they can perform on their own to maintain business rules in the system. HHS Tech will ensure the continual 24/7 availability of our technical support staff to provide assistance where needed.
BR02	The Business Rules Engine (BRE) shall allow authorized system users including Department resources, the ability to create, configure and maintain rules for business functions in a user-friendly graphical user interface (GUI) that facilitates rules maintenance without coding changes.	DyP provides the following configurability capabilities: 1. Database table-driven rules configuration 2. Property-file system configuration 3. Application business rules configuration 4. UI rules configuration 5. Workflow configuration The database table-driven rules configuration is provided using the internal user portal. Property-file system configuration is used by the systems administrator. UI rules configuration is provided by our UI editor. Business rules and workflow configuration could require backend development in addition to Business Analyst changes.

Req. ID	Req. Language	Response
BR03	The Contractor shall provide real time access to a Business Rules Catalog, in an electronic format approved by the State, that documents all business rule logic used by the solution.	DyP will provide a business rules catalogue which will identify the rule, type of rule, and the implementation of the rule. In addition, the business rules catalogue will document the rule flow, the rule set, and the rules within the rules set.
BR04	The Contractor shall update the Business Rules Catalog with all additions or changes.	All changes or additions to business rules will be updated in our documentation throughout the contract.
BR05	The Contractor's Business Rules Engine shall be integrated into a testing environment that contains production data to allow users to perform "what if testing" and compare the before and after outcomes. The Contractor will provide Department staff and designated project resources, support and access to reports or reporting tools to evaluate the impact analysis.	Our BRMS will be integrated with the testing environment during the implementation. This enables test cases to be run based on desired business rules in order to analyze the outcomes against established processes and workflows. Reporting tools can also be supported to analyze and verify that business rules are working properly prior to going live in the system. Our IT staff will be continually available to DPHHS and other Department staff. This includes during the initial implementation to configure and test business rules as well as ongoing support for the maintenance of rules and to assist in establishing any new rules necessary.
BR06	The Contractor's Business Rules Catalog shall include granular check-out and check-in rules and an audit trail of business rules changes.	DyP provides effective dating of the UI rules, the database table rules, the workflow and the property-file rules. DyP will provide "check-in" "check-out" for the application business rules similar to the source code control.
BR08	The Business Rules Engine shall allow changes to be made to valid values without impacting production rules engine availability and operations.	All changes to business rules can be performed without impact to established production rules. Furthermore, rule changes are not allowed in the system until all required testing has been completed.

Req. ID	Req. Language	Response
BR09	The Business Rules Engine shall include the ability to debug business rules at rule execution.	The DyP solution includes an advanced business rules 'debugger', which allows every step of the logic execution to be analyzed. This capability enables the simulation of rules to associated data to ensure proper debugging.
BR10	The Contractor shall provide the ability to allow multiple users to work concurrently on different parts of the same rule base.	Our engine supports both version tracking and control and the ability to merge changes. Users can simply work under the same rule base simultaneously.
BR11	The Business Rules Engine shall have the ability to rollback to prior versions of rules without impacting production rules engine availability and operations.	Production rules are logically separated to avoid any impact. Since we maintain and support versioning, it is possible to switch back to prior versions as needed.
BR12	The Contractor shall provide and maintain a graphical representation of business rule flow(s) and orchestration for all business rules.	The graphical user interface (GUI) supports the presentation of business rule workflows to provide aide in how associated business rules impact the system.
BR13	The Business Rules Engine shall have mechanisms to identify which rules are executed for each specific business process.	All business rules within the system are tagged and identified to the applicable, connected business processes they correlate to. This information is both documented and is available from within the GUI.
BR14	The Business Rules Engine shall be able to produce a report on rules passed or failed for all transactions.	Within the solution, a detailed report can be viewed to analyze business rule failure and success rates across all transactions in the system. This report can then be download for further analysis, as necessary.
BR15	The Business Rules Engine shall send alerts to the appropriate resource for issues identified in the rules engine. The Contractor will take appropriate action to address any alerts or rule failures.	Alerts and notifications are supported in DyP today, including for configured business rules. Each rule will be configured during the implementation to provide its own alert and/or notification message, as desired. This will be scheduled to automatically generate and report to the associated, designated administrators and/or groups necessary.

Req. ID	Req. Language	Response
BR16	The Business Rules Engine rules editor shall allow subject matter experts or technical resources to write natural language business rules (i.e. human readable).	Rules creation configurations can be set up during the implementation to enable rules to be written using natural language business rules (i.e. human readable).
BR17	The Business Rules Engine shall provide the ability to prioritize, sequence, and allow administrators to control processing.	Self-services functions provided enable designated administrators, including 'Super Users' of the system, to control various aspects of business rules, as approved and configured during the implementation.
BR20	Where applicable, the business rules engine shall use standardized business rules definitions.	Standardized business rules definitions which define the context, workflow, and execution of rules across the solution are part of our overarching BRMS. These established rule definitions will be reviewed with DPHHS during the implementation.
BR21	The Contractor's business rules shall execute in a runtime environment.	All business rules are executed in a runtime environment.

3.10.1.8 Enterprise Content Management

This section addresses Enterprise Content Management requirements for the Contractor's solution(s) and operations. The MPATH Integration Platform will include a centralized enterprise content management solution. The Contractor's solution will be required to send all documentation to the MPATH Integration Platform for storage in the centralized enterprise content management solution. The Contractor shall describe the proposed solution's capacity to configure, support and maintain an enterprise content management solution and the type of resource and necessary skill set(s) required for enterprise content management and configuration. Describe the change management processes associated with enterprise content management. In addition, the Offeror must describe their approach to meet each of the Enterprise Content Management requirements detailed in Attachment F, Requirements Matrix.

The Operational Systems and Data Layer of the **DyP** solution includes our open source Enterprise Content Management (ECM) function, powered by Alfresco Content Services (Alfresco) to



manage and share content. Alfresco as part of our overall **DyP** solution, will be integrated during the implementation with the MPATH Integration Platform for storage across the enterprise. **DyP**'s Content Management solution can also be easily replaced with DPHHS' standard centralized enterprise content management solution. **DyP**'s Content Management solution implements the CMIS standards that are used by all major content management systems which will enables the **DyP** Content Management solution to easily integrate with DPHHS' centralized ECM.

Our technical staff on our Implementation Team, with expertise and background in ECM and EDMS backend systems, will ensure the proper configurations of **DyP** with Alfresco and on the MPATH Integration Platform are in place. Ongoing support and maintenance throughout the contract will also be provided, including any Change Requests (CRs) which will run through our standard process.

Overall, **DyP** provides an open, flexible, and high scalable ECM to ensure content is accessible across all platforms (e.g., desktop, web, mobile) without the use of any special plug-ins. Further, Alfresco is compatible with most common document viewing and editing tools and provides adjustable, role-based controls to ensure that confidential information is protected and secure. Additional, key components and technological features of Alfresco include:

- Repository (where the content lives), complete with directories, search index, and libraries
 - o Metadata using an open standard SQL database and binary content, all organized in a content storage system
 - o Key value schema to evolve the shape of data over time (adjustable as business needs change)
 - o File system with desk mirroring, encryption, and backup capabilities
 - o Content stores for archiving, versioning, and working – all indexed
 - o Java runtime environment
- Embedded security for authentication and access control
 - o SSO enabled
 - o Audit logs for tracing and analysis of the history of content over time
- Organization and flow
 - o Data classification and organization by types, associations, aspects, and models
 - o Flows determined by established rules, which trigger actions so content can automatically move to a particular area or change
 - o Behaviors can be set to trigger based on attached policies

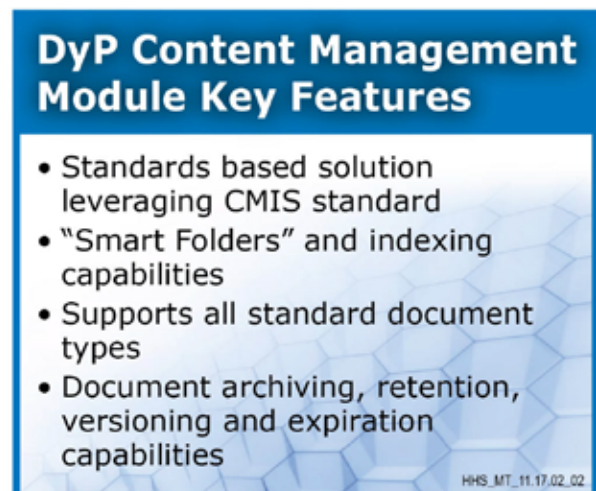


Figure 10: DyP Content Management Module Key Features

- o Data extraction capabilities
- o 'Smart folders' through defined SQL/search queries allowing dynamic rules to be in place which defines what data goes into what folder
- Access Services
 - o Content Management Interoperability Services (CMIS) – standard RESTful protocol to allow the user facing view to gain access to all the files and folders managed (role-based access)
 - o Common, known protocols to allow systems and databases to seamlessly 'talk' to one another

For additional information on our ECM capabilities, please see our responses provided in the following table which address all ECM requirements as noted in *Attachment F*.

Figure 11: Enterprise Content Management Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
ECM02	The Contractor's ECM solution must be able to support all common document types (i.e., Word, PDF, Visio, Excel, PowerPoint, TIFF, and JPEG) and must integrate seamlessly with the most common document viewing and editing tools used by the Department.	DyP Content Management (CM) module is document type agnostic and provides rich support for all common document types (i.e., Word, PDF, Visio, Excel, PowerPoint, TIFF, and JPEG). DyP CM module has its own document viewer to view documents from ECM. If DPHHS prefers a third-party viewer, HHS Tech will work with the Department to integrate the third-party viewer to DyP CM module.
ECM03	The Contractor's ECM solution must allow users to access documents from any platform with all core features available across platforms (desktop, web, mobile). The ECM must allow users to view all documents and images without the use of plug-ins.	DyP's Content Management module solution provides access across all platforms (desktop, web, mobile) to enable accessibility and collaboration. In addition, all document types (i.e., Word, PDF, Visio, Excel, PowerPoint, TIFF, and JPEG), can be viewed without plug-ins.

Req. ID	Req. Language	Response
ECM04	The Contractor's ECM solution must support role-based control and access of documents, as well as including the following: a. Granular authorizations for access, preview, editing and sharing. b. Automatic access expirations for documents deemed sensitive by the Department. c. Content security policy enforcement, such as unusual document access activity and sharing of documents with sensitive information of uploads/downloads of prohibitive data.	DyP's Content Management module stores documents by document type/folder. Each document type has its own folder structure and authorizations as to who can access which document type/folder. DyP's Content Management module also provides document expiration dates for documents tagged as sensitive or "need to expire" documents. DyP's Audit and Logging module will also track user activity ("who saw which document and when", "who saw what and when", "who downloaded what and when"). This feature makes its easy to identify any malicious activity or anomalies to be investigated.
ECM05	The Contractor's ECM solution must include a flexible search engine, including document and content search capabilities.	DyP's CM module provides enhanced search capabilities for all document types based on index criteria for each document type. In addition, full text based search for the documents can also be enabled for DyP's CM module.
ECM06	The Contractor's ECM solution must allow users to associate metadata with documents.	DyP's CM module can associate metadata or index fields for all document types and documents. This metadata is used to tag and search documents. In the event metadata is not provided, the system generates it using basic document attributes. For example it will use file type (i.e. such as Word, Powerpoint, Visio, Excel, etc.) as an attribute.
ECM07	The Contractor's ECM solution must support simple integration with scanning solutions (support for bulk-scanning).	DyP's CM module will be integrated within third-party systems to support OCR/ICR for the scanning of hardcopy files in bulk, as required.

Req. ID	Req. Language	Response
ECM08	The Contractor's ECM solution must support version control.	DyP's CM module includes a versioning content store to support all metadata and binary content. This component takes immutable (unchanging) snapshots of the content to perform safe 'time travel' to go back and forth to current and previous versions as needed.
ECM09	The Contractor's ECM solution must be configurable to comply with the Department's document retention policies.	DyP CM module has parameters with regards to establishing retention policies for every document type. DyP CM module follows established records and information management (RIM) standards, including ISO 15489-1 and 2 for records management.
ECM10	The Contractor's ECM solution must support document workflows with review/approval ability with digital signature support (e.g., scan notifications).	DyP's BPM tool in conjunction with the CM module provides the necessary workflows for review/approval, enrollment application submission, etc. Workflows that require digital signatures or scanned documents that need to be uploaded, will use the DyP CM module to store/index the uploaded documents associated to the process (i.e. enrollment, claim entry, appeals, online chat conversations, etc.)
ECM11	The Contractor's ECM solution must scan all uploaded documents for viruses prior to storage.	As a rule, all documents uploaded will be scanned for virus protection using DyP's CM module virus scanning capability.
ECM12	The Contractor's solution shall be able to index, link and display incoming correspondence or uploaded documentation with the entity record.	DyP's CM module will index/link all correspondence/documents that are uploaded or scanned. The user will search for the scanned/uploaded document using the search criteria (index fields) and view the selected document using DyP's CM module's document viewer.

Req. ID	Req. Language	Response
ECM13	The Contractor's solution shall send all documentation to the Systems Integration Services module for storage in the centralized ECM.	DyP's CM module will be configured to send all documents stored in its repository to the Systems Integration Services module for storage in the centralized ECM. This integration can be real-time (when a document is stored in DyP's CM module, a message is also posted to save (index and store) this document in the centralized ECM or a batch integration that will synchronize all documents between DyP's CM module and the centralize ECM.
ECM14	The Contractor's solution shall have an integrated electronic document management solution to meet the business needs of the State's enterprise.	DyP's CM module will be meet the State's requirements around integrated electronic document management solution. DyP's CM module includes inherent document management system capabilities to serve as the electronic 'filing cabinet' for all documents. Features included are established workflows, audit trails, indexing, and versioning.
ECM15	The Contractor's solution shall accept, record, store, and retrieve freeform or HIPAA attachment documents submitted with or in reference to claim submission activity (e.g. operative reports, occupational, physical, and speech therapy reports, durable medical equipment and warranty data, manufacture's tracking data for implants, waivers and demonstration specific requirements).	As part of claims entry/submission, providers can upload freeform HIPAA attachment documents (e.g. operative reports, occupational, physical, and speech therapy reports, durable medical equipment and warranty data, manufacture's tracking data for implants, waivers and demonstration specific requirements). DyP's CM module will store/index/link these attachments to the claim.

Req. ID	Req. Language	Response
ECM16	The Contractor will configure, support and maintain Enterprise Content Management (ECM) functionality (including Document Management and Workflow) to meet the business needs of the State's enterprise.	DyPs Content Management Solution will integrate with the States Centralized ECM to meet all the business and workflow requirements to support the on going business of provider enrollment for DPHHS.

3.10.1.9 Workflow

This section addresses Workflow requirements for the Contractor's solution(s) and operations. The MPATH Integration Platform will exchange data with all MPATH components to support enterprise wide automated business process orchestration. The Contractor's solution shall include a configurable workflow solution for process definition, execution, monitoring, and management. The Contractor shall describe the proposed solution's capacity to configure, support and maintain a workflow solution (i.e., add, modify, or remove/retire existing workflow configurations) and the type of resource and necessary skill set(s) required for workflow management. Describe the change management processes associated with workflow management. In addition, the Offeror must describe their approach to meet each of the Workflow requirements detailed in Attachment F, Requirements Matrix.

Our **DyP** solution uses Alfresco Process Services to provide our Business Process Management (BPM) services. Powered by Activiti, our BPM provides a fully-featured, configurable workflow solution which meets CMS' MITA requirements. Key features of our BPM and overall workflow capabilities include:

- Open source solution
- COTS workflow product
- Entire BPM lifecycle management for process optimization
- Web services orchestration
- Meets CMS MITA requirements
- Interoperable, integrated components for automated service enabling
- Fully automated workflow engine that readily integrates with various technologies,
- Streamlines otherwise inherently manual processes – virtually eliminating paper trails
- Supports all transaction-based workflow routing

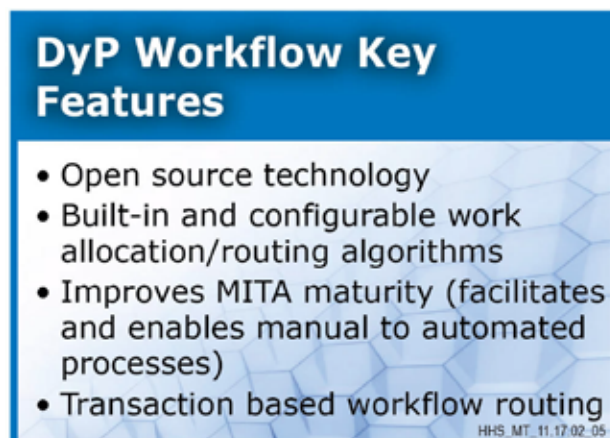


Figure 12: DyP Workflow Key Features

- Provides unlimited, configurable workflow scenario support
- Leverages its Enterprise Service Bus (ESB) capabilities to integrate workflows
- Modifiable workflow configurations to adapt to changing business needs
- Real-time workflow activity, monitoring, and update support
- Activities are queued and routed automatically based on processing needs requiring human intervention, such as prior authorizations and customer service requests
- Ability to set and view alerts and reminders
- Role-based to allow restrictions and to set approval permission levels

DyP's will be configured to integrate with the MPATH Integration Platform to support data exchange and process workflows across the enterprise, including with other contractor modules. HHS Tech's technical staff skilled in the **DyP** solution will work with the select SI to configure and test the integration with MPATH integration platform. Once live, any changes needed to established workflows will be pushed through our established Change Management process which governs all Change Requests (CRs) received.

For additional information on our processes and solution, please see our item-by-item responses provided in the following table.

Figure 13: Workflow Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
WKF01	The Contractor's workflow solution shall provide a runtime engine that facilitates process events throughout the work type lifecycle.	DyP provides a runtime engine to enable process events to occur while the solution is running.
WKF02	The Contractor's workflow solution shall provide configurable work distribution and redistribution based on work type, worker skill, priority, and age of work which can be configured by the State.	Our work allocation algorithms allow for work to be distributed automatically based on defined characteristics. Support for these specific configurations can be provided during the implementation.

Req. ID	Req. Language	Response
WKF03	The Contractor's workflow solution shall provide a user-friendly Graphical User Interface (GUI) for process definition, execution, monitoring, and management. Support a role-based interface for process definition that leads the user through the steps of defining the workflow associated with a business process including processes that are managed by Department staff only, and that captures all the information needed by the workflow engine to execute that process.	DyP's BPM tool supports a role-based, graphical interface for process definition, execution, and management. Role permission levels can be configured to assign specific roles to established business processes. In addition, all activities are accessible for ongoing monitoring and management.
WKF04	The Contractor shall support and assist the Department in mapping all business processes and sub-processes to the workflow application and in transitioning from manual to automated process execution.	During the implementation, HHS Tech will demonstrate DyP's existing workflows for enrollment, approval or denial, appeals, change of circumstance, screening and monitoring results, etc. The following configurations are available for existing workflows: approval hierarchy, worker allocation, number of days, etc. If new steps are needed as part of the existing workflows or new workflows need to be created, HHS Tech will work with DPHHS to define the requirements. HHS Tech believes DyP will improve MPATH's maturity level as more processes are transitioned from paper based/manual processes to automated processes.

Req. ID	Req. Language	Response
WKF05	The Contractor's workflow solution shall support work-type processing that includes internal and external dependencies.	DyP's BPM provides capabilities to support long running processes which include multiple internal and external dependencies. DyP supports a number of workflows and associated work-types and dependencies, including mandatory, discretionary, external, and other dependency relationships for enrollment, approval or denial, appeals, change of circumstance, screening and monitoring results. By identifying all dependencies, workflows can be configured to automatically 'behave' in a certain manner throughout the workflow.
WKF06	The Contractor's workflow solution shall provide the ability to view alerts and/or reminders by user, by work-type.	DyP's alerts and notification module capture events from different workflows and provides a simplified, user-friendly view of the alerts, reminders on the user's homepage and a dashboard view for the Supervisor that can evaluate the status of the reminder, alerts or notifications.
WKF07	The Contractor's workflow solution shall provide the ability to set alerts and or reminders by user, by work-type.	DyP's alerts and reminders can be configured to generate automatically based on the user type, work-type or other set criteria.
WKF08	The Contractor's workflow solution shall automatically set the state of the work item, based on the processing steps when completed to provide transparent, accurate status of the work at all times.	DyP supports the ability to note the latest phase/state of a given work item/task. Finalized workflows have set 'gates' established to define when each phase of the work changes. This will automatically trigger a change in the designated phase/state of a given item automatically, in real-time.

Req. ID	Req. Language	Response
WKF09	The Contractor's workflow solution shall provide supervisors access and control of work by type and by user.	DyP's work allocation algorithms enables supervisors to control work allocation either manually or automatically based on work type. For example, if the enrollment approval workflow needs further investigation on the certification and licensing of the provider, the provider specialist with that skill would be allocated that task.
WKF11	The workflow engine shall be configured to support capturing business processes using Business Process Model and Notation (BPMN) 2.0 or later, even if the engine uses a separate coding of the rules for execution.	DyP's BPM tool supports BPMN 2.0 for all business process modeling.
WKF12	The workflow engine shall be configured to support the establishment of work queues allowing in-process knowledge, data, and documentation to flow from one-solution to another solution.	DyP's BPM tool and work allocation algorithms support work queues. For example, all enrollment requests that are submitted by the providers can be pushed to an enrollment work queue. Provider specialists can subscribe to the enrollment queue and pick up the enrollment request from the queue. Once selected the request and all associated data and documentation is moved to the provider specialists work queue.
WKF13	The workflow engine shall be configured to support workflow access, assignments, and execution for all essential aspects of the business processes (e.g., provider enrollment, provider screening, client communications).	The DyP BPM tool will be configured to support workflow access, assignments, and execution for all essential aspects of the business processes (e.g., provider enrollment, provider screening, client communications).

Req. ID	Req. Language	Response
WKF16	The Contractor's solution shall deliver automated business process/workflow management to support the establishment of work queues via an assigned worker portal allowing in-process knowledge, data, and documentation to route from one worker's queue to another as well as across solutions. The Contractor's solution shall ensure compliance with defined processes.	DyP's BPM tool and work allocation algorithms support work queues. For example, all enrollment requests that are submitted by the providers can be pushed to an enrollment work queue. Provider specialists can subscribe to the enrollment queue and pick up the enrollment request from the queue. Once selected the request and all associated data and documentation is moved to the provider specialists work queue. In addition, Supervisors can transfer work items from one user's work queue to another user's work queue or the users can transfer the items to another user's work queue.
WKF17	The Contractor shall configure, support and maintain a configurable document management and workflow solution that meets the State's requirements.	DyP's BPM tool will be used to configure the following workflow: 1. Document storage, indexing and retrieval from the centralized ECM 2. Scanned enrollment requests from DPHHS' mailroom
WKF18	The Contractor shall have configurable workflow processes to support auto notifications to providers for specific events (e.g., license expiration, revalidation).	DyP's alert and notifications module enables auto notifications to be set up to trigger the sending of messages as specific events occur in the system. For example, license expiration, license validation, system down-time, etc. These events and notifications can be viewed through both the Provider Portal and the Internal User Portal.

Req. ID	Req. Language	Response
WKF19	The Contractor shall provide links to screening and monitoring databases in the workflow tool if the data isn't available via an automated interface.	DyP's screening and monitoring module is implemented using LexisNexis. Screening and monitoring results are available through the screening portal for the forensic analyst. The screening and monitoring workflow supports real-time and batch capturing of screening and monitoring results.
WKF20	The Contractor's solution shall have configurable workflow to present for validation, updates submitted online/electronically by specific criteria (e.g., program type, data type, risk level).	Workflows are easily configurable in DyP to support a range of business needs, including work needed to validate information received and updates submitted.

3.10.1.10 Correspondence Management

This section addresses Correspondence Management requirements for the Contractor's solution(s) and operations. The Contractor's correspondence engine shall be configured to generate enterprise correspondence and coordinate the print and distribution through a State approved print and mail service. The Contractor must describe the proposed solution's capacity to configure, support and maintain correspondence management functionality (i.e., add, modify, or remove correspondence) and the type of resource and necessary skill set(s) required for correspondence management functions. Describe the change management processes associated with correspondence management. In addition, the Offeror must describe their approach to meet each of the Correspondence Management requirements detailed in Attachment F, Requirements Matrix.

The **DyP** Provider Services Module has a built in letter generation/correspondent management functionality or **DyP** can integrate with a third-party Correspondence Management Systems (CMS). Our CMS uses open source technology products, is MITA-aligned and can meet all the DPHHS correspondent management requirements. Inherent features of the CMS include:

- Automatic letter generation
- Flexible and easily configurable letter templates
- Ability to establish an organized, secure, and effective mailing process
- Configurability to Department-specific communication needs across all business processes
- Multi-lingual support



Figure 14: DyP Correspondence Management Features

- Transmission to the State-approved fulfillment vendor for associated print and mail services
- Support for large-volume mass mailings, triggered based on workflow-driven responses and actions in the system
- Enhanced support for correspondence across all output formats
- Adaptable to meet changing, future needs for delivery across multiple channels (e.g., print, email, fax, web)
- Support for industry standard barcode technology, as necessary
- Internal messaging and notifications sent in real-time to the Message Center within each end user portal (Provider Portal and Internal User Portal)

Overall, our CMS solution is built to fully support the routing of correspondence data for direct, real-time fulfillment across all channels. This includes sending data to the State-approved fulfillment center and internally through established workflows to the portal Message Centers.

During the implementation, our team of Business Analysts and Solution Architects will work with the Department to finalize all correspondence requirements, including templates to be utilized throughout the duration of the project. Testing will be done to ensure correspondence is properly triggered based on specific events and at certain times in alignment with DPHHS requirements. Any changes needed post the implementation will require coordination of the fulfillment (print/mail) service provider, HHS Tech, and/or the Department as applicable to the correspondence type.

For additional information on how HHS Tech will meet all correspondence management requirements, please see the following table which addresses each requirement as noted in *Attachment F*.

Figure 15: Correspondence Management Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
COR01	The Correspondence Management Solution must be able to generate correspondence (e.g., scheduled and ad-hoc correspondence and bulletins) using standard letters or forms, letter templates, and free-form letters.	The DyP solution includes a robust correspondence and internal messaging functionality to support the generation of an unlimited variety of correspondence (e.g., letters, pamphlets, forms, alerts, bulletins, marketing materials). During the implementation, templates will be set up along with the ability to create a new template. For all standardized templates set up during the implementation, these will be modifiable post-implementation from within the Internal User Portal, based on established, role-based permissions.
COR02	The Contractor shall configure, support and maintain a correspondence engine to generate correspondence and coordinate the print and distribution through a State approved print and mail service.	The CMS supports both real-time and batch routing of correspondence requests to the fulfillment vendor for hardcopy printing, mailing, and distribution.
COR03	The Contractor's solution shall utilize industry standard barcode technology that is approved by the Department.	DyP's correspondence/letter generation module uses industry standard bar code technology. Coordination on this requirement will be needed with the State-approved print and mail vendor.
COR04	The Contractor shall utilize letter, notification and other templates for correspondence that are approved by the Department.	Templates for all correspondence types, including letters and notifications, will be set up during the implementation. DPHHS staff will review established templates, indicate any revisions needed, and provide final approval.

Req. ID	Req. Language	Response
COR06	The Contractor's solution shall send documents and the necessary indexing metadata to the modular integration platform for storage of documents in the enterprise content management solution (ECM).	DyP will send all appropriate metadata of the document and the document to the centralized Enterprise Content Management (ECM) for indexing and storage. DyP will leverage the ECM's APIs and document viewer to render the documents. In the event DPHHS wants to leverage DyP's content management system, DyP has its own content management module to store, index and view documents.
COR07	The Contractor's solution shall store all sent or received documents in the ECM.	Based on design requirements, all documents will be stored and managed within the centralized ECM solution or DyP's content management solution.
COR08	The Contractor's Correspondence Management Solution must be able to integrate variable data to maximize efficiency.	Our DyP correspondence management solution can be configured during the implementation to support variable-data printing (VDP) so that various template elements, such as text and graphics, can be easily changed from one piece to the next in order to not slow down fulfillment orders. HHS Tech will work with the State-approved print/mail vendor to support any State specific configurations required.
COR10	The Contractor shall generate applicable notices to members, providers, and other entities (e.g., enrollment/disenrollment notices, requests for information, and program information).	Notices can be sent to providers and associated entities based on defined templates, workflow and business rules. These notices will be set up and tested during the implementation.

Req. ID	Req. Language	Response
COR12	The Contractor's solution shall produce notices to applicants of the approval, rejection, and pending status of their provider enrollment.	DyP will generate specific notices for explicit enrollment events such as approval, rejection and pending. In addition to mailing these notices, they will also be sent automatically to the end user's inbox within the Message Center.
COR15	The Contractor's solution shall support official approval and denial notifications to the provider. The notification will support consolidated communication for multiple taxonomies in the case of split approval and denial of provider enrollment service determinations.	DyP denial and approval notifications can be set to auto-generate in the Provider Portal once a decision is rendered and noted in the system from the Internal User Portal. Furthermore, support is provided to send multiple approval/denials, including consolidated notifications as desired, for providers who applied to multiple programs.
COR13	The Contractor's solution shall provide the ability to create materials at between a sixth and eighth grade reading level and for a culturally diverse population.	As part of our standard protocol, HHS Tech ensures all portal information, including materials such as marketing content, letters, and correspondence, do not exceed an eighth-grade reading level by passing the information through an online test tool, such as Readable. This ensures the majority of users accessing the system can fully understand the information provided. HHS Tech can also provide support for correspondence in multiple languages, as required.

3.10.2 Project Management and System Development Requirements

The Contractor will be expected to apply proven project management and system development methodologies to the initial implementation of the proposed solution and to each subsequent enhancement or iteration of the solution.

DPHHS does not require a particular project management or system development methodology. The Offeror must propose an approach that will satisfy the scope of work and incorporate all activities required, or their conceptual equivalent. The Contractor will be expected to adjust the project management approach or project schedules, as necessary, to collaborate with the Systems Integration Services Contractor and other contractors in order to incrementally build the MPATH modules and components. In addition, DPHHS will require the coordination of efforts among its staff and all contractors, as no single contractor can perform its required responsibilities without coordination and cooperation with the other contractors. The selected contractors shall maintain communication with other contractors and DPHHS management and staff as necessary to meet its responsibilities that pertain to this RFP's scope of work.

HHS Tech has extensive experience in effective project management using Project Management Institute (PMI) aligned methodologies and processes in our engagements. Our project management framework features a comprehensive approach to strategy alignment, process optimization, quality assurance, and contract performance that works in concert with our agile system development methodology focused on rapid value delivery.

HHS Tech uses formal procedures modeled after internationally recognized standards but recognize that projects are often fluid throughout the lifecycle of a program. We pride ourselves on our ability to remain flexible to our client's needs and have built an organizational framework that allows us to remain agile to meet these needs.

We have designed a framework that is standardized, yet robust enough to provide the project team with repeatable processes, while remaining flexible. This allows us to collaborate with Stakeholders and manage change, resolve issues, mitigate risks, and provide comprehensive and timely communications via status reporting, conduct stage gate reviews during phase transitions and sign-off. By using this approach, we will confidently satisfy the scope of work and incorporate all activities described in the RFP and collaborate with the module vendors in order to incrementally build the enterprise platform.

3.10.2.1 Project Management

The Contractor shall submit a formal Project Management Plan and project schedule, along with other project planning documents. The Contractor must adhere to the Project Management Institute (PMI) or similar industry-standard project management standards and approach throughout the Contract term. The offer must describe their approach to meet each of the Project Management requirements defined in Attachment F, Requirements Matrix.

3.10.2.1.1 HHS Tech Project Management Principles

HHS Tech leverages proven project management principles including all activities required for appropriate management, monitoring, documentation, traceability and communication. Our systematic, mature, and measurable methodology is based on the PMI Project Management Body of Knowledge (PMBOK) Guide.

HHS Tech understands the challenges associated with implementing a Provider Services solution. We also understand DPHHS' governance requirements for the MPATH Provider Services Modular Solution as well as the rigorous oversight and the effective management processes necessary to be successful.

An experienced project management team providing governance, oversight, communication, and effective project execution is essential. HHS Tech has a talented pool of project management experts that are governed by our PMBOK principles. Our Project Manager will work side-by-side with the DPHHS project managers and the DPHHS PMO to ensure crisp, clean communication and collaboration.

3.10.2.1.2 Integrated Project Management for the Provider Services project

A close partnership with MPATH Program Team is crucial for meeting program objectives, as well as delivering and maintaining a best value solution. Our partnership approach will enable open communications, promote cooperation, and maintain the positive working relationship necessary for success of the Provider Services project. HHS Tech's Project Manager will contribute to and work cooperatively with DPHHS, vendors, and other stakeholders for the overall success of the project and better outcomes, while attending all necessary meetings. And HHS Tech will fully support DPHHS in all governance activities, as we are big believers in effective project governance.

We will also work collaboratively with the DPHHS and the System Integrator to provide schedule information to be included in the Integrated Master Schedule (IMS) including start and end dates of major phases, key project milestones, integration points, cross module dependencies, and sufficient information to support the State CIO's Legislative Finance Committee (LFC) reporting requirements.

3.10.2.1.3 Communications Management Plan

The Communications Management Plan aligns with DPHHS requirements whereby the HHS Tech Project Manager will capture and disseminate agendas, meeting minutes and documentation necessary for successful execution of the project and will address those requirements throughout the project lifecycle. The plan employs weekly status reports, weekly status and prioritization meetings, as well as on-demand reporting and real-time dialogue to support the State's time sensitive business needs. Our communication model allows us to coordinate and adjust to

changes in an organized manner, and respond in a way that is effective and transparent.

Our communication model facilitates joint opportunities for periodic review of the production status of all areas of work; setting of priorities and goals; transparency, control, and visibility into operations; and review of plans for issue resolution. This model will be easily modified to meet DPHHS needs for the Provider Services project. We will work as partners to manage the relationship and expectations by:

- Communicating strategic alignment to the DPHHS business goals
- Communicating clear roles and responsibilities for decision making, issue resolution, and service delivery
- Communicating status on schedules and contractual obligations through SLAs
- Communicating how we will evaluate performance, user satisfaction, and effectiveness
- Providing regular and frequent communication across all DPHHS stakeholders

The HHS Tech Project Manager will collect input from the MPATH PMO in order to define a communication plan that provides regular and frequent communication and be flexible to make changes as we seek to continuously improve and adjust to changing needs and requirements.

Management meetings will be conducted to plan the week's activities including issues, risks, progress of current projects, solution changes, resource changes, and other areas specific to the scope of work. Provider Services project and the broader MPATH teams will collaborate in regularly scheduled, formal status meetings that will provide a status of activities, scheduled between HHS Tech project leaders and their DPHHS partners. The frequency of these meetings will be included in the Communication Management Plan.

Our Communication Management Plan enables transparency

Our Project Manager will facilitate ongoing communications between DPHHS contacts and the Provider Services project team.

We will develop a Communications Plan that will guide Provider Services project

communications. Early in the project, the HHS Tech Project Manager will meet with appropriate stakeholders to confirm project communications requirements and will incorporate their feedback into the Communications Plan.

3.10.2.1.4 HHS Tech Project Delivery Model (PDM)

HHS Tech's approach to comprehensive project management contributes to our success in two ways. First, it contains a set of integrated processes for performing project work focused on obtaining DPHHS's satisfaction. Second, it provides a structure that governs how we plan, execute, control, track, and close out the tasks and activities required to develop and implement the solution. Our project

management methodology is based on PMBOK standards and industry best practices, and it uses an iterative development and testing methodology. This approach, combined with our extensive architecture implementation experience, operations experience, and lessons learned, has proven to be successful in delivering stated objectives. Our methodology establishes the processes, plans, templates, checklists, schedule, metrics, and milestones necessary to carry out the work and monitor the contract. We will use our project management discipline to integrate and control the execution of project activities, ensuring that the final production system fully meets DPHHS's business needs. Figure XX illustrates how our project management methodology creates a framework for efficient work product delivery.

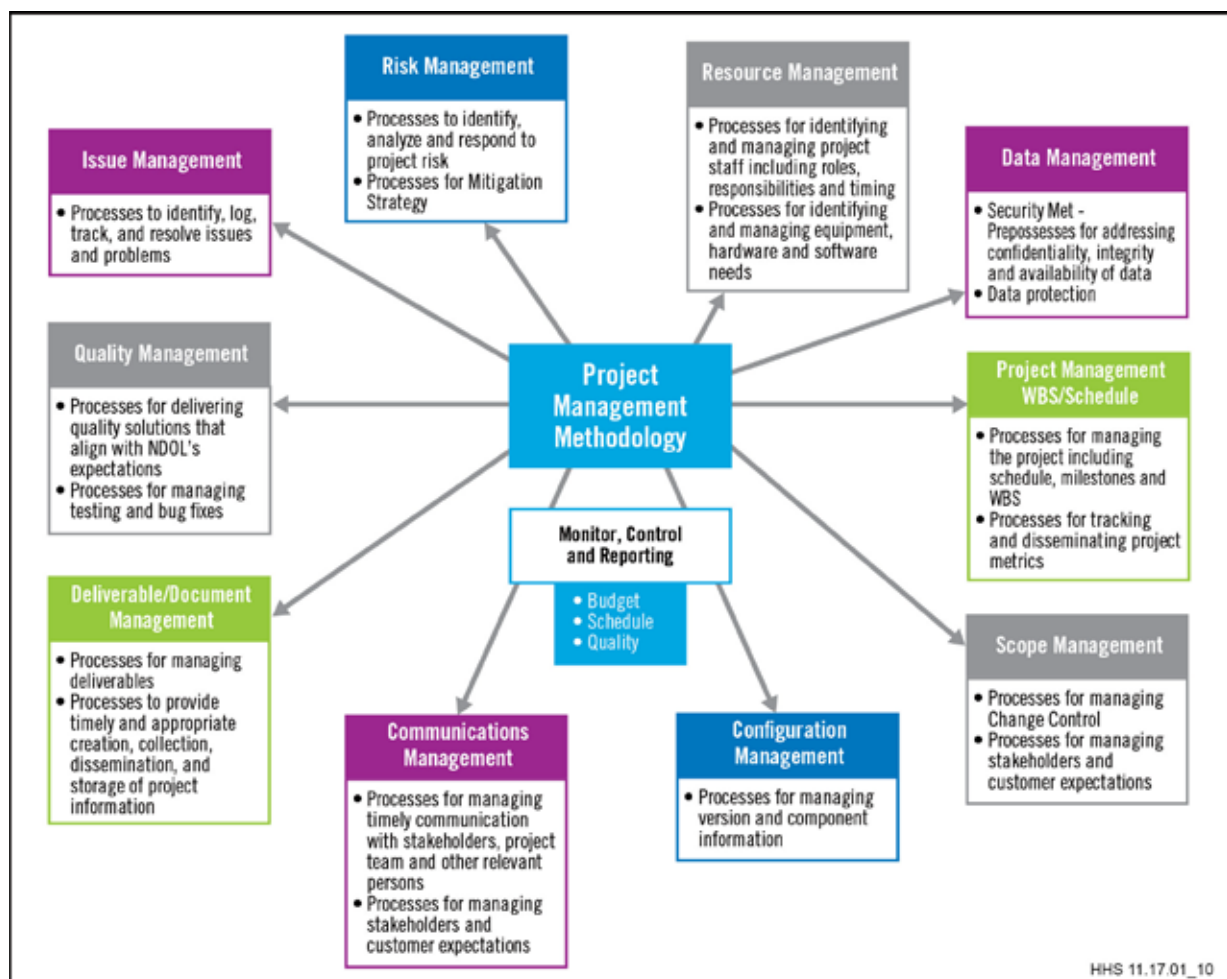


Figure 16: HHS Tech's Project Management Methodology

Table 10 shows the various functional project management areas and the corresponding artifacts and tools that we have used to manage and control projects.

Figure 17: : Project Management Functional Areas

Project Management Function	Artifact	Definition
Resource Management Identify and manage project staff, including roles, responsibilities, and timing. Identify and secure equipment, hardware, and software needs.	Resource Management Plan	This plan will support the management, control, and supervision of project staff, including roles, responsibilities, and timing.
Project Management Create, monitor, and control the Master Project Work Plan (PWP) or Work Breakdown Structure (WBS). Monitor schedule.	PWP/WBS/ Schedule	This schedule includes the following components: - Activity/task breakdown - Defining milestones - Deliverables/milestones - Staffing plan - Task/resource assignment - Total level of effort at the lowest task/activity level
Communications Management Manage timely communications with stakeholders and project team. Manage stakeholders' and customers' expectations.	Kickoff Meeting	The kickoff meeting officially starts up project team activities. The meeting orients a new project team to the business reasons for the project and jump-starts teamwork among project stakeholders with a common understanding of goals and near-term work.
	Monthly Reporting	A monthly PowerPoint presentation or other report summarizes project progress and identifies key issues for the project leadership to resolve. Key project metrics are presented as part of the monthly reports.
	Weekly Performance Reporting Plan	A weekly status report summarizes top-level statuses. The status report contains key accomplishments, upcoming tasks for this period, issues, risks, and a project status that includes key project indicators such as

Project Management Function	Artifact	Definition
		Cost Performance Index (CPI) and Schedule Performance Index (SPI).
	Meeting Minutes	Meeting minutes provide a record of key discussion topics and outcomes from meetings. This document is created by the HHS Tech Team for key meetings to provide documentation for requirements finalization and thought processes behind the decision-making process on issues.
	Communications Management Plan	The Communications Management Plan defines the details of the prescribed communication items for the project that will be used during the life of the project or provide a reference to where this information resides.
Quality Management Processes for delivering quality solutions that align with the State's expectations. Processes for managing testing and bug fixes.	Quality Management Plan	The Quality Management Plan documents the necessary information required to effectively manage quality during the life cycle of the project. It defines the project's quality policies, procedures, areas of application and associated criteria, and roles and responsibilities.
Issue Management Processes to identify, log, track, and resolve issues and problems.	Issue Management Plan	Identifies existing issues, issue planning, issue reporting, and mitigation strategies.
	Lessons Learned	Lessons learned are documented. They ensure challenges are mitigated for future efforts by the implementation team. These lessons will be shared with the State to ensure all stakeholders receive the knowledge transfer. Lessons Learned document/presentations describe knowledge or understanding gained from the current project and

Project Management Function	Artifact	Definition
		applicable best practices.
Risk Management Identify, analyze, and respond to project risk. Risk mitigation strategy.	Risk Management Plan	Identifies existing and potential project risks, risk planning, risk reporting, and mitigation strategies.
Contract Management (Overall monitoring, control, and reporting) Budget Schedule Quality Scope	Customer Satisfaction Survey	Survey conducted to measure customer satisfaction with project.
	Master Contract and Statement of Work	Management of the project defining the overall scope, contract, tasks, and delivery of the project.
	Earned Value	Measurement of progress against schedule and budget.

HHS Tech will comply with the Project Management requirements as outlined in RFP Attachment F, and will produce the contracted project management plans as well as other contracted project management deliverables.

As an example of our methodology's project reporting, the **HHS Tech** 's Project Manager will provide a monthly status report containing:

- A complete set of updated and current output from the Project Work Plan along with a copy of the corresponding Project schedule files in electronic version
- A description of the overall completion status of the Project including schedule variations that report the earned value of the work completed, the planned value of the work completed, and the variance
- Planned tasks and activities for the next month
- The deliverable status, with percentage of completion and time ahead or behind schedule for particular tasks
- Identification of any staffing issues or changes in the Resource Allocation Matrix
- An updated status on all issues being monitored
- An updated status on all risks being monitored

- Provide metrics necessary to support the State CIO's Legislative Finance Committee (LFC) reporting requirements
- Provide testing status and metrics
- Provide system enhancement hourly pool total hours used and total hours remaining
- An updated status on all SLAs being monitored

3.10.2.1.5 Project Management Life Cycle

HHS Tech Project Delivery Model (PDM) governs each stage of the Provider Services project within the broader overarching project plan following the PMI-aligned project management Lifecycle (PMLC). The following sections describe the five PMLC Phases that are an integral part of the HHS Tech PDM.

3.10.2.1.5.1 Initiation Phase

The **Initiation** phase is the start of the project and sets the stage for the project. As we begin the project, we will work with the Provider Services project stakeholders to validate project objectives; validate deliverables; set milestones and schedules for all project deliverables, phases and releases; confirm roles and responsibilities; establish clear lines of accountability; and implement a framework for effective project management and control. We would like to see a project kick-off meeting occur within the first 10 days of contract execution. This meeting will include the key players from DPHHS, the Provider Services project teams and the HHS Tech team. It will also include any other project stakeholders that you would like us to include. The kick-off meeting will provide a forum for participants to meet each other and establish a common framework for project execution.

3.10.2.1.5.2 Planning Phase

During the Planning phase of the Provider Services project, HHS Tech will work closely with the stakeholders from DPHHS and other vendors to conduct initial planning for the project to include solidifying scope, and submit the management, control, and reporting document plans established during contract negotiations for this phase. Requirements are gathered, client expectations set, and project objectives are determined, and the project schedule is base lined. In this phase, workable methods are developed and maintained for accomplishing business needs and address the objectives the project is intended to address. This includes activities conducted throughout the project that identify and validate the processes, practices, procedures, resources, schedules, and deliverables needed for the successful completion of business goals and objectives. Stage gate review dates, deliverable and quality criteria, and go/no-go decision points are determined wherever possible.

3.10.2.1.5.2.1 Project Management Plan

A comprehensive project management plan (PMP) will be created as the outcome of the planning phase. The PMP will be influenced by our project management methodology and our DPHHS contract terms. The purpose of the PMP is to provide a comprehensive baseline of what needs to be achieved by the project, how it is to be achieved, who will be involved, how it will be reported and measured and how information will be communicated during the project. The PMP and other planning deliverables will define our processes, methods, tools and resources for managing project activities. Our PMP integrates project management processes and information sources into a holistic approach to delivering the Provider Services project.

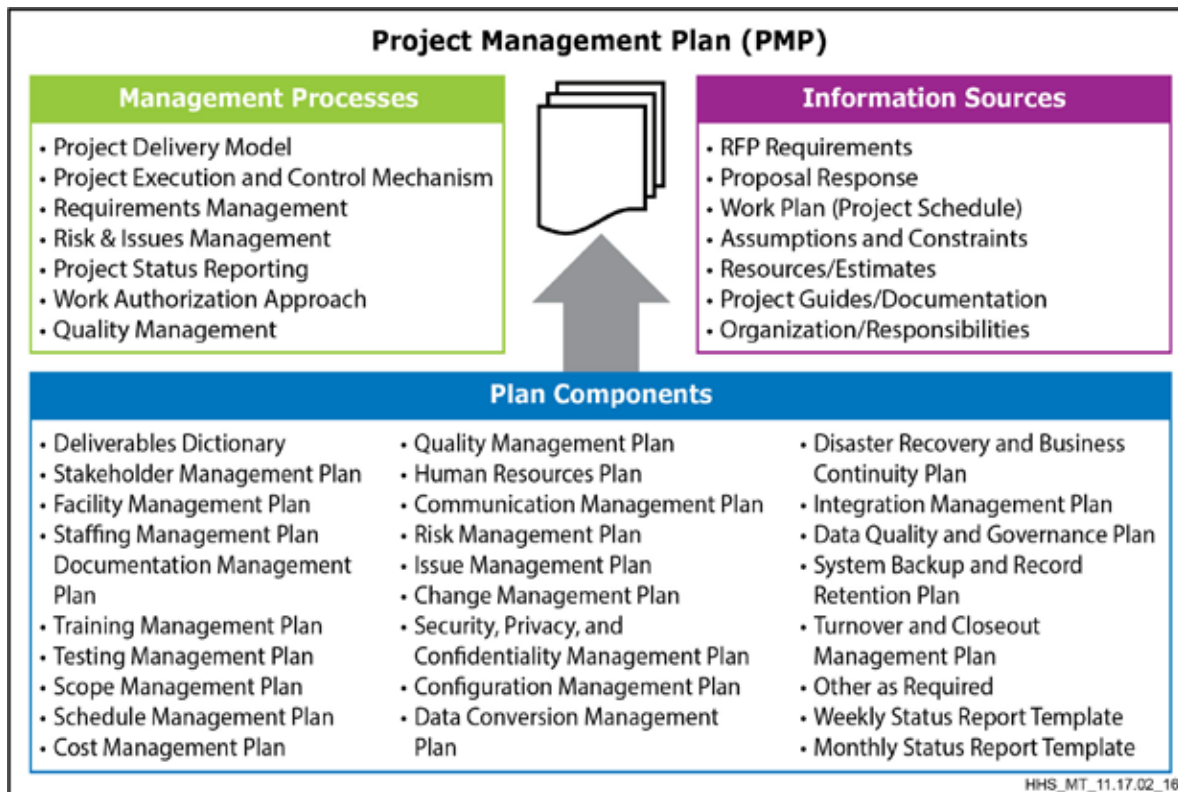


Figure 18: Sample Project Management Plan

We will start with an existing library of project planning documents and templates. We will provide an electronic document repository for project documents and deliverables, and will work with DPHHS to assign team members with the appropriate security level to upload/attach new or revised versions of documents. The repository will maintain version control and allow the appropriate team members to view all prior versions.

We will work with the PMO to review deliverable artifacts and management plans to align them with PMO expectations. We provide the required templates we will use

in our project management approach for the Provider Services project. We will incorporate the Communication Plan, Change Management Plan, Staffing Management Plan, Quality Management Plan, Risk Management Plan, Issue Management Plan and the Work Breakdown Structure into the Project Management Plan. However, we believe the more comprehensive and transparent project documentation, the better. Other common documents we suggest are:

- Meeting Minutes
- Deliverable Tracker
- Production Deployment Checklist

During the Planning Phase, we will work with DPHHS to tailor the content of the PMP and related planning deliverables as required. The PMP will also align to the Project Work Plan (PWP) and identify required project deliverables. HHS Tech will provide the deliverables and documentation as defined in the Project Work Plan (PWP) and approved by the DPHHS.

3.10.2.1.5.2.2 Project Work Plan

We will develop and maintain a detailed Project Work Plan (PWP) and a Gantt Chart that is aligned with the scope of the work outlined in the contract. The PWP will identify realistic person hours of effort for each task and identify planned completion dates for all deliverables and milestones. We will develop a detailed schedule management plan that defines the processes, roles and responsibilities in accordance with the PWP that reflects the schedule, effort, duration and resources required to complete the project as defined in the contract. Additionally, the PWP will include start and end dates of major phases, key project milestones, integration points, cross module dependencies, and sufficient information to support the State CIO's Legislative Finance Committee (LFC) reporting requirements.

We will base the Provider Services project detailed project schedule on our proven methodology and the contract requirements. It will include key milestone dates along with critical path analysis to understand tasks that we cannot move without affecting milestone dates. We will create a detailed project schedule baseline at the end of initial project planning and deliver it to the PMO. We will monitor all variations in schedule against this baseline. Together, the PMP, detailed project schedule and other planning deliverables will serve as the roadmap to coordinate project activities for timely implementation.

3.10.2.1.5.3 Execution Phase

Execution phase is where the work is performed according to the plan in order to meet deliverable requirements. Provider Services project team will assist DPHHS with the coordination of priorities on a weekly basis, including facilitating resource allocation when there is more work to be done than there are resources. In general, when resource conflicts occur, resources will be allocated to the higher priority tasks (although exceptions can occur based on critical path technical requirements, prerequisite tasks or other scenarios).

When modules and milestones are delivered, Provider Services project team will coordinate module deliverable and milestone walkthroughs and participate in other module walkthroughs as required by DPHHS.

Using the PMP and project schedule, we will validate and finalize the project plans, placing the agreed-upon baseline plans under configuration management control. Our experienced management teams are proficient in using industry standard tools such as Microsoft Project, JIRA, GitHub, SharePoint, and other tools to provide continuous operational feedback including status reports, meeting minutes and other special reports as requested. When appropriate, Provider Services project team will contribute requirements, use cases, user stories, storyboards, system design documents, supplemental specifications, test cases, test scripts, test results, user, system and training documentation to the State's and/or the Systems Integration Services collaboration site at the State's direction.

The Execution and Implementation stages include the Design, Configuration, and Build of the Provider Services project functionality. Please refer to Section 3.10.2.4, Design, Configuration, and Build for a detailed discussion on our proposed delivery schedule.

3.10.2.1.5.3.1 Deliverable and Project Health Reporting

While executing, progress of project activities is actively tracked in the project schedule. Transparency for the PMO is key to us, so our project status reporting will be honest and timely. Our flexible status reporting process includes daily stand up meetings, weekly, and monthly status meetings (which are flexible and adjusted as needed). The intention of the status mechanism is to track and report on the health of the project. We will utilize a deliverable review and acceptance process agreed upon by DPHHS that incorporates review cycles conducted and scaled to the size and complexity of the deliverables.

Deliverables will reflect coordination with the overall modular program and will follow agreed upon change control processes. We will at times conduct informal reviews and walkthroughs of draft and final deliverables and avoid queuing up excessive deliverables for simultaneous review. All deliverables that at a minimum will contain accurate and comprehensive content, reflecting the specific requirements for the deliverable. Our quality standards will ensure that written content will have an appropriate technical level for the audience, and will utilize correct grammar, spelling, and versioning. We will ensure diagrams are clear, concise, and value added. All deliverables will follow industry-related standards and contain appropriately defined and referenced information.

Scope control will be closely monitored through the integrated Change Management process.

3.10.2.1.5.3.2 Change Management Plan

The Change Management Plan documents and tracks the necessary information required to effectively manage project change from project inception to delivery.

The Change Management process ensures that:

- The approval of change requests originates from the proper role with the authority to approve the change both within HHS Tech and within DPHHS with executive and budget control
- Change requests are submitted with clear, concise documentation. The type of documentation required to support the change varies depending on the change and will need to be submitted with the change request.

Changes to the scope, schedule, or cost for the project are governed by the Change Management Process. Figure 9 below demonstrates the change request process flow.

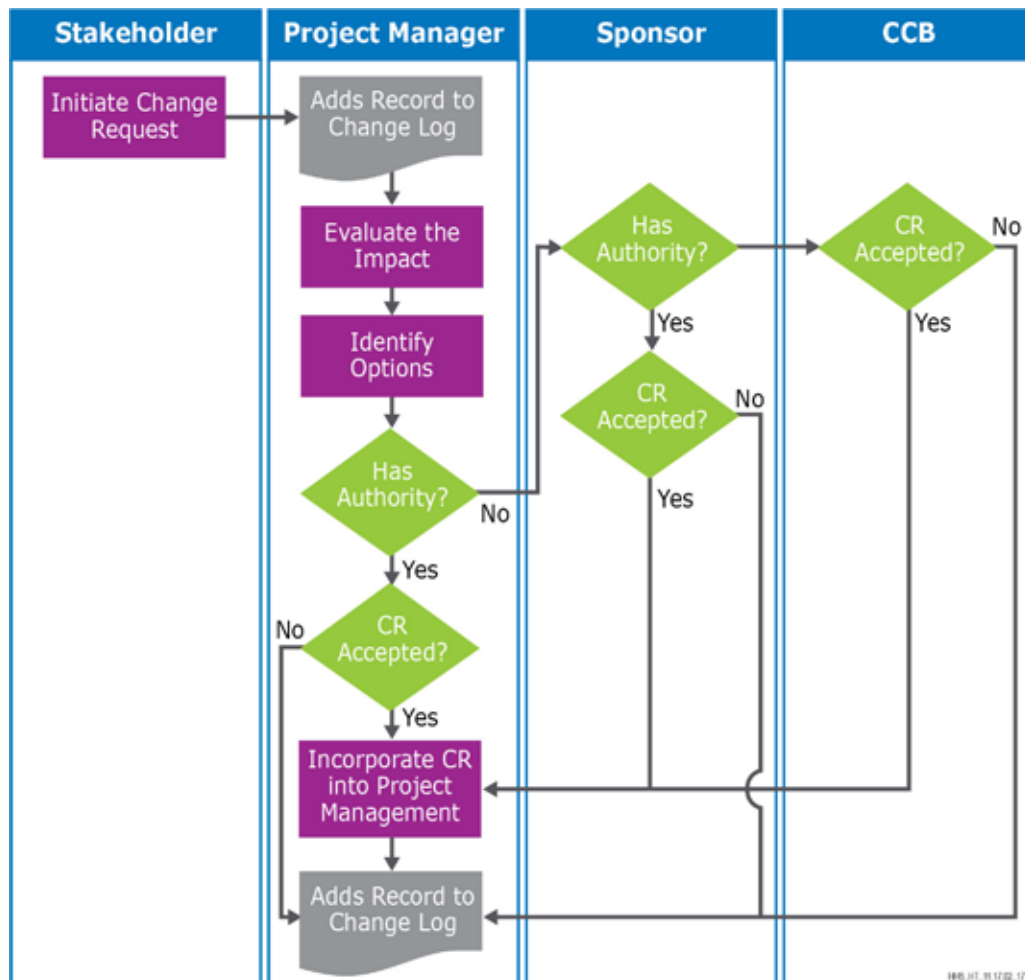


Figure 19: Change Request Process Flow

Change requests are entered, assigned an owner, and tracked using the change request process flow. Stakeholders initiate a change request whenever there is a request for a modification to the project scope, schedule, or cost. This may also include changes to requirements that are vague or ambiguous, and even unanticipated risks may require a change control. Many events may trigger a change request, although typically they include changes to state and federal policy, industry standards, business partner data sets or systems, new or enhanced services or functionality, additional clarity of a requirement that expands scope and work effort, or changes in circumstances.

The change management plan will be customized to suit DPHHS project needs and requirements. We will coordinate with DPHHS and with the module vendors as required to support the program-level change management process consistent with the Enterprise Change Management Plan.

3.10.2.1.6 Control Phase

We continuously monitor and control the progress of all project phases and releases. Our delivery model and tools will enable us to produce metrics, schedules and deliverables to show that we continuously perform to SLA expectations. We incorporate quality control and auditing into our successful, verifiable approach to monitoring and controlling performance. Our risk, issue and quality management plans result in the generation of quality artifacts to demonstrate project performance. The HHS Tech Project Manager will update the project plan and work plan schedules as needed and as approved, to reflect the status of the project.

3.10.2.1.6.1 Project Health Measures

As part of project control activities, the Provider Services project team will prepare and provide weekly and monthly status reports and briefings. Both the weekly and monthly status reports include a dashboard of project health at various levels. We will use DPHHS standard health measures as well as the project health criteria to manage the project through closeout. Figure 10 shows the project health measures. Our weekly and monthly Provider Services project status reports will include a dashboard of project health at various levels.

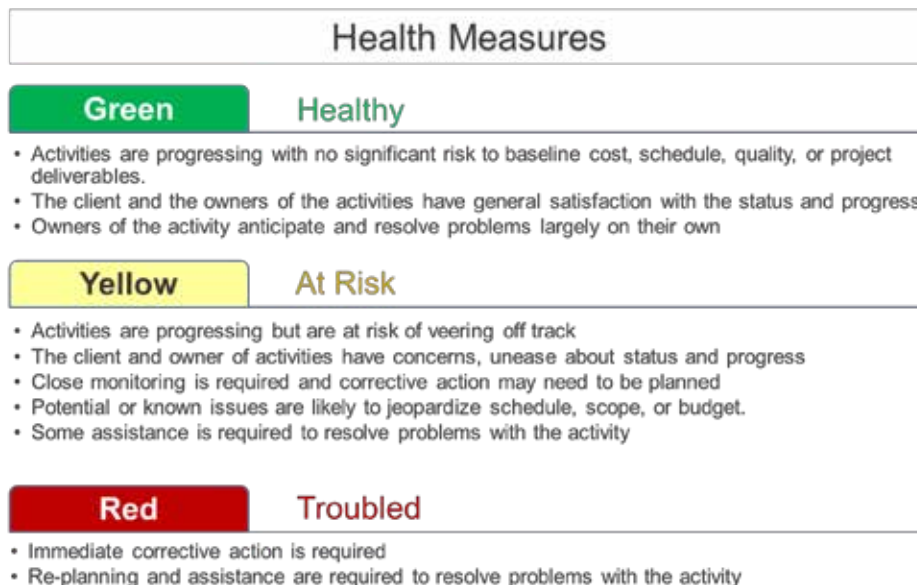


Figure 20: Project Health Measures

Issues are identified and resolved, risks are identified, ranked, and mitigation plans are put into place. Progress is measured and monitored, and changes that affect project, cost, timing, and quality are managed. This includes activities conducted by the management team to monitor the progress of planned and unplanned work. It also includes the corrective actions taken to avoid or resolve performance problems that may endanger the business objectives of the phase.

3.10.2.1.6.2 Risk Management

Anticipating the unanticipated is a challenge, especially in a project as complex as Provider Services project. For this very reason, our proactive approach to addressing the unanticipated elements in complex projects is essential. Figure 11 shows our Risk Management Process.

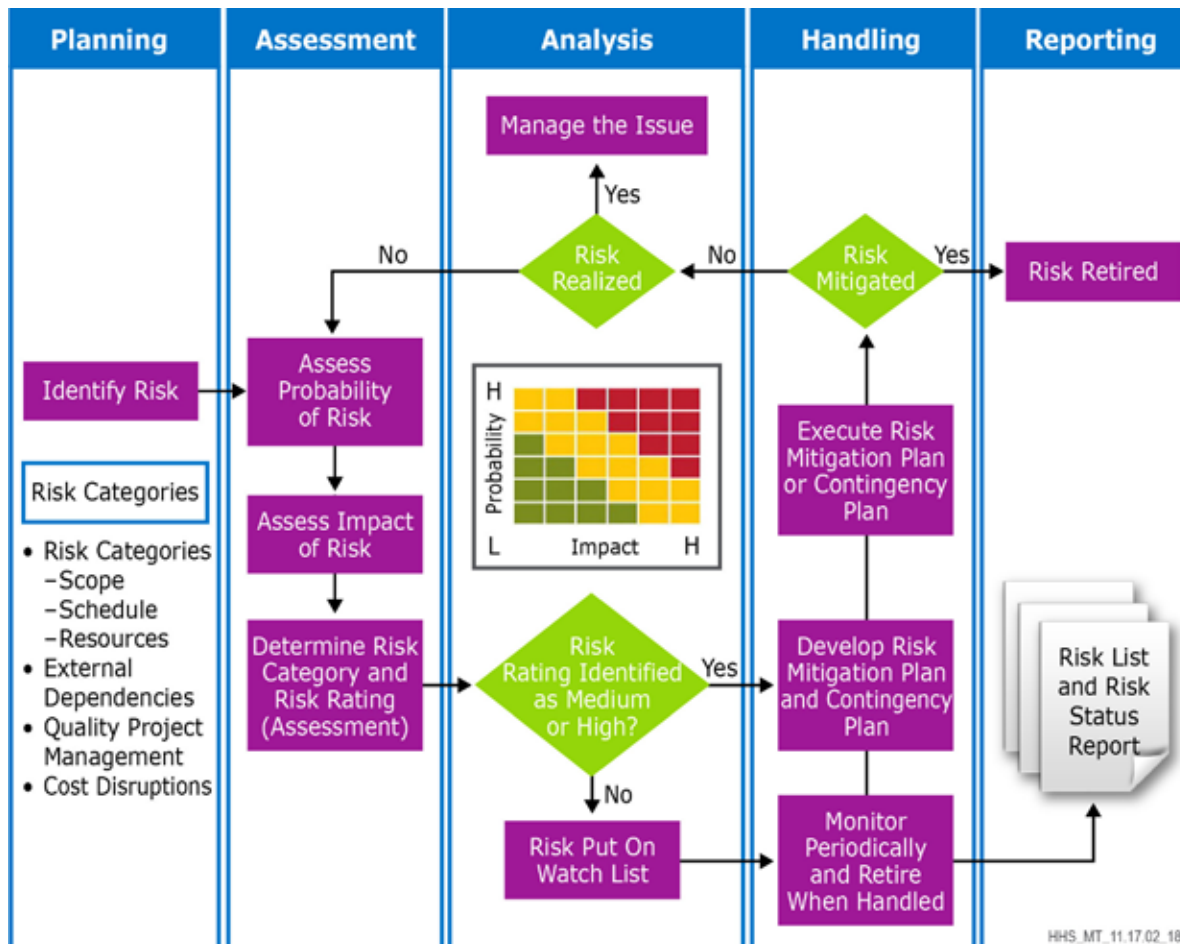


Figure 21: The Risk Management Process

The Provider Services project team will use a standards-based risk assessment process (as described in the IEEE standard and the PMBOK) as the framework to develop a framework-specific risk profile based on the requirements. The risk assessment looks at all of the areas of potential risks and begins at the project kick-off. This process continues throughout the project lifecycle.

All risks identified will be assessed to identify the range of possible project outcomes. Their level of importance will prioritize risks.

The Project Manager will assess the probability and impact of occurrence for each identified risk, with input from the project team.

Risks that fall within the red, orange, and yellow zones will have risk responses, which may include both a risk mitigation plan and a risk contingency plan.

Risk will be analyzed and prioritized using the qualitative risk analysis process. Risks will be evaluated for their effect on project activities, ranked according to their probability and impact, and documented in the risk register. Figure 12 shows how risks can be analyzed through the register.

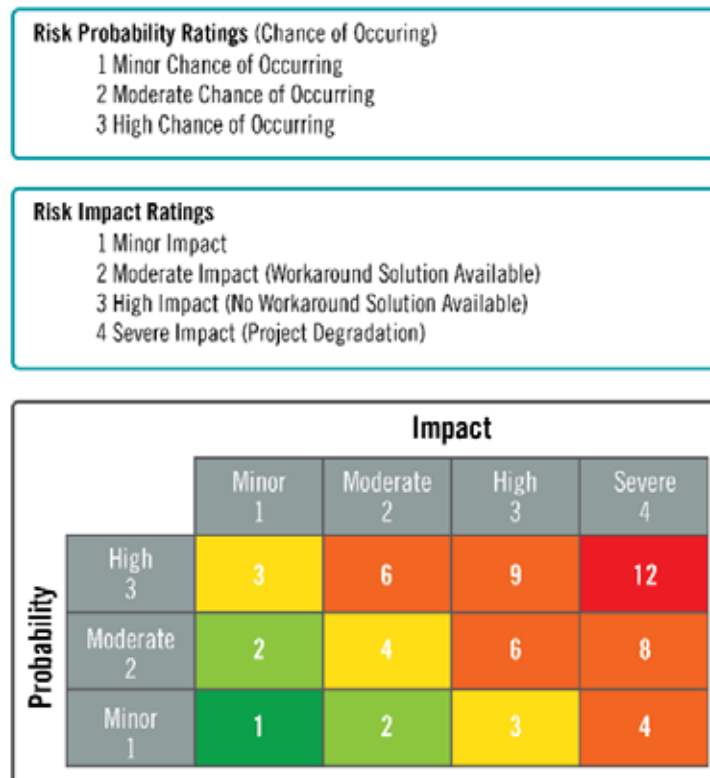


Figure 22: Risk Rating System and Sample Dashboard

Each major risk (those falling in the red, orange, and yellow zones) will be assigned to a risk owner for monitoring and controlling purposes to ensure that the risk will be tracked to resolution.

For each major risk, one of the following approaches will be selected to address it:

- **Avoid:** Eliminate the threat or condition or to protect the project objectives from its impact by eliminating the cause
- **Mitigate:** Identify ways to reduce the probability or the impact of the risk
- **Accept:** The risk will be documented, but the project stakeholders understand the potential consequences

- **Contingency:** Define actions to be taken in response to risks
- **Transfer:** Shift the consequence of a risk to a third party together with ownership of the response by making another party responsible for the risk (e.g., buy insurance, outsource, etc.)

For each risk that will be mitigated, the project team identifies ways to prevent the risk from occurring or reduce its impact or probability of occurring. This may include prototyping, adding tasks to the project schedule, and adding resources. Any secondary risks that result from the risk mitigation response will be documented and follow the risk management protocol as the primary risks.

For each major risk that is to be mitigated or that is accepted, a course of action to minimize impact will be outlined in the event that the risk does materialize.

HHS Tech's risk management strategy includes all processes, responsibilities, tools, and techniques that we will use to manage risks throughout the project.

3.10.2.1.6.3 Escalation Process

Our escalation process includes defined lines of communication, roles and responsibilities, and span-of-control parameters. Our escalation procedures will define when and how to escalate the issue to the next level and we will incorporate the necessary committee (MPATH Stakeholder Committee, Executive Sponsor Committee, etc.) into our escalation process in order to expedite the resolution of mission-critical issues. HHS Tech will partner with DPHHS to develop the escalation process for the Provider Services project. We will invoke this process when conditions and severity of the issue warrant escalation. Figure 13 shows our proposed issue escalation process. Our issue management approach mandates timely communication and proactive monitoring until each issue is resolved, and will be incorporated into the Change Management Plan and the Communication Plan.

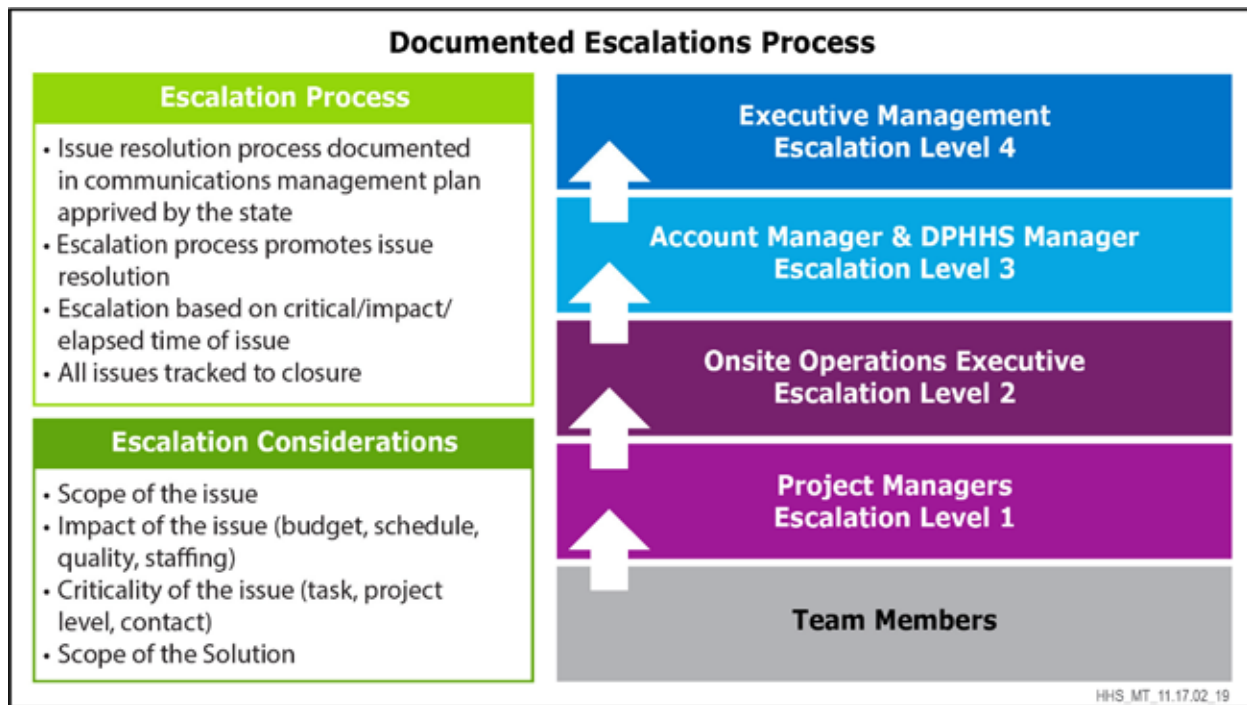


Figure 23: Issue Escalation Process Closeout

The final Closeout phase is where the projects are closed and final client approval is obtained for the end deliverable. We will conduct lessons learned exercises, as appropriate, for each release and review the lessons learned during a walkthrough meeting. This includes activities conducted at the end of each phase or project to transition resources back to their normal duties. It also includes activities required to end the phase or project in an orderly manner. We will summarize the results of these meetings in a Lessons Learned report. We will develop and deliver the report according to your deliverable requirements. Lastly, we will provide a Project Closeout report deliverable for your review and approval.

3.10.2.1.7 IV&V

The HHS Tech team clearly understands the complex challenges that States face, and we have successfully established strong working relationships with clients, IV&V vendors, PMO contractors, CMS, and other stakeholders to meet and exceed the goals of similar projects. Our methodology leads to open and timely communication, and we encourage participation from all involved to realize a successful implementation. This would include making certain that necessary information is provided such as:

- Project management
- Budget/schedule
- Issue/risk management
- SDLC development
- Compliance with the CMS Seven Conditions and Standards
- MITA goals
- Configuration management
- Change management

- SLA/KPI adherence
- System modular development capabilities
- Accuracy of interfaces and data sharing requirements
- Viability and completeness of data transition plan
- Requirements traceability
- Adequacy of system security and privacy policies, plans, technical designs, and implementations
- Coverage and integrity of all system testing
- Capacity management
- Adequacy of disaster recovery planning
- Systems related planning, design, development, and implementation-related activities
- Outputs, documentation, and test results to substantiate that the solution meets the CMS certification checklist
- Demonstration that the solution meets MITA 3.0 framework guidelines regarding business, information, and technical requirements

HHS Tech appreciates that an IV&V contractor brings technical, managerial, and financial independent evaluation assessment expertise to projects. The benefits that IV&V teams bring to a project may include the following:

- Better quality of software usability and reliability
- Decreased failure rates
- Fewer corrective actions
- Reduces long term costs
- Improve project schedule, as problems are identified before testing

Project contractors will be subject to IV&V audits and reviews along with the DPHHS. HHS Tech understands the nature and importance of independently verifying and validating that the work is progressing as intended, planned, and required. Since CMS requires IV&V vendors on all projects approved through the Implementation Advanced Planning Document (IAPD) process, our projects in Arkansas, Minnesota, and Missouri have all required interaction with the State-selected IV&V vendor. We understand that issues will arise and we will proactively work with the IV&V vendor on the mitigation options. The sharing of information and experience is vital to the project's success. Most importantly, through this partnership, we can anticipate where implementation problems could possibly occur.

HHS Tech can use an IV&V methodology based on numerous lessons learned and one that supports SDLC phases. This team collaboration will help reduce re-work and risk for the State.

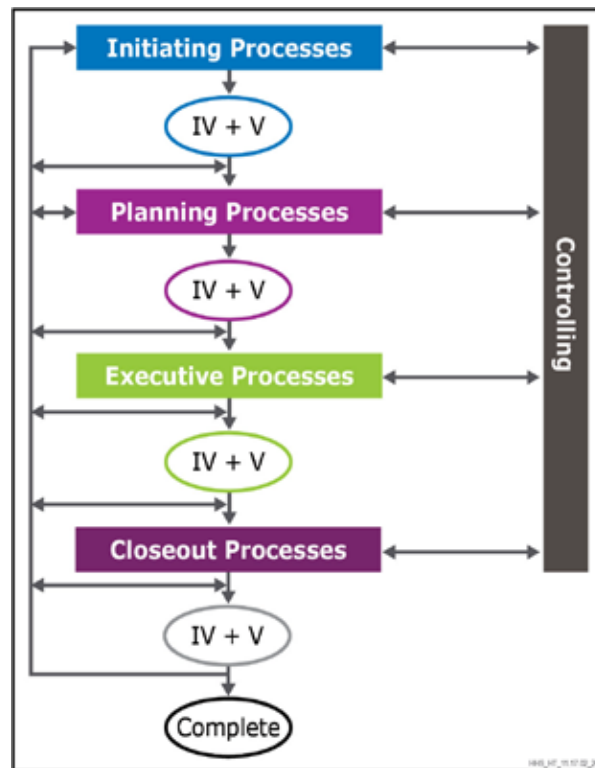


Figure 24: HHS Tech's Interaction with IV&V

Our experiences with IV&V contractors have varied based on the specific responsibilities assigned by the State agency. However, regardless of the IV&V vendor's specific responsibilities on a project, we will support the IV&V vendor and satisfy the IV&V related contractual terms, providing the necessary information and access so that they can complete their planned activities. HHS Tech leverages IV&V to provide both CMS and the State proof of our capabilities. In turn, we expect the IV&V vendor to advise the State on any project risks or issues, but not promote solutions.

Lastly, HHS Tech is employing a project management approach that will satisfy the scope of work and incorporate all activities described in the contract. Our team will focus on helping manage the project by providing stakeholders with consistent data and information to communicate the project's status (including timeliness and quality of deliverables; identifying and resolving issues so that project scope, schedule, and budget are not affected; and making certain that we will work well with the approved project IV&V model). We will also help reduce unforeseen or unplanned costs, ensure the successful completion and implementation of the project, and will adjust the project management approach or project schedules to collaborate with the module vendors in order to incrementally build the enterprise platform.

3.10.2.2 System Development Methodology

The Contractor will be expected to follow an industry-standard systems development methodology for the initial implementation of the proposed solution and throughout the Contract term. The Offeror must propose a System Development Methodology approach that achieves the expected outcomes of the SDLC-based activities stated below.

With our **DyP** Provider Management solution being a modular product, the development of the system will closely follow a product implementation methodology.

Development of the system will start with HHS Tech providing an education to DPHHS on the **DyP** capabilities. A requirements gap analysis will follow to ensure that the contract requirements and **DyP** capabilities are best aligned. Mutually agreeing on how to address any gaps will allow HHS Tech to move into the design phase of the solution. Addressing the requirements analysis gaps will be covered shortly.

Once the design is complete, HHS Tech will begin the installation and configuration phase. The **DyP** module will be installed per the standard product installation procedures, which are documented in the product Installation Guide. Testing will immediately occur to validate the installation.

The product configuration phase begins once the installation is validated. The base product configuration will be adjusted based on the contractual requirements and the mutually agreed upon changes from the gap analysis. Testing continues in order to validate any configuration changes.

In parallel with this effort, certification readiness and operational readiness will begin in order to start preparing for the formal certification phase and the transition over to Operations at go-live.

Testing will continue within functional areas as further configuration changes are applied and as enhancements are addressed coming out of the gap analysis. Once functional areas have passed testing, those functional areas can be turned over to User Acceptance Testing (UAT) by DPHHS.

A depiction of this system development approach can be found below:

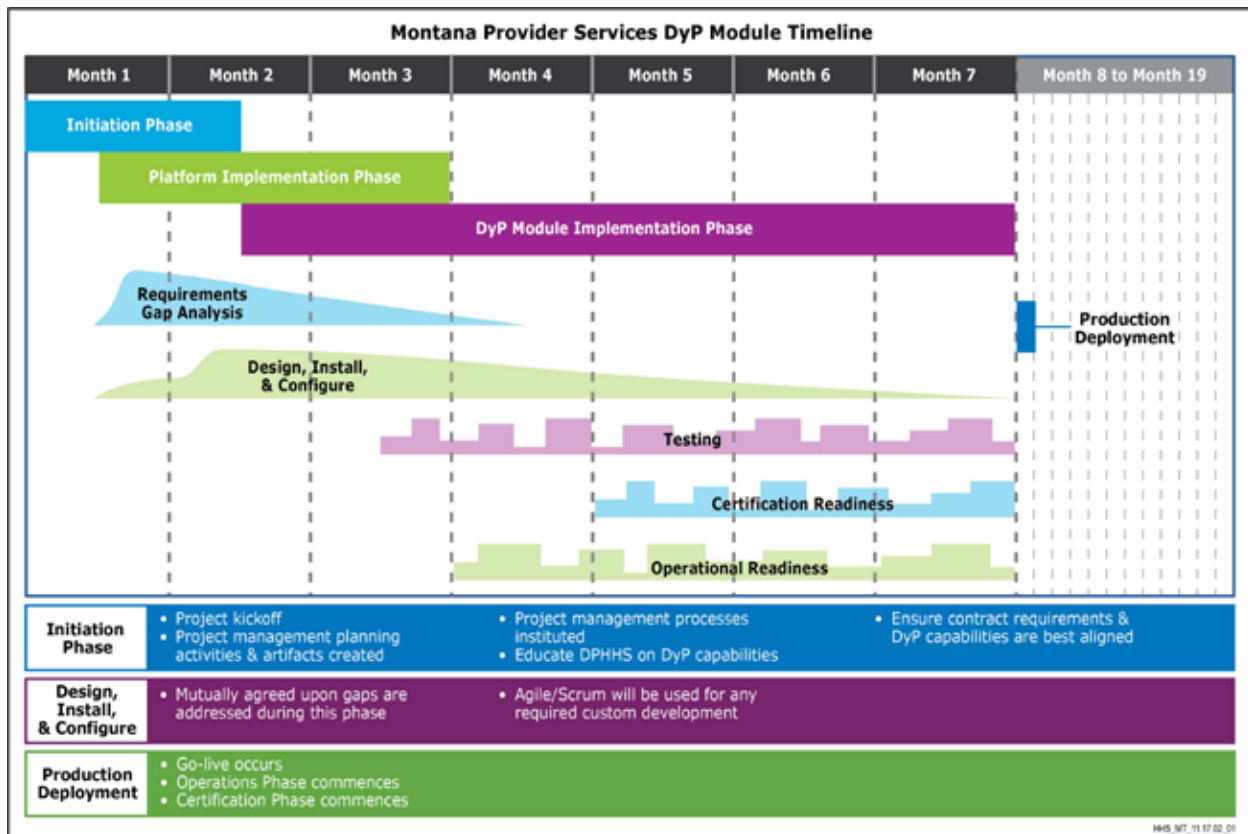


Figure 25: DyP Module Implementation Timeline

Regarding the addressing of the requirements analysis gaps, HHS Tech will use an Agile Methodology in order to develop the mutually agreed upon gaps that require custom development. HHS Tech utilizes an Agile Methodology approach for all of our client solutions, and we use Agile internally for the building of our products by our Product Development team. By leveraging an Agile approach, HHS Tech is able to gain continual feedback on DyP by demonstrating the solution throughout the implementation. This provides assurances to both HHS Tech and DPHHS that DyP is meeting your needs. It also enables DPHHS to see live progress as the implementation process progresses, enabling your team to have confidence in DyP while also having the ability to continually share your feedback which we will incorporate in the next Sprint cycle.

Our Agile Methodology stresses working in “iterations”, otherwise known as Sprints which are short windows of time where sprint planning, scrum meetings, product backlog refinement meetings, coding, testing, and the Sprint retrospective occurs. At the end of each Sprint, a release occurs and our team re-evaluates project priorities with DPHHS. During this time, adjustments will be made based on DPHHS feedback and any needs from CMS from checklists in order to achieve certification.

We have found the Agile Methodology to be one of the most preferred in the industry as it stresses flexibility to accommodate changing business needs. As



guidance on modularity continues to evolve and state needs dynamically change, DPHHS and other states need a software development lifecycle approach that can adjust “on the fly” to meet your needs.

Throughout the implementation process, our teams will continue to have meetings and ongoing demonstrations of DyP, beginning from the very start of the project. Our working software, as demonstrated to your staff through multiple iterations, will serve as our primary measure of progress throughout the implementation.

3.10.2.3 Requirements Management

The Contractor must work with the DPHHS MPATH Team to confirm the Contractor's understanding of the RFP requirements and to reconcile the RFP requirements for the scope of work against the proposed solution. The Offeror must describe their approach to meet each of the detailed Requirements Management requirements defined in Attachment F, Requirements Matrix.

HHS Tech will work hand-in-hand with DPHHS and your team to finalize the Scope of Work to be executed under contract. We will initiate multiple joint review discussions to review all requirements as identified in *Attachment F* at the individual level against the capabilities in DyP.

These sessions include actual Map and Gap Analysis sessions wherein each individual requirement will be demonstrated with the DPHHS team to review how the requirement functions and appears within DyP today and to identify any changes, if any, necessary to modify existing functionality to meet your needs. During this time, priority is also placed on all gaps identified so that the most critical features and functionality are given priority over less critical needs. For additional details, provided in the following table is an item-by-item response to the applicable requirements in *Attachment F*.

Figure 26: Requirements Management Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
RQM01	During the requirements validation sessions, the Contractor must demonstrate a fully functioning solution that has been initially configured based on the Contractor's understanding of the requirements described in the RFP and publicly available policy documents, manuals, and fee schedules.	HHS Tech will provide complete demonstrations of DyP throughout the implementation, including during initial reviews at the start of the implementation. These initial demonstrations will show our understanding of your needs and adherence to regulations.
RQM02	The Contractor shall work with the Department to confirm the Contractor's understanding of the requirements and to clarify and/or elaborate requirements where necessary to achieve desired business outcomes.	HHS Tech will work with the Department to confirm and elaborate requirements where necessary. This is critical to ensure prompt clarification can be made for any requirement. This ensures the project stays on track and on

Req. ID	Req. Language	Response
		time for all milestones. The clarification received from DPHHS will be documented to ensure all parties maintain the same level of open communication and understanding of the requirements throughout the implementation.
RQM03	The Contractor shall document any gaps between the initially configured solution and the business requirements in the requirements management tool. Gaps must show bi-directional traceability with applicable business requirement(s), design, test cases, test results, MECT criteria and certification artifacts.	This will be performed over the course of multiple Map and Gap Analysis sessions in order to go over each individual requirement as finalized in the Scope of Work. All gaps will be noted and categorized within the required tool and further documented in accordance with HHS Tech and DPHHS protocols for implementation documentation and reporting. Each documented gap will be fully tracked along the way to document how the gap was addressed, along with the associated use case, configuration/design adjustments made, and testing performed.
RQM04	The Contractor shall, during requirement validation, provide designated Department staff access to a fully functioning environment to become familiar with the solution.	During initial discussion sessions, a sandbox environment of DyP can be provided. This will enable DPHHS staff to access our DyP solution to better understand all solution components and features.
RQM05	The Contractor shall utilize project control tools to formally track all requirements and related design, configuration, testing, and certification	With years of experience performing a wide range of implementations, including at the state level, HHS Tech has

Req. ID	Req. Language	Response
	artifacts. The Contractor's requirements management tool shall ensure approved changes to requirements are linked back the approved change request.	diligent procedures, protocols, and associated tools to ensure the continual tracking of all requirements and associated progress throughout the implementation. All Change Requests (CRs) require client approval and are linked to the original requirement(s) for tracking and monitoring purposes.
RQM06	The Contractor shall develop, maintain and submit a Requirements Traceability Matrix (RTM) to track detailed requirements and their realization throughout all project phases. This should include how the requirement is realized (e.g., configuration, custom development, base functionality). All revisions must be reviewed and approved by the State.	As part of standard implementation protocols, HHS Tech will thoroughly document and track all requirements within our RTM template (Excel file). This template tracks the category of the requirement, current state, modification required (if any), and more. Should DPHHS have a specific RTM template that is preferred, our team can utilize that as well.
RQM07	The Contractor's requirements management tool shall have the ability to manage requirements traceability by module(s), MITA business area, MITA business process and MECT checklists.	HHS Tech will ensure our RTM and other management tools within our toolkit support the tracking of these areas, modifying our documentation as necessary to conform to DPHHS requirements.

3.10.2.4 Design Configuration, and Build

The Contractor shall undertake activities to resolve gaps between the RFP requirements and the proposed solution. Once designs have been approved by DPHHS, the Contractor shall configure and/or customize the solution based on the desired business outcomes. The Offeror must describe their approach to meet each of the Detailed Design, Configuration, and Build requirements defined in Attachment F, Requirements Matrix.

At the start of projects such as this one, requirements need to be confirmed, analyzed and compared against the product or solution to determine if gaps exist. Getting through this process efficiently is essential so that the project's design phase can get started. The same will be true for the Provider Services design phase.

The challenge with requirements and gap analysis is that the process can take a long time, which benefits no one. It is indeed vital to go through the process thoroughly but the project team has to be careful not to get bogged down in an inefficient process.

At the beginning of the implementation, a detailed analysis will be performed alongside DPHHS technical staff to analyze each individual RFP requirement against the **DyP** Provider Services Module. This involves physically going to the area within the **DyP** solution where the requirement is covered and reviewing how it meets the stated requirement. This 'mapping' is performed methodically for each and every requirement, documented to ensure any and all gaps are identified along with the specific type of needs left to 'fill the gap'. This analysis and the resulting gaps are then reviewed and finalized with DPHHS – forming our final design, configuration, and build requirements.

HHS Tech would like to recommend that DPHHS take the Agile Methodology approach to completing this Map and Gap Analysis phase. If you think about how the Agile Methodology is used for software development cycles you would simply apply the same principles to the Map and Gap Analysis phase. The following figure shows how the Agile Methodology can be applied to the requirements process, and how the output of the requirements process feeds into the Agile software development process.

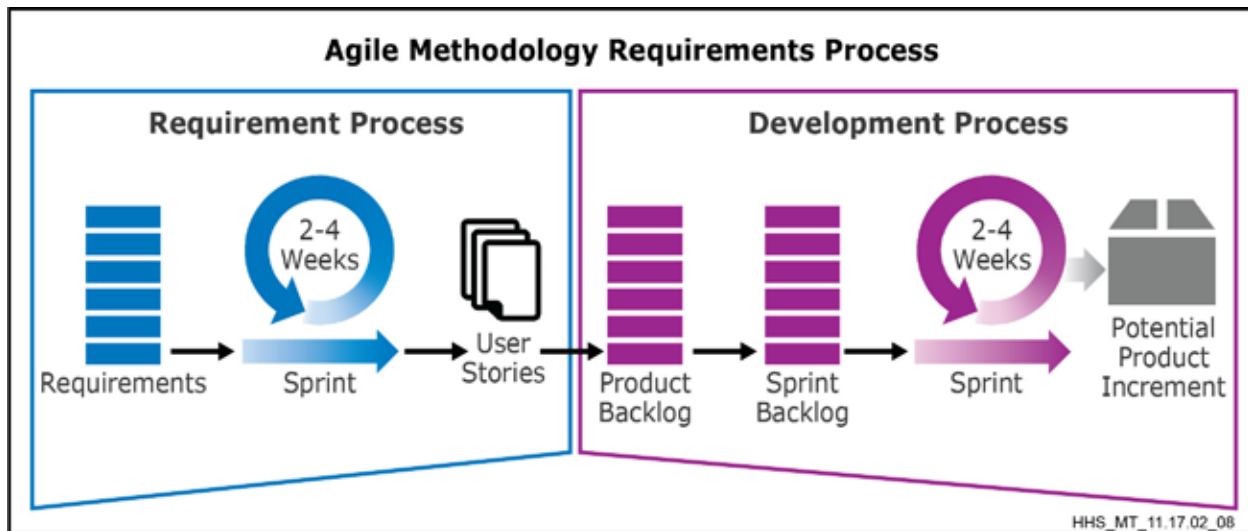


Figure 27: Map and Gap Analysis. HHS Tech utilizes an Agile Methodology as part of our overall systems development life cycle. As such, we facilitate a comprehensive Map and Gap Analysis to methodically analyze every RFP requirement, where it is addressed in the solution, identifying any gaps, and documenting and subsequently designing how the gaps will be addressed in the system. The above approach applies the Agile Methodology to the requirements process.

In short, the requirements team would execute sprints in which a certain number of requirements are assigned to each sprint. The sprints, of course, are time boxed, thus keeping the requirements process moving at a pace that prevents it from getting inefficiently bogged down. Most Agile principals can still be applied such as scrum meetings, planning and retrospective, while you would forego the typical testing and/or demo steps normally associated with a software development sprint.

As required, provided in the following table are our detailed responses to each of the requirements for design, configuration, and build as set forth in *Attachment F*.

Figure 28: . Design, Configuration, and Build Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
DCB01	The Contractor's solution shall accommodate customer preferences for communications by electronic inbox, written correspondence, email, text, and phone.	DyP solution provides inherent support for end users of the Provider Portal and Internal User Portal, for multiple means of communication. This includes a Message Center which serves as the 'electronic inbox', in portal chat capabilities, and support/help information provided to send an email, text, and/or to make a phone call.
DCB02	The Contractor shall develop and submit a design session schedule, agendas, and minutes for review by the Department.	During the implementation, Map and Gap Analysis and Design sessions will be scheduled and facilitated. For all sessions, a Master Schedule will be created and individual session agendas will be distributed. During each session, minutes will be taken to record all activity, actions taken, and joint decisions rendered. Following each meeting, minutes will be finalized and available for distribution.
DCB03	The Contractor shall conduct collaborative design sessions to address all gaps identified during requirements validation.	Our Agile Methodology approach stresses collaboration with the client to ensure needs are met as they were initially intended to. Therefore, it is critical that all sessions occur in an open and collaborative fashion, to enable DPHHS and other stakeholders to provide input.

Req. ID	Req. Language	Response
DCB04	The Contractor shall, in the design sessions, recommend solutions for each configuration gap, as defined in requirements validation, that will produce the desired business outcomes. If a gap cannot be addressed via configuration, the Department may consider making policy changes before approving customizations to the solution.	Configuration over customization is an important consideration in any new product implementation. Configurations can often be quickly met by making slight adjustments in the system, whereas customizations may require the changing and/or input of code which can take longer, and involve more risks. Therefore, for each gap identified, we will propose the best way, with the lowest risk, to address the gap in the solution, ensuring joint discussion and documentation of the resolution method.
DCB05	The Contractor shall demonstrate completed functionality frequently as the solution is configured/built, using a fully functioning environment.	As part of our Agile Methodology, our Scrum Teams will provide a demo of completed functionality as is it configured and addressed in the system. This is one of our most important Scrum Ceremonies, with a demo provided at the end of each Sprint. Demos enable DPHHS to provide ongoing feedback while, at the same time, enabling our teams to demonstrate product progress as we move through the implementation.
DCB06	The Contractor shall migrate completed releases promptly through various testing levels all the way to User Acceptance Testing (UAT).	As configurations are made and released in the system, they are run through multiple final checks and extensive tests, from the initial Map and Gap and Requirements Analyses, Functional, Non-functional, and more up to UAT.

Req. ID	Req. Language	Response
DCB07	The Contractor shall provide the design for online help approach and documentation, as appropriate.	Our solution includes several user-friendly online help tools, including 'tool tips' which provide additional information at the individual field level, FAQs, training modules and videos, documentation and manuals, and more. These will be reviewed at the start of the implementation to finalize all adjustments and configurations for online help needed.
DCB08	The Contractor shall work with the Systems Integrator and the Department to establish required interfaces as defined in the detailed scope of work.	Our solution supports rich integration capabilities to address all required interfaces, including with the ESB. HHS Tech will ensure ongoing, open collaboration with the Systems Integrator and all other stakeholders throughout the implementation.
DCB09	The Contractor shall provide office space for Contractor staff and meeting rooms as necessary to support the scope of work and contractual obligations.	Sufficient office space, including meeting rooms, will be provided throughout the implementation for our staff working on this project. Our Project & Implementation Teams and our Development Team are flexible in communication methods and, as such, meetings can be facilitated in various ways, from in person to video conferences.
DCB11	The Contractor shall develop auditing and general controls to ensure the effective use of the technical architecture and data in meeting requirements.	The DyP solution includes embedded auditing tools and associated controls. As such, we are able to perform profiling and auditing of any action/development in the system.
DCB12	The Contractor must provide all technology and equipment for contractor staff necessary to support and complete the scope of work and the contractual obligations.	HHS Tech will ensure all teams are provided will all necessary equipment, software/hardware, and staff necessary to perform the work and meet all contract requirements.

Req. ID	Req. Language	Response
DCB13	The Contractor shall be responsible for operating and maintaining any software needed to support all module components and project tools in use by the Contractor.	To ensure the proper, ongoing operation of DyP, HHS Tech facilitates the installation and maintenance of all software necessary as part of our backend technical architecture. Further, any specific tools/software needed to make configuration adjustments are provided to the teams, as well as project management tools.
DCB14	The Contractor's solution shall have the ability to print a properly formatted representation of the entire screen (including sections not displayed without scrolling) and associated data in the application.	During the implementation, HHS Tech will ensure all necessary UX/UI configurations are in place to permit end users the ability to print any screen within both the Provider Portal and the Internal User Portal.
DCB15	The Contractor shall provide recommendations for simplified business rules and business processes to the Department.	As with our design and configuration recommendations, HHS Tech will also provide suggestions for all required business rules to ensure workflows and processes run efficiently within the DyP solution.
DCB18	The Contractor shall configure, support and maintain all components of the solution in a manner that reflects performance expectations described in this RFP.	HHS Tech is committed to ensuring all configurations made within the system, as well as all needs for ongoing system performance enhancements and maintenance, work to ensure that all SLAs and solution requirements are met throughout the lifetime of the contract. As such, extensive testing will be performed for all configurations and adjustments made in the system to optimize performance.

Req. ID	Req. Language	Response
DCB19	The Contractor's solution shall be free of any software components that are the result of legacy code transformation.	The DyP solution is a modular solution, designed to meet the latest CMS guidelines and MITA standards. As such, there is no legacy code since our solution is not based on an older technology.
DCB20	The Contractor's solution shall provide Web based content that is supported by standard web browsers and are mobile and tablet compatible.	The DyP solution is a fully web-based solution which adapts to the device and web browser being used. As such, we support all standard, modern web browsers and have portals which are mobile-aware to adapt to the device the end user is on.
DCB21	The Contractor's solution shall allow the Department to edit and change any static text in the application and correspondence templates. All static text must be approved by the Department.	All text within both portals is configurable. As a white-labeled product, there is inherent, built-in flexibility to support text changes, adjustments in color/style, addition of specific logos, and more. All changes within the portal, including text adjustments and correspondence templates, will be reviewed with DyP for input and must be signed-off on as completed prior to Go Live.

3.10.2.5 Data Conversion, Cleansing and Migration

Data conversion, cleansing, and migration activities required to support the scope of work contained in this RFP include planning, identifying and analyzing conversion specifications, testing, execution and coordination of all data and file conversion, migration and data cleansing processes.

Data conversion often encounters risks and issues related to the complexities in defining the relationship between source and target data structures, differences in the data required for processing between legacy and new systems and the historical changes to processing requirements and valid codes that may result in data inconsistencies and missing data conditions. The Offeror must describe their approach to meet each of the detailed data conversion, cleansing and migration requirements defined in Attachment F, Requirements Matrix.

Proper data conversion, cleansing, and migration starts with ensuring proper identification and mapping of corresponding data fields is established on a one-to-

one level along with the integration and/or upload method for the receipt of legacy information. At the start of the implementation, all data integration needs and initial legacy data uploads required will be documented, analyzed, and discussed.

API integrations and/or bulk data uploads will be supported to ensure the successful receipt of all legacy data necessary into the new **DyP** solution. This includes the proper data receipt, upload, and conversion of legacy member and provider data history. Reconciliation of data received against known data in the legacy system will be an important step in ensuring data was properly received, converted, cleansed, and ultimately migrated to the **DyP** solution. For further details, we have provided a response to each of the individual requirements within *Attachment F* in the following table.

**Figure 29: Data Conversion, Cleansing, and Migration Requirements:
Attachment F – Requirements Matrix**

Req. ID	Req. Language	Response
DC01	The Contractor shall convert all member and provider data history for any member or provider that has been active within the past three years and three (3) years of all applicable operational data from the State's legacy systems. The Department may require additional data to be converted on an exception basis to support ongoing business needs (e.g., TPL recovery, SURS recovery and drug rebate). The Contractor shall produce comparative reports for all converted data. Any data quality issues will be addressed by the State within each source system.	To ensure a smooth, ongoing application and re-application process for providers and DPHHS staff alike, HHS Tech will ensure the full migration of all historical member and provider data available within the past three years. HHS Tech will work with DPHHS on data conversion needs as DPHHS adjusts to the new system. To ensure data was properly received in DyP, HHS Tech will run reconciliation reports for comparison of data sets. This ensures all data was properly migrated and is now housed and maintained appropriately within the new system. Any discrepancy issues or needs from the legacy system will be promptly addressed with DPHHS for quick resolution.
DC02	The Contractor shall provide authorized Department or other designated staff access to an environment to validate	DPHHS staff will need to be available throughout the legacy data conversion process.

	converted data and provide support for the data validation effort.	Access will be provided through the Internal User Portal to view converted data and to provide any clarification and comments along with way. HHS Tech sees this initial conversion of legacy data as a joint process and looks forward to DPHHS staff supporting our team in providing details needed on legacy systems currently utilized and content data fields and records for migration. All reconciliation reports generated will also be provided to DPHHS staff throughout the process to further validate progress made and ensure the proper receipt of legacy data in the new system.
DC03	The Contractor shall work with the State to identify the data elements from existing legacy systems that will or will not be converted to the Contractor's solution. The Contractor shall work with the State to achieve desired business outcomes without familiar data elements.	Before the transmission and receipt of legacy data can begin, an individual field level analysis of all data elements will be performed. This ensures appropriate mapping is made between where the content is currently housed in the legacy system and where the data will be placed in the new system. Any field content which will not be migrated for any reason will be discussed, documented, and agreed upon by DPHHS and HHS Tech .
DC04	The Contractor shall work with the State to identify data elements or fields in the Contractor's solution that are not available to be converted from the legacy system, and whether the conversion programs should fill them with default or initial values.	Each individual data element and associated field will be discussed in depth prior to the transmission of legacy information. When converting legacy data, DyP can provide the ability to auto-populate fields within DyP to a default

		field, as desired by DPHHS. Each data element circumstance will be thoroughly discussed to come to the best solution for the new system. For example, some fields may be outdated wherein the content is not required per current state provider application requirements. In this example, the data field would not be accommodated in the new system and the transmission of legacy information from this field would not be necessary.
DC05	The Contractor must perform one or more trial conversions as necessary, before final conversion of the data, and present the results to the State.	Before the conversion and receipt of all legacy data in bulk, appropriate testing must be conducted to ensure the data can be properly received and converted appropriately in the new system. This “trial testing” will be conducted multiple times. Then, once the data is migrated, reconciliation results will be generated and provided to DPHHS. Our Implementation Team will also analyze the data and conduct post conversion testing to ensure the transmission of information occurred appropriately, with data elements placed in the correct new fields.
DC06	The Contractor shall produce the reports necessary to demonstrate adequate checks and balances within the data conversion process.	HHS Tech will run a series of reconciliation reports to cross-compare data sets between systems. Additional ad hoc and system generated reports can be run to meet specific reporting needs. Our team will review all generated reports, including in depth reviews over joint meetings between HHS

		Tech and DPHHS to ensure all legacy data migrated effectively.
DC08	The Contractor shall convert electronic documents identified by the Department in a format approved by the Department.	All formats for the transmission of electronic information will be discussed in advance. All EDI formats require final approval and sign off prior to the transmission of information. This ensures all data formats are mutually agreed upon and can be effectively accepted and supported in the new system. As an adaptable, modular solution, DyP is built to support a wide range of standard and custom data transaction formats. As such, HHS Tech anticipates no issues in supporting DPHHS' specific format requirements.
DC09	The Contractor shall provide convenient access to electronic documents from systems being replaced.	DPHHS will be provided with full access to all electronic information stored within the system. Standard access can be made from the Internal User Portal. Our team will discuss and review where all legacy data will be housed to ensure your team's ability to promptly retrieve the same information in the new system.

3.10.2.6 Testing

Testing is a critical component for successful implementation of any system configuration/development effort, therefore, in depth, process driven, fully documented testing processes are required for all implementations and configuration changes within the Montana Healthcare Programs enterprise. The testing activities shall include planning, managing and executing a comprehensive testing effort to include unit, system, regression, parallel, integration and UAT.

Prior to implementing a new release, the Contractor is responsible for ensuring that all required tests are performed and evidence that each component meets or exceeds all relevant functional, technical, security, and performance requirements is provided. The Offeror must describe their approach to meet each of the detailed testing requirements defined in Attachment F, Requirements Matrix.

At the start of projects such as this one, requirements need to be confirmed, analyzed and compared against the product or solution to determine if gaps exist. Getting through this process efficiently is essential so that the project's design phase can get started. The same will be true for the Provider Services design phase.

The challenge with requirements and gap analysis is that the process can take a long time, which benefits no one. It is indeed vital to go through the process thoroughly but the project team has to be careful not to get bogged down in an inefficient process.

At the beginning of the implementation, a detailed analysis will be performed alongside DPHHS technical staff to analyze each individual RFP requirement against the **DyP** Provider Services Module. This involves physically going to the area within the **DyP** solution where the requirement is covered and reviewing how it meets the stated requirement. This 'mapping' is performed methodically for each and every requirement, documented to ensure any and all gaps are identified along with the specific type of needs left to 'fill the gap'. This analysis and the resulting gaps are then reviewed and finalized with DPHHS – forming our final design, configuration, and build requirements.

HHS Tech would like to recommend that DPHHS take the Agile Methodology approach to completing this Map and Gap Analysis phase. If you think about how the Agile Methodology is used for software development cycles you would simply apply the same principles to the Map and Gap Analysis phase. The following figure shows how the Agile Methodology can be applied to the requirements process, and how the output of the requirements process feeds into the Agile software development process.

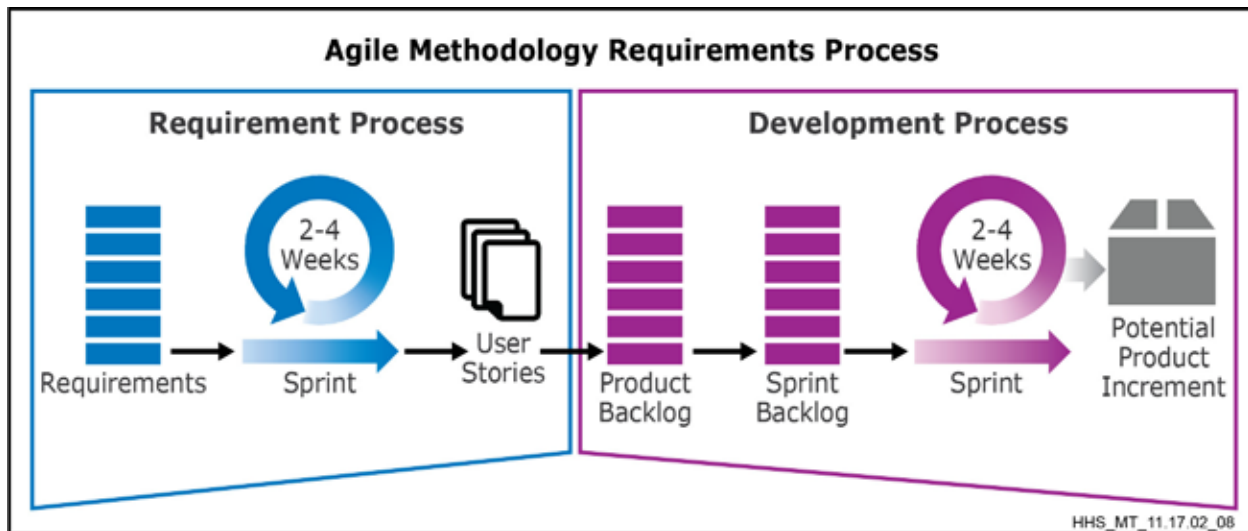


Figure 30: Map and Gap Analysis. *HHS Tech utilizes an Agile Methodology as part of our overall systems development life cycle. As such, we facilitate a comprehensive Map and Gap Analysis to methodically analyze every RFP requirement, where it is addressed in the solution, identifying any gaps, and documenting and subsequently designing how the gaps will be addressed in the system. The above approach applies the Agile Methodology to the requirements process.*

In short, the requirements team would execute sprints in which a certain number of requirements are assigned to each sprint. The sprints, of course, are time boxed, thus keeping the requirements process moving at a pace that prevents it from getting inefficiently bogged down. Most Agile principals can still be applied such as scrum meetings, planning and retrospective, while you would forego the typical testing and/or demo steps normally associated with a software development sprint.

As required, provided in the following table are our detailed responses to each of the requirements for design, configuration, and build as set forth in *Attachment F*.

Figure 31: Design, Configuration, and Build Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
DCB01	The Contractor's solution shall accommodate customer preferences for communications by electronic inbox, written correspondence, email, text, and phone.	DyP solution provides inherent support for end users of the Provider Portal and Internal User Portal, for multiple means of communication. This includes a Message Center which serves as the 'electronic inbox', in portal chat capabilities, and support/help information provided to send an email, text, and/or to make a phone call.

Req. ID	Req. Language	Response
DCB02	The Contractor shall develop and submit a design session schedule, agendas, and minutes for review by the Department.	During the implementation, Map and Gap Analysis and Design sessions will be scheduled and facilitated. For all sessions, a Master Schedule will be created and individual session agendas will be distributed. During each session, minutes will be taken to record all activity, actions taken, and joint decisions rendered. Following each meeting, minutes will be finalized and available for distribution.
DCB03	The Contractor shall conduct collaborative design sessions to address all gaps identified during requirements validation.	Our Agile Methodology approach stresses collaboration with the client to ensure needs are met as they were initially intended to. Therefore, it is critical that all sessions occur in an open and collaborative fashion, to enable DPHHS and other stakeholders to provide input.
DCB04	The Contractor shall, in the design sessions, recommend solutions for each configuration gap, as defined in requirements validation, that will produce the desired business outcomes. If a gap cannot be addressed via configuration, the Department may consider making policy changes before approving customizations to the solution.	Configuration over customization is an important consideration in any new product implementation. Configurations can often be quickly met by making slight adjustments in the system, whereas customizations may require the changing and/or input of code which can take longer, and involve more risks. Therefore, for each gap identified, we will propose the best way, with the lowest risk, to address the gap in the solution, ensuring joint discussion and documentation of the resolution method.

Req. ID	Req. Language	Response
DCB05	The Contractor shall demonstrate completed functionality frequently as the solution is configured/built, using a fully functioning environment.	As part of our Agile Methodology, our Scrum Teams will provide a demo of completed functionality as is it configured and addressed in the system. This is one of our most important Scrum Ceremonies, with a demo provided at the end of each Sprint. Demos enable DPHHS to provide ongoing feedback while, at the same time, enabling our teams to demonstrate product progress as we move through the implementation.
DCB06	The Contractor shall migrate completed releases promptly through various testing levels all the way to User Acceptance Testing (UAT).	As configurations are made and released in the system, they are run through multiple final checks and extensive tests, from the initial Map and Gap and Requirements Analyses, Functional, Non-functional, and more up to UAT.
DCB07	The Contractor shall provide the design for online help approach and documentation, as appropriate.	Our solution includes several user-friendly online help tools, including 'tool tips' which provide additional information at the individual field level, FAQs, training modules and videos, documentation and manuals, and more. These will be reviewed at the start of the implementation to finalize all adjustments and configurations for online help needed.
DCB08	The Contractor shall work with the Systems Integrator and the Department to establish required interfaces as defined in the detailed scope of work.	Our solution supports rich integration capabilities to address all required interfaces, including with the ESB. HHS Tech will ensure ongoing, open collaboration with the Systems Integrator and all other stakeholders throughout the implementation.

Req. ID	Req. Language	Response
DCB09	The Contractor shall provide office space for Contractor staff and meeting rooms as necessary to support the scope of work and contractual obligations.	Sufficient office space, including meeting rooms, will be provided throughout the implementation for our staff working on this project. Our Project & Implementation Teams and our Development Team are flexible in communication methods and, as such, meetings can be facilitated in various ways, from in person to video conferences.
DCB11	The Contractor shall develop auditing and general controls to ensure the effective use of the technical architecture and data in meeting requirements.	The DyP solution includes embedded auditing tools and associated controls. As such, we are able to perform profiling and auditing of any action/development in the system.
DCB12	The Contractor must provide all technology and equipment for contractor staff necessary to support and complete the scope of work and the contractual obligations.	HHS Tech will ensure all teams are provided will all necessary equipment, software/hardware, and staff necessary to perform the work and meet all contract requirements.
DCB13	The Contractor shall be responsible for operating and maintaining any software needed to support all module components and project tools in use by the Contractor.	To ensure the proper, ongoing operation of DyP, HHS Tech facilitates the installation and maintenance of all software necessary as part of our backend technical architecture. Further, any specific tools/software needed to make configuration adjustments are provided to the teams, as well as project management tools.
DCB14	The Contractor's solution shall have the ability to print a properly formatted representation of the entire screen (including sections not displayed without scrolling) and associated data in the application.	During the implementation, HHS Tech will ensure all necessary UX/UI configurations are in place to permit end users the ability to print any screen within both the Provider Portal and the Internal User Portal.

Req. ID	Req. Language	Response
DCB15	The Contractor shall provide recommendations for simplified business rules and business processes to the Department.	As with our design and configuration recommendations, HHS Tech will also provide suggestions for all required business rules to ensure workflows and processes run efficiently within the DyP solution.
DCB18	The Contractor shall configure, support and maintain all components of the solution in a manner that reflects performance expectations described in this RFP.	HHS Tech is committed to ensuring all configurations made within the system, as well as all needs for ongoing system performance enhancements and maintenance, work to ensure that all SLAs and solution requirements are met throughout the lifetime of the contract. As such, extensive testing will be performed for all configurations and adjustments made in the system to optimize performance.
DCB19	The Contractor's solution shall be free of any software components that are the result of legacy code transformation.	The DyP solution is a modular solution, designed to meet the latest CMS guidelines and MITA standards. As such, there is no legacy code since our solution is not based on an older technology.
DCB20	The Contractor's solution shall provide Web based content that is supported by standard web browsers and are mobile and tablet compatible.	The DyP solution is a fully web-based solution which adapts to the device and web browser being used. As such, we support all standard, modern web browsers and have portals which are mobile-aware to adapt to the device the end user is on.

Req. ID	Req. Language	Response
DCB21	The Contractor's solution shall allow the Department to edit and change any static text in the application and correspondence templates. All static text must be approved by the Department.	All text within both portals is configurable. As a white-labeled product, there is inherent, built-in flexibility to support text changes, adjustments in color/style, addition of specific logos, and more. All changes within the portal, including text adjustments and correspondence templates, will be reviewed with DyP for input and must be signed-off on as completed prior to Go Live.

3.10.2.7 Training

The Contractor must provide training to designated MPATH team members, DPHHS training staff and other staff responsible for training to achieve an understanding of the new system, services, or release. The training will incorporate a train-the-trainer model so that participants can, in turn, provide training to additional users. Users must become proficient in using and viewing information in the Contractor's solution in order to ensure effective and efficient business operations and service delivery. The Offeror must describe their approach to meet each of the detailed training requirements defined in Attachment F, Requirements Matrix.

HHS Tech's Training Manager is responsible for leading all training sessions to DPHHS Tech training staff and other designated personnel. To ensure the successful use of the **DyP** solution for the lifetime of the contract, HHS Tech follows a Train-the-Trainer approach which provides training to designated 'Super Users'. The purpose of training these users is to provide comprehensive training across all functions of the solution.

As a role-based solution, some users will have more access and visibility into the solution than others. Therefore, training designated 'Super Users' allows these resources to have full, complete knowledge of the solution in order to provide training to individual users within their particular role. Furthermore, we have found this to be particularly helpful in cases where an agency may have new staff coming in and in lieu of waiting for HHS Tech training to be scheduled and delivered, your 'Super Users' will be able to promptly provide the training needed and answer any questions.

3.10.2.7.1 Training Sessions & Methodology

HHS Tech will deploy our Training Team, with our lead Training Manager facilitating all Train-the-Trainer sessions. Technical training will be provided to DPHHS Tech staff so they get an understanding of how to monitor the system using available

tools and dashboards while leveraging technical and functional documentation. Furthermore, training will also occur for all major releases that materially change the user interaction to ensure any new features and functionality are taught. The following items are provided for each training session:

- Informative brochures with session agenda
- Attendance tracking, including sign-in sheets
- Classroom and web-based training
- Handouts and materials distributed at each session
- PowerPoint presentations
- Live demonstrations of solution functionality
- Hands-on training, including requesting participants to bring their laptops so they can follow along with the trainer
- Open Q&A in every training session
- Training surveys passed out and collected towards the end of each session
- Continued availability following training for one-on-one questions
- Follow up provision of electronically provided training materials for ongoing, continued learning
- Further help contact information, included within handouts
- Post-training session survey analysis with improvements implemented ahead of the next session

3.10.2.7.2 Training Documentation & Approach

All of our training provided includes the provision of extensive training documentation, including Training Guides (from both a trainer and a trainee perspective), presentations, training environment access information, handouts, eLearning modules and videos, online help such as FAQs and tool tips, and more.

Providing documentation in addition to specific training sessions helps to reinforce learning beyond the classroom and web-based sessions. Our training documentation provides comprehensive overviews, with detailed information, screenshots, demo/video recordings, and more. All training material is produced in alignment with the ADDIE Model as part of our best practices, as shown in the following figure:

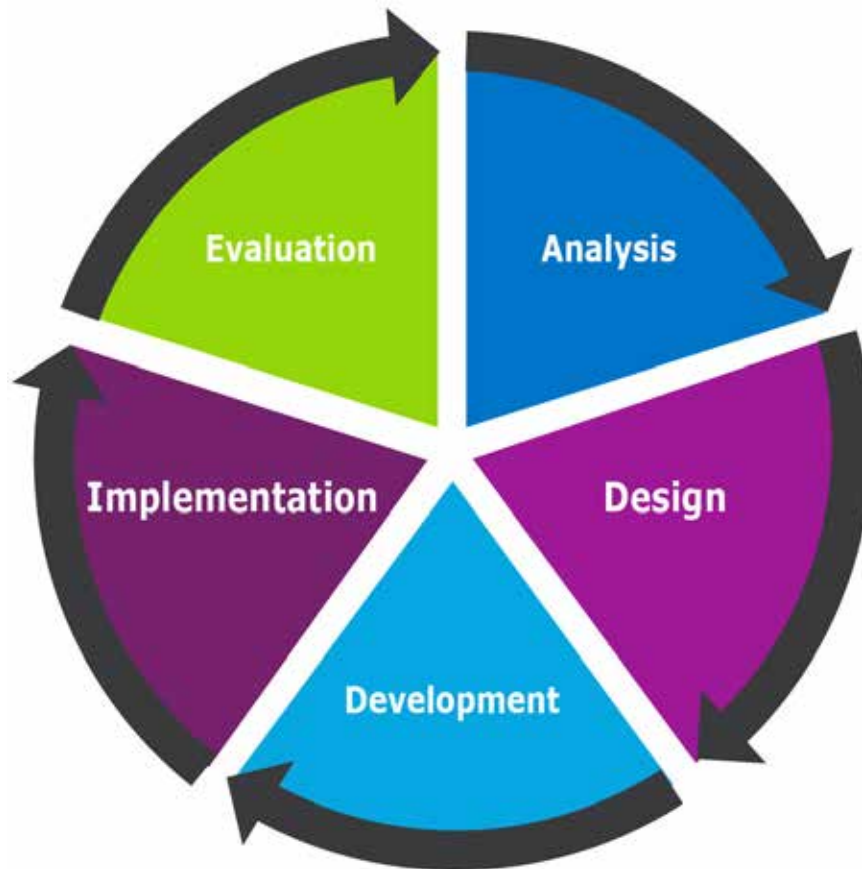


Figure 32: HHS Tech Training Build-out Approach: ADDIE Model. All of our training documentation and sessions are built using the ADDIE Model approach. This model serves as our baseline for creating effective training tools and sessions which will help users learn and our trainers to deliver effective training.

In alignment with the ADDIE Model, all training and associated documentation goes through a series of five core steps, each leading to the next step in the process. These steps, in order, include:

- **Analysis:** Instructional needs are defined, with clear goals and objectives established.
 - o Goals and objectives are further re-iterated at the start of every training session and within all training materials.
 - o The end of all training, materials will also provide a recap on the training provided and subject matter users learned.
- **Design:** The learning course is designed and conceptualized and can be built on a variety of media/tools, such as an eLearning Module created through Adobe Captivate, online help created through Adobe RoboHelp, a PowerPoint presentation for a classroom or web-based training session, and others.
 - o All learning objectives, assessments, exercises, content/subject matter, lesson planning, and more are reviewed and determined.

- **Development:** The training is created and assembled, including all applicable content assets.
 - o Tests are performed, with review and input gathered from DPHHS Tech and all stakeholders.
- **Implementation:** Training is provided and/or documentation is distributed and posted for reference.
 - o All final training and documentation covers the objectives and goals of the training (at the beginning and reinforced at the end); course curriculum/agenda topics; instruction such as lecture, demo, and/or video; assessment to measure learning; and a survey/request for feedback.
- **Evaluation:** Review is conducted on the surveys completed and any additional feedback/comments received.
 - o Survey scores and tracking is conducted.
 - o Individual responses are evaluated and specific action items are documented for improvement.
 - o Improvements are implemented, to the fullest extent possible, ahead of the next training session.

For additional information on our training sessions, documentation, and overall Training Methodology, please see our responses provided in the following table for all training requirements as set forth in *Attachment F*.

Figure 33: Training Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
TRN01	The Contractor shall provide technical training to agency project resources and designated contractors to develop an understanding of how to monitor the system using available tools and dashboards while leveraging technical and functional documentation and/or reports.	HHS Tech will provide both standard portal training as well as technical-focused training. All technical training will be provided to designated staff, with the appropriate level of permissions to view monitoring systems, tools, and associated system dashboards.
TRN04	The Contractor shall update training materials when changes occur.	As system enhancements, major/minor releases, and other changes occur, our Training Team and associated Technical Writers work to dynamically update all associated

Req. ID	Req. Language	Response
		documentation, including training guides, eLearning, and other items in place to ensure continual alignment with the latest features and functions of the solution.
TRN05	The Contractor shall collaborate with the agency to finalize a training schedule.	A training schedule will be built out during the implementation, reflective of all required training. In addition, the schedule will include training topics, timeframes, duration, training session type, attendees who should attend, and more. This will be reviewed and finalized in conjunction with DPHHS.
TRN06	The Contractor shall maintain and update the training environment with training data to use during user training.	A designated training environment will be set up during the implementation. Non-PHI/PII data ('dummy data') will be loaded and tested within the system before the provision of any training.
TRN07	The Contractor shall provide train-the-trainer sessions for Agency resources or designated agency resources and other staff responsible for training.	HHS Tech follows a Train-the-Trainer approach today and will ensure comprehensive training is provided to all required staff.
TRN08	The Contractor shall utilize a variety of delivery methods to best meet the training objectives. Examples include online self-paced training presentations, in-person classroom setting, written material, and demonstrations.	Every individual learns in a unique way. For this reason, HHS Tech deploys a wide range of training materials and associated help to ensure all users, regardless of their learning style, are able to use the DyP solution effectively. HHS Tech will use a variety of methods such as

Req. ID	Req. Language	Response
		classroom and web-based training, manuals/guides, eLearning modules, presentations, demo walkthroughs, handout materials, and other items to help all users. These materials will be distributed before and after all training sessions and will be available, as applicable, with the respective portal.
TRN09	The Contractor must provide training necessary to support new functionality and/or major software releases that materially change the user interaction.	As new system enhancements and updates are made, additional Train-the-Trainer sessions will be conducted so that DPHHS Tech 'Super Users' can provide updated training and information on new features and functionality to all system users.
TRN10	The Contractor shall provide training to Agency staff and other designated module vendors on the overall data management strategy and investigating data or process issues related to module integration.	Specific technical training related to integration and data management will be provided to all stakeholders, including the required module contractors as they are brought on board.
TRN11	The Contractor shall develop and maintain electronic training guides and materials to support the Train the Trainer instruction.	HHS Tech provides training materials from both a trainer and a trainee perspective. This ensures both sides have on-hand materials to support all training efforts. All guides and associated training material will be distributed and maintained electronically online.
TRN13	The Contractor shall provide training and support to State staff and individuals designated by the State (e.g., IV&V, QA/QC vendor), on the use of DDI tools	HHS Tech will provide training on technical tools available to permitted, designated resources.

Req. ID	Req. Language	Response
	provided by the contractor. This may include traceability tools, document repositories and testing tools.	Accompanying training materials will also be provided.
TRN14	The Contractor shall provide training on the system for UAT testers. The Contractor shall provide updated User and System Documentation to UAT testers to support the UAT effort.	Training and documentation will be provided ahead of the start of UAT. Our documentation can then be referenced by the testers during UAT, as needed.
TRN15	The Contractor shall conduct training for identified system/component users on the system relative to their use initially and upon updated functionality prior to the initial production deployment and within 45 days of each major release into the Production environment	HHS Tech will ensure training is conducted ahead of the solution going live. This ensures users will be able to use the system from day one of production. Additional, ongoing training throughout the duration of the contract will also be provided as system enhancements and other updates are made.
TRN16	The Contractor's solution shall provide web-based video instruction.	HHS Tech will support both live and recorded web-based video instruction. Any recorded instruction sessions will be available online for future reference.

3.10.2.8 Implementation and Acceptance

Prior to implementation, the Contractor must demonstrate readiness to implement the solution and to provide operational support and maintenance of the proposed solution(s) for the remainder of the Contract term. The Contractor is responsible for managing the end-to-end implementation of the proposed solution. DPHHS expects the Contractor to help formulate strategies for a successful transition.

DPHHS must formally approve the implementation of the solution based on pre-defined acceptance criteria. DPHHS's acceptance of the solution will initiate the Operations, Maintenance and Configuration phase of the contract. The Offeror must describe their approach to meet each of the implementation and acceptance requirements defined in Attachment F, Requirements Matrix.

HHS Tech will facilitate the complete implementation and post-implementation support of DyP, from initial demonstration of readiness to start the implementation to ongoing operations, system enhancement, configurations, and maintenance support throughout the duration of the contract. Throughout the process, HHS Tech will ensure full acceptance and approval to proceed has been provided by DPHHS before the start of any new work.

Prior to Go Live, HHS Tech will obtain final acceptance and approval for the launch of DyP, including receipt of a formal response to our implementation letter from the State. This will ensure all final reviews have been conducted and final sign-off has been obtained, including the successful completion of all CMS gate reviews, IV&V contractor analysis, and DPHHS system evaluations. In addition, all documentation required and all critical and high priority tasks and requirements, at a minimum, will be completed.

In addition, Readiness Reviews will be conducted. This includes documenting the steps that will be taken to prepare

the solution for deployment, the actual deployment, and the transitional steps for converting it into an operational system, with the required documented Standard Operating Procedures (SOPs). Further, actual proof will be provided that our **DyP** solution is ready to move into production including final demonstrations, completed checklists, and finalized documentation and report submissions. Validations on items, such as sufficient network bandwidth available from our hosting site on AWS GovCloud, and report evaluations to ensure high, continuous application performance will be reviewed. Finally, all UAT and associated testing will have concluded.

Final sign-off, approval, and the actual deployment (Go Live) of DyP will serve as the official move into the Operations, Maintenance, and Configurations phase of the contract. Once live, the solution will undergo ongoing, continuous maintenance and

HHS Tech: Ensuring Proper Implementation and Acceptance

- Formal review sessions for all DPHHS approvals and sign-offs
- Well-established documentation, including a comprehensive Module Implementation Plan
- Conducting all readiness reviews
- Completion of all tests
- Tested business continuity and disaster recovery procedures
- Hosting site tests for uptime, latency, and reliance
- Facility risk assessment to ensure full review of all infrastructure, information systems, protocols/procedures, and security processes
- Final checks for Federal, State, and industry regulatory compliance, including HIPAA, MITA standards, HITECH, NIST, 508 ADA, and others
- Preparation for the Operations, Maintenance, and Configuration phase, including an established run book of procedures

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Figure 34: HHS Tech: ensuring Proper Implementation and Acceptance



system enhancements to provide new features and functionality and to make adjustments required in business processes, workflows, established business rules, monitoring and report adjustments. For all system enhancements performed, formal review and approvals will occur along with documentation of pool hours utilized.

In addition, our Business Operations Manager will monitor all SLAs and ensure the ongoing, successful operation of the solution. The Business Operations Manager will also work with DPHHS as additional modules are procured and new contractors come on board. HHS Tech is committed to ensuring DyP is updated and configured to ensure proper operation and data exchange across the whole MPATH Enterprise.

Lastly, in the final year of the contract, transition preparation activities will begin. During this time, we will ensure a complete plan is developed and submitted for final review and approval. HHS Tech will work with DPHHS in all transition activities to ensure a smooth handoff.

For additional information on our implementation protocols and assurance of proper DPHHS acceptance, please see our responses provided in the following table which address these requirements as identified in *Attachment F*.

Figure 35: . Implementation and Acceptance Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
IA01	The Contractor shall follow the following process for deploying each proposed solution(s) to production: a. Submit an implementation letter to the State confirming that the solution is ready for implementation. b. Receive the State's approval of the implementation letter, accepting the Contractor's confirmation. c. Deploy the solution according to the approved Implementation Plan. d. Provide confirmation that the solution has been deployed to production and the Contractor has completed three (3) calendar days of operations without significant operational issues defined as no critical or high defects. e. Receive the State's acceptance of the system implementation.	HHS Tech will ensure strict adherence to the provided procedure for deployment, including the submission of the implementation letter and the post Go Live confirmation of no significant operational issues. Our Project and Implementation Teams will remain in close contact with DPHHS and the State at large throughout this process to ensure prompt responses to all inquiries and the DyP solution Go Live is successful.
IA02	The Contractor shall monitor the initial operation of the solution to ensure that there are no immediate or ongoing adverse effects on the Department's programs according to the performance expectations identified in the Contractor's scope of work.	HHS Tech will provide 24/7 monitoring of DyP throughout the duration of the contract. For the initial launch of our DyP solution, HHS Tech will ensure a ramp up of staff are available and diligent tracking, including through dashboards and reports, are performed.
IA03	The Contractor shall demonstrate that the System infrastructure (hardware, software, and interfaces) is operational and meets federal and State architectural, technical, security and privacy requirements as well as the business and functional requirements.	HHS Tech will conduct extensive testing prior to Go Live to ensure the proper working of each area/component of DyP. Once launched, we will re-review and analyze each area to ensure all frontend and backend technology is working as designed.

Req. ID	Req. Language	Response
IA04	The Contractor shall provide Operational Readiness test results demonstrating that the solution meets all Service Level Agreements for system performance as defined in the scope of work.	Readiness Reviews are a key component of our implementation. This includes reviews against all final SLAs under contract to provide evidence that the solution is performing as required. Results from these reviews will be provided to DPHHS for joint evaluation and discussion prior to Go Live.
IA05	The Contractor shall conduct an Operational Readiness Walkthrough with the Department to validate the operational readiness of the Contractor, the solution, and the Department. The Department must formally sign off on the Operational Readiness Checklist prior to proceeding to implementation.	Demonstrations of DyP will be provided throughout the implementation in alignment with our Agile Methodology and Sprint cycles. Once ready for final production deployment, formal walkthroughs will be conducted to analyze and check off each component for readiness to implement/Go Live. Formal sign-off will be required and a copy of the signed checklist will be filed for record.
IA06	The Contractor shall develop Operational Readiness Review Checklists (ORR) that will examine the actual solution characteristics and the procedures of the product's operation to ensure that all hardware, software, resources, procedures, and user documentation accurately reflect the deployed state of the system.	ORR Checklists will be developed. These will be sorted checklists based on operational aspects of the system, including backend technical architecture and all associated documentation. Once reviewed and approved by DPHHS, the checklists will be completed prior to Go Live, signed off by DPHHS, and filed.

3.10.3 Certification

The Contractor must work with DPHHS and other contractors as necessary to ensure that all solutions provided by the Contractor meet requirements specified in the Mechanized Claims Processing and Information Retrieval Systems (90/10) Final Rule (CMS 2392-F) and relevant federal certification requirements as described in the most current version of the MECT Toolkit available at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/mect.html>.

The Contractor will be responsible for providing and maintaining a solution that meets all applicable checklist items in the most current version of the Medicaid Enterprise Certification Toolkit (MECT), and supporting the review and validation of those items by the Department, IV&V Contractor, and CMS. The Contractor must become knowledgeable of all MECT-related items associated with the solution offered. The MECT Mapping document, found as Attachment D, contains the most current version of the MECT checklist items applicable to the Contractor's scope of work, mapped to the associated business requirements.

The Contractor must provide staff and other resources to support and to participate in MECT milestone reviews and other Certification activities that occur before, during and after implementation of the proposed solution(s). The Offeror must describe their approach to meet each of the Certification requirements defined in Attachment F, Requirements Matrix.

HHS Tech has been involved in modularity discussions with CMS well before the guidance was initially released. Our direct involvement with CMS helped shape the final guidelines for modularity and subsequent toolkit updates. As such, we are highly knowledgeable of the guidelines and requirements for certification, including all components of the Medicaid Enterprise Certification Toolkit (MECT).

Originally developed in 2007, the MECT is now in Version 2.2 and includes refined checklists for milestone reviews and reflects the new guidelines for modular and agile implementations. Our team has stayed on top of these requirements to ensure the successful execution of our modular solution.

DPHHS has also take a significant step in cross-comparing the MECT requirements against the RFP requirements. This inherently ensures all aspects which will be analyzed by CMS and the IV&V, and for which the selected Contractor must implement, have been 100% covered and accounted for. This additional step will further ensure all gate reviews run smoothly and will be one of the most important tools to the Provider Services contractor.

In addition to our ongoing reviews to date, throughout the lifetime of the project we will ensure our team's full support to CMS, the IV&V vendor (through their process and the associated documents they are required to complete and submit), and with DPHHS and your team as we go through the whole *Medicaid Enterprise Certification Life Cycle*. These reviews are important steps and each occur at critical phases in the project (project initiation, operational milestone, and final certification). All available resources will be on hand to support CMS and all stakeholders as we go through each review together.



For additional information on how we plan to meet the certification requirements and pass through all milestone/gate reviews, please see our responses in the following table.

Figure 36: Certification Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
CERT01	The Contractor shall develop a Certification Crosswalk that describes how the Contractor's deliverables and other documentation align with federal certification requirements and MECT milestone reviews.	Leveraging Attachment D, as provided in the RFP, as our baseline, our Project Team will maintain and update a Certification Crosswalk throughout the duration of the project. This will include how we align to the requirement as well as the associated evidence that will be provided during the milestone review, as required.
CERT02	The Contractor shall complete quarterly and milestone updates of the CMS Certification Checklists as requested by the State.	HHS Tech will ensure the prompt, timely completion of all certification updates required.
CERT03	The Contractor shall validate the system against the CMS Certification Checklists	All CMS Certification Checklist requirements, as applicable to our type of MITA Module, will be double-checked for coverage within our Certification Crosswalk. This document will then be updated and routinely used to validate the system throughout the implementation to ensure DyP meets all System Review Criteria as noted in the CMS Certification Checklists.
CERT04	The Contractor shall contribute to the quarterly IV&V certification reports.	HHS Tech will support the selected IV&V contractor to ensure the timely submission of all reports.
CERT05	The Contractor shall provide staff resources to support MECT milestone review and certification activities including participating in planning activities, meetings and other activities as required by CMS.	All key personnel will be available and on hand during these critical milestone reviews. We will actively participate in all planning activities and in all gate reviews as they are conducted.
CERT06	The Contractor shall assist the Agency in preparing certification artifacts, evidence and presentation materials, e.g., Requirements/ user stories and/or use cases for functional and non-functional requirements, data, business, capacity/performance, security/privacy/HIPAA compliance,	HHS Tech will ensure artifacts are continually updated and logically maintained within SharePoint to promptly provide any required evidence for these reviews. Any new materials necessary will be made in advance and reviewed

Req. ID	Req. Language	Response
	usability, maintainability, interface, 508 compliance, disaster recovery, traceability to test plans or test cases.	with DPHHS to ensure all required materials are approved, updated, and available for CMS and IV&V reviews.
CERT07	The Contractor shall participate and support as needed in CMS certifications of the other modules.	All applicable key personnel on the project will be available to support other module certification activities as needed. Our support will extend to not only the other module contractors, but to the Systems Integrator and all other stakeholders for review and certification support and to assist as needed to support the MPATH enterprise.
CERT08	The Contractor shall expeditiously correct all required remediation activities related to certification findings on a schedule to be approved by CMS and the State.	Any gaps or issues discovered will be addressed to ensure timely certification. All findings will be scheduled and subsequently tracked through completion.
CERT09	The Contractor shall use appropriate testing, configuration and change control procedures for all changes made to the solution during the certification process.	We will adhere to our comprehensive, established procedures for all changes needed in the system. This includes multiple rounds of testing, reviews, approvals, and sign-off.
CERT10	The Contractor shall update system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to the solution during the certification process.	Our manuals and administrative guides are 'living' documents and, as such, will continue to be updated throughout the lifetime of the project, including during the certification process. As updates are made, they are distributed to all stakeholders and uploaded and replaced within the user portals.
CERT11	The Contractor shall ensure system CMS Certification through correct design, implementation, documentation and certification support.	The complete support of our staff will be on hand to ensure all CMS Certification reviews go smoothly. Our team is knowledgeable in MECT and understands the requirements and latest guidance released.

Req. ID	Req. Language	Response
CERT12	The Contractor shall coordinate with the State to develop CMS Certification Checklist documentation for each MECT Checklist requirement.	The HHS Tech Certification Lead and appropriate project team members will fully support the State in ensuring all documentation and associated evidence is in place for all requirements.
CERT14	The Contractor shall populate the certification document repository, as each required item/artifact is completed and approved.	All documents and associated evidence will be uploaded in a compliant, logical, and organized fashion to facilitate ease of review.
CERT16	The Contractor shall present at milestone reviews and other certification meetings as directed by the State.	Our Certification Lead and other key staff will be available and prepared to present at all required meetings.

3.10.4 Operations, Maintenance, and Configuration

The Contractor shall provide Operations support, Maintenance, and ongoing Configuration of the provided Solution(s) throughout the life of the Contract. This includes providing Operations support as described in the scope of work as well as providing Maintenance and Enhancements to the provided Solution(s). The Contractor will follow project management and system development processes throughout the life of the Contract.

Throughout the lifetime of the contract, HHS Tech will provide complete operations and maintenance support to ensure the continued, proper working of The **DyP** Provider Services Module and all associated contractor service support. In addition, we recognize this new module is part of the greater MPATH enterprise for the ultimate transformation of the healthcare of Montanans. Therefore, as MPATH continues to evolve and additional contractors and stakeholders for other modules come into the fold, we will work with DPHHS to meet your ongoing needs.

Addressing DPHHS' continued needs includes supporting all new configurations and interfaces needed as additional modules come on board. Further, as your administrative staff start to utilize the portal and providers log on to complete applications and perform other self-service tasks, Change Requests (CRs) will be made as modifications and adjustments are needed. These adjustments will be rolled out in continual minor and major releases to DyP.

In addition to solution enhancements and ongoing releases, our IT technical support staff will continue to be available 24/7 to support your needs. We have a helpdesk continually staffed, accepting requests via phone, email, fax, and through

our ticketing system. This will ensure all issues are promptly addressed. This includes around-the-clock monitoring of DyP and services to address and troubleshoot any issues in the system.

For our ticketing system, HHS Tech utilizes JIRA to 100% track all IT issues and requests received, from initial receipt through completion. JIRA is a well-known and highly-regarded issue tracking product developed by Atlassian. JIRA supports our IT help tickets received but also provides complete bug tracking, issue tracking, and overarching project management support. According to Project Management Zone², JIRA is ranked #1 across all project management tools.



DPHHS will be provided separate, secure, and confidential access to JIRA in order to create ticket requests in real-time for this project. When making a ticket in JIRA, you can escalate your own tickets, update your information, attach files, add others to watch the issue, comment on an issue, return to update your ticket at any time online, and more. This will provide your staff with the self-service convenience of making your own tickets online, 24/7.

In addition, real-time updates are sent automatically from the moment your ticket is created. This enables you to know all actions made on a given ticket, from first being assigned to an HHS Tech IT staff member to full resolution. All issues and CRs, regardless of entry method (JIRA, phone, fax, email) are logged, monitored, and tracked in JIRA.

All changes to DyP, both requested and implemented as part of our roadmap, will be fully tracked and adhere to our Agile Methodology and Project Management best practices aligned with the PMBOK® Guide. This ensures all needs for operations, maintenance and ongoing configuration support are met promptly and that we remain flexible, agile, and adaptable to your needs throughout the lifetime of the contract.

3.10.4.1 Maintenance and System Enhancements

Throughout the life of the contract there are two distinct classifications of work that all MPATH Module Contractors will perform maintenance and system enhancements.

Maintenance

DPHHS defines maintenance for each MPATH module as follows:

1. Making configuration updates as requested by DPHHS. Configuration includes changes to table values, parameters, codes, and business logic, including hardcoded business logic.
2. Correcting deficiencies (defects) found in the solution(s) based on detailed requirements described in the scope of work and published design specifications.

² Source: <https://project-management.zone/ranking/category/issue>

3. Correcting deficiencies (defects) found in the solution(s) based on a failure to meet the detailed requirements in completed enhancement, configuration or maintenance requests.
4. Conducting research requested by DPHHS or required to support the Department. For example:
 - a. *System behavior and results*
 - b. *New healthcare initiatives*
 - c. *Best practices research across states and industry*
 - d. *Impacts of new State and federal legislation*
5. Performing mass adjustments or mass changes as requested by DPHHS or required to support Montana Healthcare Programs (for example, errors in pricing, eligibility, cost share, and financial code assignments, TPL discovery, and provider reimbursement changes).
6. Performing regular maintenance as needed by DPHHS required to support Montana Healthcare Programs. Examples of maintenance include but are not limited to:
 - a. *Performance optimization.*
 - b. *Database management.*
 - c. *Software, hardware, and tools (e.g., patches, upgrades, and replacement).*
 - d. *Interface, report, and correspondence changes.*
 - e. *Making corrections or changes to maintain the integrity of the system or the data within it (e.g., backing out changes, correcting duplicate records, cleansing corrupt data, adding security measures, adding redundancy).*
7. Using appropriate testing, configuration, and change control procedures.
8. Updating system, user, and training documentation and online help to reflect changes that have been made to the solution.
9. Performing the activities above to maintain customizations implemented as part of an approved enhancement.
10. Perform incremental integration services to retrofit previously implemented modules to accommodate integration with modules in the design, configuration and build phase. Incremental integration services should be included in the DDI costs.

All maintenance activities will be performed at no additional cost to the State in the Contractor's response. The Contractor will be required, at no additional cost, to add resources necessary to complete all activities by the required due date. Maintenance activities and any associated hours will not be applied to the system enhancement hourly pool.

System Enhancements

DPHHS defines systems enhancements as follows:

1. System enhancements exclude any activities defined in "Maintenance" above.
2. New features or functionality that fall outside the scope of all RFP requirements, Offeror's RFP response, the contract, or agreements of any supplemental negotiations.

The State must approve both the design and level of effort prior to the start of development or configuration for system enhancements. DPHHS must approve any changes to the design or level of

effort that occur after the original approval. The level of effort billed cannot exceed the level of effort approved by DPHHS. The level of effort incurred to complete an enhancement will be applied to the System Enhancement Pool once the enhancement is implemented and approved by the Department. If the level of effort exceeds the System Enhancement Pool hours remaining, the Department may choose to utilize hours from the next Contract operations year or have the Contractor invoice the Department for the balance at the rates defined in Attachment G, Provider Pricing Schedules, Schedule E – Resource Hourly Rates.

The Contractor must provide an estimate of any impact to annual operations cost, for the enhancement during the operations phase of the Contract if applicable. Reimbursements for any additional operations costs must be addressed in a contract amendment.

System Enhancement Pool

DPHHS recognizes that enhancements to the solution may be required periodically throughout the life of the contract to meet mandated Federal or State rules or regulations or to provide increased efficiency in operations or promote cost savings. The Contractor will add resources as necessary to complete enhancements by the required due date.

System Enhancement Pool for DDI Base Scope of Work

The Contractor will provide 1,500 system enhancement pool hours for the duration of the DDI phase of the contract. The cost of these 1,500 system enhancement pool hours are included in the offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort.

The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

System Enhancement Pool for DDI Option A Scope of Work

The Contractor will provide 500 system enhancement pool hours for the duration of the DDI phase of the contract for the Option A Scope of Work. The cost of these 500 system enhancement pool hours are included in the offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort.

The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

System Enhancement Pool for DDI Option B Scope of Work

The Contractor will provide 250 system enhancement pool hours for the duration of the DDI phase of the contract for the Option B Scope of Work. The cost of these 250 system enhancement pool hours are included in the offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort.

The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI

will require one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

System Enhancement Pool for Operations Base Scope of Work

The Contractor will provide 500 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 500 system enhancement pool hours are included in the Offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort.

Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D – Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G, Provider Pricing, Schedule D – Enhancement Pool Hours.

System Enhancement Pool for Operations Option A Scope of Work

The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year for the Option A Scope of Work. The cost of these annual 100 system enhancement pool hours are included in the Offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort.

Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D – Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G, Provider Pricing, Schedule D – Enhancement Pool Hours.

System Enhancement Pool for Operations Option B Scope of Work

The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year for the Option B Scope of Work. The cost of these annual 500 system enhancement pool hours are included in the Offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort.

Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D – Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G, Provider Pricing, Schedule D – Enhancement Pool Hours.

The Offeror must describe their approach to meet each of the detailed Operations, Maintenance, and Configuration requirements defined in Attachment F, Requirements Matrix.

Support for both standard maintenance activities as well as desired system enhancements will be provided throughout the duration of the contract. HHS Tech is proposing to support the requirements noted in both Options A and B within the Scope of Work (SOW). As such, we will ensure thorough time tracking of pool hours for all resource staff utilized. This includes tracking the time spent on system enhancements across the following phases:

- DDI phase
- DDI phase – Option A SOW
- DDI phase – Option B SOW
- Operations phase
- Operations phase – Option A SOW
- Operations phase – Option B SOW

HHS Tech recognizes that all associated maintenance activities will be provided at no additional cost throughout the lifetime of the contract. Only those permitted system enhancement activities, as reviewed and approved by DPHHS, can be billed throughout the contract term. For additional information on our support across all maintenance and system enhancement activities, please see our responses provided in the following table which address all operations, maintenance, and configuration requirements noted in *Attachment F*.

Figure 37:. Operations, Maintenance, and Configuration Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
OMC01	The Contractor shall cooperate and assist the Department in responding to all law enforcement, federal and State audit and review requests. The Contractor shall provide audit support including, random sample generation, data extracts, hard-copy documents, and provide any requested data or information.	All activity within the system will be fully logged along with completed documentation on our system and the project – <i>on file at all times</i> . Audit logs, records, and other documentation can be provided on demand to support all audits and other requests.
OMC02	The Contractor shall support the disaster recovery activities that will provide timely failover and create relevant documented policies and procedures to implement a recovery.	HHS Tech has an established Business Continuity and Disaster Recovery Plan in place. Further, DyP is hosted in the AWS GovCloud which provides a rolling backup to a second facility in a separate

Req. ID	Req. Language	Response
		geographical zone (west coast and east coast). All our policies and procedures in place today will be reviewed, and aligned as necessary, with DPHHS to meet all requirements under contract.
OMC03	The Contractor shall conduct an annual test of the Disaster Recovery and Business Continuity Plan and submit the Disaster Recover/Business Continuity Test Report that includes the outcome, corrective action plan, and revisions, if any, to the Department.	In alignment with our policies in place, we conduct an annual test today to ensure our business continuity and disaster recovery (DR) procedures are working properly and meet all recovery objectives. As required, throughout the duration of the contract, we will submit our latest test reports and all subsequent Corrective Action Plans (CAPs) put into place. We will continue to update the Department as CAPs are completed, including all revisions made to established processes.
OMC04	The Contractor shall provide Operations support, Maintenance, and ongoing Configuration of the provided Solution(s) throughout the life of the Contract. This includes providing Operations support as described in the scope of work as well as providing Maintenance and Enhancements to the provided Solution(s). The Contractor will follow project management and system development processes throughout the life of the Contract. The Agency defines maintenance for each module as follows: 1. Making configuration updates as requested by the State. Configuration includes changes to table values, parameters, codes, and business logic, including hardcoded business logic. 2. Correcting deficiencies (defects) found in the solution(s) based on detailed requirements described in the scope of work and published design specifications.	All maintenance needs described for The DyP Provider Services Module solution will be supported, at no additional cost to DPHHS, throughout the life of the contract. Configuration updates, addressing any deficiencies, testing, hosting optimization, and other activities listed are all part of our standard operations and maintenance activities performed today. Only newly identified needs for specific system enhancements will be applicable to be charged at pre-established rates. In providing all operations, maintenance, and ongoing configuration support, HHS Tech will continue to follow

Req. ID	Req. Language	Response
	3. Correcting deficiencies (defects) found in the solution(s) based on a failure to meet the detailed requirements in completed enhancement, configuration or maintenance requests. 4. Conducting research requested by the State or required to support the Department. For example: a. System behavior and results b. New healthcare initiatives c. Best practices research across states and industry d. Impacts of new State and federal legislation 5. Performing mass adjustments or mass changes as requested by the State or required to support the State's healthcare programs (for example, errors in pricing, eligibility, cost share, and financial code assignments, TPL discovery, and provider reimbursement changes). 6. Performing regular maintenance as needed by the State required to support the State's healthcare programs. Examples of maintenance include but are not limited to: a. Performance optimization. b. Database management. c. Software, hardware, and tools (e.g., patches, upgrades, and replacement). d. Interface, report, and correspondence changes. e. Making corrections or changes to maintain the integrity of the system or the data within it (e.g., backing out changes, correcting duplicate records, cleansing corrupt data, adding security measures, adding redundancy). 7. Using appropriate testing, configuration, and change control procedures. 8. Updating system, user, and training documentation and online help to reflect changes that have been made to the solution. 9. Performing the activities above to maintain customizations implemented as part of an approved enhancement.	our Project Management best practices and policies as well as our Agile Methodology for all system changes. This ensures the same level of care and consideration is taken for all activities once the solution is in production. Further, we will ensure our operations and maintenance staff are the same level of highly skilled and experienced staff DPHHS will have grown accustomed to. In addition to staff expertise, we will continue to remain as available as we were throughout the initial implementation, with 24/7 technical support to meet your needs. Our technical support staff are available via phone, fax, email, and through our online ticketing system, JIRA. In addition, as maintenance is performed and other changes are made within the system (including through system enhancement requests) that all associated manuals and administrative guides, including training materials, are updated. Once updated and approved through our internal processes, they will be distributed to DPHHS and all stakeholders. Furthermore, all documentation which has been uploaded to the Provider Portal and Internal User Portal will be replaced. In addition, the user interfaces will be updated for

Req. ID	Req. Language	Response
	10. Perform incremental integration services to retrofit previously implemented modules to accommodate integration with modules in the design, configuration and build phase. Incremental integration services should be included in the DDI costs.	all applicable online help content. This ensures all users, providers and administrators alike, have access to the latest help material – reflective of the latest features and capabilities they are seeing on screen.
OMC05	The Contractor shall provide a notification web page that displays when the system is unavailable for scheduled maintenance or unscheduled outages.	Although these incidents will be rare, any planned or unplanned maintenance will immediately display a notification to all end users trying to access the system. The notification message appearance and wording will be finalized and approved with DPHHS during the initial project implementation.
OMC06	The Contractor shall have processes in place to restrict access when inappropriate system access or misuse is detected.	Only authorized users with established credentials will be permitted access to the system. DyP is a role-based solution which dynamically adjusts the information seen within the user interface to that person's appropriate level of permissions and established role. Security and system features are in place to prevent unauthorized system access or misuse. For example, the system will lockout after the pre-configured amount of chances to enter the appropriate username and password have been exalted. In this example, the only way to unlock the user will be through contacting the designated system administrator or 'Super User'.
OMC07	The Contractor shall test and implement all production ready patches, upgrades, and releases for all software, firmware and operating systems in a timely manner, in coordination with other	All scheduled maintenance releases, enhancements, major/minor releases, and other actions will be

Req. ID	Req. Language	Response
	modules.	scheduled and coordinated in advance with DPHHS, the Systems Integrator, and all necessary module contractors.
OMC12	The Contractor shall notify the appropriate user community, as defined by the State, of system events (e.g., major system changes and system outages).	End users can be sent automatic notifications to alert them of planned and unplanned system outages and to inform users of any major releases which substantially changes the user interface. These will be scheduled to be sent out in advance on a scheduler or, should an unplanned event occur, released as soon as possible to inform users that the system is experiencing unexpected downtime, along with the estimated timeframe the solution will be back up. This should minimize the number of calls made to the help desk for support.
OMC15	The module Contractor shall provide help desk services to provide level 0 (customer self-service) level 1(basic support), level 2 (moderate support) that includes as appropriate, escalation to the State and level 3 (technical/integration) support related to the functionality of the module's scope of work. Level 1 help desk is the first point of contact and is responsible for logging the issue and, if possible, assisting the user.	In alignment with our proposed support for the Option B SOW, HHS Tech will provide a fully staffed Provider Call Center to support DPHHS. This will include all end user calls as well as technical support calls which need involvement from our IT staff.
OMC16	The Contractor shall provide online help for external and internal users.	The DyP solution includes built-in, online help functionality, which will be supported both within the portal (supporting internal users) and on the landing page (supporting external users). Our help materials can also be published to the DPHHS website and other sites, as approved. Our online help provided includes, but is not limited

Req. ID	Req. Language	Response
		to: · On screen 'tool tips' · Training manuals · Reference materials · Training modules and videos · FAQs · Live chat
OMC17	The Contractor shall provide 1,500 system enhancement pool hours for the duration of the DDI phase of the contract. The cost of these 1,500 system enhancement pool hours are included in the offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort. The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.	Aside from our separate maintenance activities, HHS Tech will also provide complete support for all system enhancements needed. These will be separately reviewed, discussed, and approved with DPHHS in advance of any work. Once initiated, all pool hours will be tracked, logged, and reported to DPHHS.
OMC18	The Contractor shall notify the Department when updated reference materials (e.g., Requirements Matrices, Manuals, System Documentation, System Design Documentation, User Documentation, Business Rules Catalog, and Training Materials) are available for review.	Throughout the course of the project, as materials are updated, edited, and approved through our internal processes, they will be distributed. As required by the Department, HHS Tech will ensure these materials have been reviewed and signed off on for distribution to all stakeholders and for uploading to the online portal and all applicable websites.
OMC19	The Contractor shall provide 24x7 access to the Department for all reference materials (e.g., Requirements Matrices, Manuals, System	All project management and other reference materials will be fully available, 24/7/365

Req. ID	Req. Language	Response
	Documentation, System Design Documentation, User Documentation, Business Rules Catalog, and Training Materials).	through SharePoint (or other agreed upon repository).
OMC21	The Contractor will provide 500 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 500 system enhancement pool hours are included in the Offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort. Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.	HHS Tech will ensure all system enhancement requests received during the Operations phase are fully discussed with DPHHS and are signed off on before the commencement of any work. Once launched, all pool hours will be tracked and monitored to not exceed the available, allotted hours.
OMC22	The Contractor shall provide 500 system enhancement pool hours for the duration of the DDI phase of the contract. The cost of these 500 system enhancement pool hours are included in the offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort. The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one	During the DDI phase, should any new requirements surface which were not addressed in the RFP, our response herein, or in the final contract or any amendments, these will be logged and tracked as pool hours for system enhancement during the DDI phase. Any hours thought to be within this 'bucket' of hours will be discussed in advance of any work with DPHHS to ensure proper tracking and reporting.

Req. ID	Req. Language	Response
	month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.	
OMC23	The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 100 system enhancement pool hours are included in the Offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort. Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedule, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.	The allotted pool hours for each year throughout the lifetime of the contract will be tracked, monitored, and reporting to DPHHS. HHS Tech understands that these hours can roll over to the next operations year or could be lowered, at the complete discretion of the State.
OMC24	The Contractor will provide 250 system enhancement pool hours for the duration of the DDI phase of the contract. The cost of these 250 system enhancement pool hours are included in the offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort. The unused system enhancement pool hours for DDI will be rolled over to the system	HHS Tech will adhere to all allotted pool hour amounts across the DDI phase and into the Operations phase. This includes discussing all system enhancements in advance with DPHHS.

Req. ID	Req. Language	Response
	enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.	
OMC25	The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 100 system enhancement pool hours are included in the Offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort. Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedule, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.	All pool hours, including hours specific to our Option A and Option B system enhancements will be tracked and reported upon. Ongoing reports will be provided to DPHHS for joint tracking purposes to ensure allotted hours for approved work are not exceeded.

3.10.5 Key Personnel and Resources

The Offeror must provide key personnel to be assigned to the DDI and Certification phases of the project. At a minimum, key personnel shall include a Project Manager, Contract Manager, Testing Lead, Integration Lead and a Certification Lead. DPHHS will review and approve all key personnel.

The Offeror shall provide key personnel for the Operations, Maintenance and Configuration phase of the Project. At a minimum, key personnel shall include a Project Manager, Technical Manager and a



Contract Manager. The Offeror must identify other key personnel for the Operations, Maintenance and Configuration phase of the project. DPHHS will review and approve all key personnel.

For all phases of the Project, the Offeror's Project Manager will be required to perform work at the Primary Project location (Helena, Montana) unless approved by DPHHS to work remotely. Other Offeror staff working remotely, must be available to work in Helena, Montana at the Department's request for functions necessary to support the scope of work (e.g., risk review meetings, root cause analysis sessions, integration planning, release planning, operational readiness reviews, UAT, implementation, and production deployment). For any work performed at a location other than the Helena, Montana, the Offeror must identify the specific location (city, state, country), describe the type of work to be performed, and the percent of the total hours for that type of work at that location.

The Offeror must propose a staffing approach to meet each of the requirements detailed in Attachment F, Requirements Matrix.

HHS Tech will maintain appropriate staffing levels throughout the duration of the contract, such as key personnel, ramp up of support staff during the design, development, and implementation (DDI) phase, staffing to support administrative and provider-facing activities.

The HHS Tech project team, regardless of standard work location, will be available to work in Helena, Montana at the Department's request for functions necessary to support the scope of work.

HHS Tech anticipates that all key personnel's main worksite will be in Helena, Montana, but reserves the right to have project staff work off-site, upon approval from DPHHS. For any work performed at a location other than Helena, HHS Tech will provide the location, type of work performed, and percentage of total hours for each proposed remote staff member.

Provided in the following table are our detailed responses to the requirements set forth in *Attachment F*, indicating how we plan to meet State-specific staffing needs.

Figure 38: Key Personnel and Resource Requirements – Attachment F

Req. ID	Req. Language	Response
KR01	The Contractor can use off-shore and near-shore resources. However, offshore or near shore resources cannot develop security controls. The Contractor shall advise the Department when work is being completed by offshore or near shore resources. The Contractor shall ensure that all Contractor practices and procedures, including but not limited to secure coding practices are used by all resources.	HHS Tech will have some internal Product Development staff offsite, both off-shore at our Kiev, Ukraine office, and near-shore working on the DyP product in parallel with this project. They are not expected to be used for the day-to-day project deliverables. In the event that they are needed to support project deliverables, the Department will be informed, and HHS Tech will ensure that all practices and procedures are followed as required.

KR02	The Contractor, and any of its subcontractors, shall work cooperatively with module Contractors and Department staff to ensure the success of the program.	HHS Tech is experienced in working and collaborating with multiple vendors and Stakeholders on projects of this scope, and will ensure that the entire HHS Tech team works in a collaborative manner at all times. It will be the responsibility of HHS Tech's Project Manager to foster the culture of collaboration and cooperation.
KR03	The Contractor shall help prevent project delays and address them if they occur. This includes assurances that sufficient resources and knowledgeable, experienced staff are available to meet the required project schedule.	HHS Tech will maintain appropriate staffing levels required to meet the required project schedule throughout the duration of the contract.
KR04	The Contractor shall provide sufficient personnel to administer and execute required project activities, including approvals, during development, implementation, and operations.	HHS Tech will maintain appropriate staffing levels required to execute required project activities, including approvals, during development, implementation, and operations. HHS Tech's identified Project Manager will be responsible and accountable for these day-to-day functions.
KR06	The Contractor shall provide key personnel that at a minimum include the Project Manager, the Contract Manager, the Testing Lead, Integration Lead and a Certification Lead during the DDI and Certification Phases of the Program. Key personnel shall not hold more than one key role unless otherwise approved by the Department. The Department will review and approve all key personnel.	HHS Tech will provide key personnel including the Project Manager, the Contract Manager, the Testing Lead, Integration Lead and a Certification Lead during the DDI and Certification Phases of the Program. HHS Tech's proposed team is included in Section 4.2.3 Resumes. HHS Tech will receive prior approval from DPHHS in the event that a key personnel team member needs to fill multiple roles.
KR07	Key personnel described in the proposal shall become named resources on the project and are subject to the following requirements: a. Key personnel shall not be transferred or removed without prior approval of the Department. b. The Department will approve key personnel assigned to the Contract. c. The Department reserves the right to request removal of any Contractor	HHS Tech understands and will comply with DHPPS's requirements and procedures regarding key personnel assigned to the Contract including, but not limited to, DHPPS approval of key personnel, key personnel removal from the project by HHS Tech or DHPPS. Additionally, HHS Tech will fill any vacancies in compliance with identified SLAs.

	staff or subcontractor staff, if applicable, assigned to the project, and the Contractor shall comply with any such request immediately. d. If a vacancy occurs in a key role, the Contractor shall fill the position in compliance with identified SLAs.	
KR16	The Contractor shall submit two (2) references for each of the key personnel being proposed for the project. Each reference should depict relevant and current experience for work completed no more than seven (7) years prior to the date of this RFP.	HHS Tech has submitted two (2) references for each key personnel in section 4.2.3 Resumes
KR17	The Contractor must demonstrate that it can commit an adequate level of technical and human resources sufficient to complete the project within the required time frame and to meet the quality requirements outlined in this RFP. Furthermore, the level of technical and human resources which the Contractor agrees to commit to the project at the time of proposal must be maintained throughout the life of the project at a necessary level to complete the scope of work.	HHS Tech will maintain appropriate staffing levels throughout the duration of the contract. To support any anticipated staff changes, we will rely both on internal resources and our in-house recruiting team to provide DPHHS the highest skill level resources available at all times
KR18	The Contractor's staff shall have sufficient experience appropriate for their role.	All HHS Tech staff proposed will meet or exceed the State's staff requirements for each role.
KR19	The Contractor must supply a Personnel Background Check Attestation (written documentation) of a favorable background check for Contractor personnel who might reasonably be expected to access sensitive and confidential member data contained in any system accessed during the course of the Contract. The Department may request the removal of staff for disqualifying offenses. Contractor must describe their process for performing background checks for non-US citizens or Green Card holders.	HHS Tech conducts background checks using HireRight background check services for all employees prior to employment regardless of citizenship status as part of our standard Human Resources (HR) protocols. Additionally, HHS Tech uses EVerify to confirm employment eligibility. Any candidates who do not present a favorable background check or employment verification are not offered employment with HHS Tech. HireRight has more than 30 years of background screening experience in over 200 countries around the globe.

KR21	The Contractor's staff shall be available Monday through Friday as early as 7:00 AM MST and as late as 6:00 PM in the time zone of the participating State.	The HHS Tech team will be available Monday through Friday as early as 7:00 AM MST and as late as 6:00 PM in the time zone of the participating State as required.
KR22	For any work performed at a location other than the primary Project site, the Contractor must identify the specific location (city, state, country), describe the type of work to be performed, and the percent of the total hours for that type of work at that location.	HHS Tech anticipates that all key personnel's main worksite will be in Helena, Montana, but reserves the right to have project staff work off-site, upon approval from DPHHS. For any work performed at a location other than Helena, HHS Tech will provide the location, type of work performed, and percentage of total hours for each proposed remote staff member.
KR23	The Contractor's staff working remotely, must be available to work in the State's primary project location at the Department's request for functions necessary to support the scope of work (e.g., risk review meetings, root cause analysis sessions, integration planning, release planning, operational readiness reviews, UAT, implementation, and production deployment).	The HHS Tech team, regardless of standard work location, will be available to work in Helena, Montana at the Department's request for functions necessary to support the scope of work.
KR24	In the event that key personnel resign or are terminated, the Contractor shall provide the Department with immediate notice of the vacancy and an action plan for backfilling the position until a replacement is found and approved by the Department. A key personnel position must not be vacant for more than fourteen (14) consecutive days. The Contractor may not fill vacant key personnel positions with other existing key personnel without approval by the Department. The Department will also have the authority to approve proposed replacements of key personnel by the Contractor.	In the event that key personnel resign or are terminated, HHS Tech will inform DPHHS and will provide an action plan that outlines continuity of project operations during the vacancy and position backfill process. The key personnel position will be filled within fourteen (14) consecutive days of employment termination. All key personnel candidates will be contingent upon DPHHS's approval.
KR25	The Contractor's key personnel and/or management replacement must meet the minimum	All HHS Tech staff proposed for this project will meet or exceed the State's staff requirements for each role. HHS

	qualifications for the position. The Contractor shall provide a detailed resume for a proposed key personnel and/or management replacement. Replacements are subject to Department approval prior to any assignment.	Tech will provide a detailed resume for all active and replacement key personnel/management positions. All key personnel candidates will be contingent upon DPHHS's approval.
KR26	The Contractor shall provide the appropriate level of knowledge transfer/training to Contractor staff.	HHS Tech recognizes the importance of internal team communications and training. HHS Tech employs a holistic view of training and knowledge transfer for internal staff including a "train the trainer" philosophy that extends to our external training protocols.
KR30	The Contractor shall provide key personnel that at a minimum includes a Project Manager, Contract Manager and a Technical Manager for the Operations, Maintenance and Configuration phase of the project. Key personnel shall not hold more than one key role unless otherwise approved by the Department. The Contractor must identify other key personnel for the Operations, Maintenance and Configuration phase of the project. The Department will review and approve all key personnel.	HHS Tech will provide key personnel including the Project Manager, Contract Manager, and a Technical Manager for the Operations, Maintenance and Configuration phase of the project. HHS Tech's proposed team is included in Section 4.2.3 Resumes. HHS Tech will receive prior approval from DPHHS in the event that a key personnel team member needs to fill multiple roles.

3.10.5.1 Resource Allocation Schedules

Offerors must complete the Resource Allocation Schedules provided in Attachment H, Resource Allocation Schedules. These schedules serve as the representation of Offeror's plan for staffing the project by resource type. Offeror should include additional information as necessary to explain the Offeror's resource allocation. If the Offeror has one or more subcontractors, the Offeror must submit a Schedule A and Schedule B with a comprehensive total for all FTE and hours representing the effort of the prime contractor and all subcontractor work in total. In addition, a separate Schedule A and Schedule B for each contractor (prime contractor and subcontractor) must be submitted.

Table 3.10.5.1 Resource Allocation Schedules (These schedules are provided in Attachment H, Resource Allocation Schedules).

List of Resource Allocation Schedules	
Schedule	Title
Schedule A	Number of Full Time Equivalent



Schedule B	Number of Hours

All schedules must be completed in full at the time of submittal. The resource types listed in the schedule are not exhaustive, nor should the Contractor assume that DPHHS is requesting resources from each category. Use any resource type listed above and/or add resource types necessary to successfully deliver the scope of work.

Schedule A: *This schedule details the number of full time equivalents the Offeror plans to allocate to the project by phase and by resource type.*

Schedule B: *This schedule details the number of resource hours the Offeror plans to allocate to the project by phase and by resource type.*

HHS Tech is pleased to provide our Resource Allocation Schedules which represent the HHS Tech project team.

HHS Tech acknowledges and supports the requirements of the Key Personnel as indicated in the RFP. The HHS Tech project team Resource Allocation Schedule represents the team that will be focused on day to day project deliverables.

HHS Tech will also have some of our internal Product Development staff offsite, and both offshore at our Kiev, Ukraine office, and near-shore working on the **DyP** product in parallel with this project. They will be used on an as needed basis and their focus will be on the HHS Tech **DyP** product and not the day to day project deliverables. There may be certain requirements that could be added into the DyP product release schedule aligned with the DPHHS project schedule. Since these people will not be on the day to day project deliverables, they are not represented in the Resource Allocation Schedules.

Schedules A and B of Attachment H are included below and have also been uploaded via Montana Acquisition & Contracting System (eMACS).

Figure 39: Attachment H: Schedule A

Schedule A - Number of Full Time Equivalents (FTE)						
Resource Type	Phase					Total Resource FTE by Resource Type for all phases
	Initiation / Requirements	Design, Build, Config	Testing	Deployment / Implementation / Certification	Operations	
Project Manager	1	1	1	1	0.25	4.25
Contract Manager	1	0	0	0.5	0.25	1.75
Integration Lead	0.25	0	0	0.25	0	0.5
Security Lead	0.25	0.25	0	0	0	0.5
Security Analyst	0	0	0	0	0	0
Architecture Lead	0.5	0.25	0.25	0	0	1
System Architect	0	0	0	0	0	0
Sr. System Architect	0	0	0	0	0	0
Configuration Lead	0	0	0	0	0	0
Configuration Specialist	1	2	1	0.25	1	5.25
Sr. Configuration Specialist	1	1	0.25	0	0	2.25
Infrastructure Lead	0	0	0	0	0	0
Infrastructure Analyst	0	0	0	0.25	0.25	0.5
Developer	0	1	0.25	0	0.5	1.75
Sr. Developer	0	0	0	0	0	0
Database Lead	0	0	0	0	0	0
Database Administrator	0.5	0.5	0.25	0	0	1.25
Database Analyst	0	0	0	0	0.5	0.5
Sr. Database Administrator	0	0	0	0	0	0
Testing Lead	0.5	0.5	1	0.5	0	2.5
Tester	0	0.5	1	0.5	0.5	2.5
Technical Writer	0.25	0.5	0.25	0.25	0.25	1.5
Sr. Data Scientist	0	0	0	0	0	0
Data Scientist	0	0	0	0	0	0
System Analyst	0	0	0	0	0	0
Sr. System Analyst	0	0	0	0	0	0
Business Analyst	1	1	1	0.5	0.25	3.75
Sr. Business Analyst	1	0	0	0.25	0	1.25
Certification Lead	0	0	0.5	1	0	1.5
Training Lead	0	0	0.5	0	0	0.5
Trainer	0	0	1	0	0	1
Business Operations Manager	0	0	0	0	0.5	0.5
Average Resource FTE Per Phase	0.2578125	0.265625	0.2578125	0.1640625	0.1328125	
Total Resources FTE Per Phase	8.25	8.5	8.25	5.25	4.25	34.5

The resource types listed are not exhaustive, nor should the Contractor assume that DPHHS is requesting resources from each category. Use any resource type listed above and/or add resource types necessary to successfully deliver the scope of work.

Senior (Sr.) Positions are defined by a combination of education and experience and shall have a four year degree in a related field, and at least five (5) years of experience. In lieu of a four year degree, seven (7) years of experience is expected. All other positions must have a minimum of four (4) years of related experience. Please map your resource positions based on years of experience and educational requirements to the following generally named resource positions.

Figure 40: Attachment H, Schedule B

Schedule B - Number of Hours						
Resource Type	Phase					Total Resource Hrs. by Resource Type for All Phases
	Initiation / Requirements	Design, Build, Config	Testing	Deployment / Implementation / Certification	Operations	
Project Manager	165	495	495	1980	1980	5115
Contract Manager	165	0	0	990	1980	3135
Integration Lead	41.25	0	0	495	0	536
Security Lead	41.25	123.75	0	0	0	165
Security Analyst	0	0	0	0	0	0
Architecture Lead	82.5	123.75	123.75	0	0	330
System Architect	0	0	0	0	0	0
Sr. System Architect	0	0	0	0	0	0
Configuration Lead	0	0	0	0	0	0
Configuration Specialist	165	990	495	495	7920	10065
Sr. Configuration Specialist	165	495	123.75	0	0	784
Infrastructure Lead	0	0	0	0	0	0
Infrastructure Analyst	0	0	0	495	1980	2475
Developer	0	495	123.75	0	3960	4579
Sr. Developer	0	0	0	0	0	0
Database Lead	0	0	0	0	0	0
Database Administrator	82.5	247.5	123.75	0	0	454
Database Analyst	0	0	0	0	3960	3960
Sr. Database Administrator	0	0	0	0	0	0
Testing Lead	82.5	247.5	495	990	0	1815
Tester	0	247.5	495	990	3960	5693
Technical Writer	41.25	247.5	41.25	41.25	41.25	413
Sr. Data Scientist	0	0	0	0	0	0
Data Scientist	0	0	0	0	0	0
System Analyst	0	0	0	0	0	0
Sr. System Analyst	0	0	0	0	0	0
Business Analyst	165	495	495	990	1980	4125
Sr. Business Analyst	165	0	0	495	0	660
Certification Lead	0	0	247.5	1980	0	2228
Training Lead	0	0	247.5	0	0	248
Trainer	0	0	495	0	0	495
Business Operations Manager	0	0	0	0	3960	3960
Total Resource Hrs. Per Phase	1361.25	4207.5	4001.25	9941.25	31721.25	51233

The resource types listed are not exhaustive, nor should the Contractor assume that DPHHS is requesting resources from each category. Use any resource type listed above and/or add resource types necessary to successfully deliver the scope of work.

Senior (Sr.) Positions are defined by a combination of education and experience and shall have a four year degree in a related field, and at least five (5) years of experience. In lieu of a four year degree, seven (7) years of experience is expected. All other positions must have a minimum of four (4) years of related experience. Please map your resource positions based on years of experience and educational requirements to the following generally named resource positions.

3.10.6 Project Closeout and Turnover

At least twelve months prior to the end of the contract, the Contractor will provide an initial turnover plan to detail how the Contractor will manage the completion and closure of all work for the Contract and deliver project artifacts, including deliverables, data, and anything needed to operate and maintain the integrity of the Montana Healthcare Programs and systems.

Transition activities will be dependent upon the nature of the solution or services, which may include but is not limited to:

- *State Owned and hosted*
- *State Owned and Contractor hosted*
- *State Leased software and State-hosted*
- *State Leased software hosted by a third party*
- *Software as a Services (SaaS)*

The Contractor must demonstrate that all contractual requirements have been met, transition operational tasks to a new Contractor and/or DPHHS completed, and provide lessons learned from the project prior to the end of the contract term. The Offeror must describe their approach to meet each of the Project Closeout and Turnover requirements defined in Attachment F, Requirements Matrix.

The final year of the contract term is arguably just as important as the initial implementation year. Failure to properly plan and execute the successful turnover and transition of the solution to the next vendor could have a long-lasting effect on the whole MPATH Enterprise. Therefore, HHS Tech will ensure the completion and submission of our Turnover Plan for DPHHS review and approval at the final year of the contract. In addition, we will perform a comprehensive review to ensure all contractual requirements and obligations have been successfully met, addressing and closing any gaps identified.

All aspects of DyP and associated services provided, including Call Center support, monitoring, enhancements, documentation, system environments, hosting, software, hardware, maintenance, configurations, and more will be analyzed, documented, and fully

HHS Tech: Highly Experienced in System Turnover

- Have successfully turned over maintenance of our system solutions to other States
- Provides DPHHS with the confidence you need in our established processes
- Prior experience preparing State and contractor staff during system turnover
- Record of successful system turnovers
- Understanding of the processes involved
- Practices to ensure the smooth transition of system responsibilities and assets
- Turnover activities occurring without interruption of services

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accounted for in the Turnover Plan. Following our joint reviews of the plan, and upon receiving DPHHS final sign-off and approval, efforts will be initiated in alignment with the final Turnover Plan to transition all Provider Services module components and associated service activities to the new contractor.

HHS Tech will ensure all system documentation and associated artifacts are made available to DPHHS and the new contractor. Joint, ongoing discussions and turnover activities will occur over the final year of the contract in concert with the new contractor, DPHHS, the Systems Integrator, and other required stakeholders to ensure the successful transition of the Provider Services module and all activities and staff support services.

HHS Tech will ensure a successful system transition, services transition, and appropriate knowledge transfer is provided. This includes working with the Training Manager to perform all training necessary so that the new team is fully prepared and knowledgeable of the system and its functions.

In addition, HHS Tech will lead the lessons learned activities. These will occur in joint collaboration with DPHHS and will be an important effort to ensure lessons learned are openly discussed, with actionable tasks identified to prevent unnecessary issues from reoccurring in the next contract. A final Lessons Learned Report will be the ultimate outcome from these joint sessions, laying out the actions that should be conducted from all lessons learned.



HHS Tech's Turnover Approach: Designed to Achieve Our Common Goals

- Coordinating a smooth and orderly transition of the Provider Services module, services, and operations
- Ensuring that all system resources and assets are successfully and completely transferred to DPHHS and/or the successor contractor
- Meeting acceptable levels of customer support equal to the level achieved or SLA, whichever is greater

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Figure 42: HHS Tech's Turnover Approach

and handoff of the Provider Services module and associated services. Our commitment to DPHHS' goals and objectives will carry into our performance of

In addition, a final Project Closeout Report and a Turnover Results Report will be created and submitted for DPHHS review, approval, and sign-off.

For additional information, we have provided our overall Turnover Approach and our initial Turnover Plan, as outlined below and in the next pages. Following this information, we have included responses to all project closeout and turnover requirements as identified in *Attachment F*.

Turnover Approach and Plan

Our approach to system turnover ensures a well-organized, comprehensive, technically sound, and logistically attainable strategy for the successful project closeout, transition,

these activities. Our overall Turnover Approach incorporates processes that will provide DPHHS with:

- Access to current hardware and software inventories
- A data library containing current and reliable documentation, code, files, job scripts, run schedules, and statistics
- Useful and relevant knowledge transfer, help, and guides
- Staff specifically dedicated to support the system disposition/turnover activities

HHS Tech will ensure adherence to all turnover activities as finalized under contract, including the final requirements for the Turnover Plan. For initial review purposes, provided below is our current Turnover Plan outline which will be used as our initial baseline in addition to the requirements set forth in DOC37 to develop our complete the plan for DPHHS review.

Figure 43: Turnover Plan: Initial Outline

Plan Section	Content
Overview	· Information on the plan creation, responsible organizations, and processes for updates to the plan.
Scope	· Description of the plan's scope, including a complete inventory of all items to be transferred such as the system, specific software, documentation, etc.
Reference Documents	· List of reference documents used to create the plan or that are referenced in the plan.
Glossary	· Acronyms and terms with definitions used in the plan.
Turnover Plan Objectives Overview	· Summary of the plan's primary objectives.
Turnover Plan Policies	· Policies related to project disposition/turnover phase activities and tasks.
Turnover Success Criteria and Metrics	· Outlines the success criteria for the turnover and contains appropriate metrics and SLAs; areas defined include maintenance and support, infrastructure maintenance and support, call center and IT help desk services, and cut over of all other maintenance and operations (M&O) activities.
Turnover Test Plan	· Describes the process that will be used for testing and includes contingency and mitigation

Plan Section	Content
	plans for turnover.
Turnover Overview	Contains a high-level summary of the overall approach, processes, and procedures that HHS Tech will use during the turnover phase.
Turnover Responsibilities	- Describes the roles and responsibilities of the resources assigned to the turnover phase, including: - Services to be taken over for all system, technical, and business functions
Turnover Organization	- Organizational structure of the personnel involved in the turnover phase activities. List of resources that will be required to take over M&O and an Organization Plan that includes capacity and availability. This also includes an estimate of the number of resources, skills, responsibilities, and salary of personnel required to fully support all functions. - This deliverable will also separate activities of the resources by the following categories (as finalized and approved by DPHHS): - Application Management M&O functions - Technical Management M&O functions - Systems, Networks, Databases, Storage, and Facilities - Call Center and IT Help Desk M&O functions - Administrative staff - Managers
Turnover Change Management Plan	- Outlines the process that will be used to manage change through the transition that includes: - Timeframe for restricted change activity, including freeze periods. - Process and criteria for emergency change management during restricted or freeze periods. - Identification of in-progress development that cannot be completed prior to cut over.
Turnover	Type of training that will be conducted for the

Plan Section	Content
Orientation and Training	turnover phase staff to ensure they understand all their responsibilities and the processes and guidelines to be used for turnover activities. Examples of training include an introduction to the solution, applications, tools, Call Center and IT Help Desk procedures, and other topics.
Turnover Phase Project Plan (includes the schedule and all tasks and sub-tasks)	· Project Plan and schedule to include: - o Overall Project Plan as part of the Turnover Plan. - o Expands on information provided in the initial Project Work Plan. - o Includes all tasks, sub-tasks, operational-specific tasks, deliverables, and milestones associated with the turnover. - o Includes resources assignments, durations, estimated dates, and dependencies. - o Provides information and timeframes for all party responsibilities. - o Refined and updated as needed throughout the final contract year.
Turnover Process Description	· Description of our turnover approach and all processes involved, including: - o Methods for updating all artifacts – MPATH and/or successor contractor will access this repository for all documentation related to the system. - o Procedures to identify and verify all software, data, documentation, and miscellaneous supplies. - o Change control during disposition. - o Maintenance of the inventory of all system components. - o Development of resource requirement statements. - o Communication points of contact and methods of communication. - o Overview of knowledge transfer courses and schedules. - o Contingency and mitigation plans.

Plan Section	Content
	- o Process and approach to testing and verification, including integrated systems, performance, parallel testing, and UAT as specified by DPHHS. - o Methods for resolving questions and issues. - o Physical transfer of inventory procedures. - o Final cutover procedures. - o Post turnover support.
Turnover Phase Evaluation	· Description of how the turnover activities are evaluated and how they are communicated.
Communication and Coordination	· Brief description of the communication vehicles and processes used to convey all information relating to the turnover phase, including all progress, status, documentation updates, and any issues or problems. · Activities to ensure successful, continued system use and services. · References the updated Communications Management Plan for further information.
Turnover Services Inventory	· Organization and formatting of all data and documentation. · Inventory and actual records and logs (i.e., Incident Management, Problem Management Security records, and other reports and records created through the life of the project). · Inventory of all incomplete tasks, system defects, modifications and adjustments made, and pending configuration requests (as applicable). · Inventory and configuration of all hardware, software, and other system components and tools required to support maintenance and operations for all environments. · Documentation of the required level of performance, availability, and capacity. · 'As Is' hardware configuration diagrams showing the relationship between all system, network, security, and service management components. · All security management (e.g., monitoring,

Plan Section	Content
	access, and identity management), service management, storage management, code management, and test systems and/or software. · Inventory of all software, data, and associated documentation to be transferred to enable the transition of full maintenance and operations support. This includes system and application build and configuration specifications and procedures. · Inventory of all development, maintenance, and operations tools as well as processes and procedures in use. This includes development work products and artifacts, including test cases and test results. · Inventory of all tools and documentation in use by the Call Center and IT Help Desk. · Proof of licensing and maintenance contracts for all purchased software components. · Network and telecommunications systems, including the transfer of telephone and/or fax services without impact to users (i.e., retaining the same telephone number) and temporary services for connectivity to the new contactor's site during the turnover phase, if required as a transfer approach. · Disaster recovery site requirements. · Office space, including help desks. · Other resources, including supplies, accessories, and on/off-site storage.
Turnover Plan Change Procedures and History	· Provides information on how changes are made to the Turnover Plan and an audit trail of changes.

Provided in the next table are our responses to all project closeout and turnover requirements, as identified in *Attachment F*.

Figure 44: Project Closeout and Turnover Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PTO01	The Contractor shall provide a turnover approach and the services	HHS Tech has an established, comprehensive Turnover

Req. ID	Req. Language	Response
	required for the transition of operations, services and module components.	Approach for the successful transition of DyP and services. Our approach will be fully documented within our finalized Turnover Plan. This plan must be reviewed by DPHHS and approved prior to the start of all turnover activities.
PTO02	At least six (6) months prior to the final Contract year (including option years that have been exercised) and at least six (6) months prior to the end of any contract extension(s), the Contractor shall provide the following: a. An updated Turnover Plan. b. Complete and update system and user documentation. c. Statement of the resources that would be required by the Department or another contractor to fully take over solution, technical, and business functions outlined in the Contract(s). This includes quantity and types of resources and volume of tasks to support the scope of work. d. Operational tasks and procedures as necessary to support ongoing operations of the solution. e. Lessons learned report. f. List of incomplete tasks, such as system defects, modifications or enhancements, mass adjustments, reference updates, and configuration requests. g. A detailed description of the services that would be required by another Contractor to fully take over system, technical, and business functions outlined in the Contract. The Department reserves the right to request this information at any time throughout the Contract.	The initial Turnover Plan will be provided no later than 12 months prior to the end of the contract. Joint review sessions will be held with DPHHS and other required stakeholders to review the plan and make any adjustments necessary. Updates will then be made to reflect all changes and feedback, with a revised Turnover Plan completed and submitted to DPHHS for final review, approval, and sign-off. All subsequent turnover activities will then be performed, including final updates to the system and associated documentation, reports, and task lists.

Req. ID	Req. Language	Response
PTO03	The Contractor shall provide a Monthly Turnover Report reflecting transition activities during the turnover period.	Throughout the entire final year of the contract, a regular Monthly Turnover Report will be generated and submitted for review. This report will reflect the status of all activities that are still to be completed, fully completed, and/or in progress as identified in the Turnover Plan.
PTO04	The Contractor shall provide operational procedures that describe how maintenance is performed for the solution.	As part of our extensive documentation provided, the required detailed manuals, guides, and Standard Operating Procedures (SOPs) will be provided on how the system operates and how it is currently maintained.
PTO05	The Contractor shall cooperate with the successor contractor while providing all required turnover services. This will include meeting with the successor and devising work schedules that are agreeable for both the Department and the successor contractor.	HHS Tech will ensure open collaboration with DPHHS, the next contractor, and other required stakeholders during the entire transition period.
PTO06	The Contractor must transfer solution and services documentation and all data requested by the State to the State.	All data and associated documentation will be fully transferred, as requested, to the State.
PTO07	The Contractor shall deliver a Turnover Results Report that documents completion of each step of the Turnover Plan.	HHS Tech will provide not only a Turnover Results Report, but also a final Lessons Learned Report and a Project Closeout Report for final DPHHS review, approval, and sign-off. This ensures all steps required have been completed, any gaps have been addressed, lessons learned have been reviewed, knowledge has been transferred, and all other activities have fully concluded.

3.10.7 Project Deliverables and Documentation

The documentation deliverables outlined in Table 3.10.7 have been identified for this scope of work. DPHHS will review deliverable requirements and make changes to required deliverables based on Commercial-Off-the-Shelf (COTS)/Software-as-a-Service(SaaS) versus non-COTS/Non-SaaS software. For each documentation deliverable, the Contractor shall follow the guidelines outlined in the Documentation Standards in the Procurement Library. The Contractor will submit documents that meet the specific deliverable acceptance criteria as outlined in the Deliverable Expectation Document for the specific deliverable. All deliverables must be approved by DPHHS. Project artifacts and information will be shared on the CMS Reuse Repository. The Offeror must describe their approach to meet each of the Documentation requirements defined in Attachment F, Requirements Matrix.

Table 3.10.7 Documentation Deliverables

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
Project Management Plan	As scheduled in approved PWP, updates as necessary	PMT18	Yes
Project Work Plan	Project initiation, updates as approved.	PMT19	Yes
Communication Plan	As scheduled in approved PWP, updates as necessary	DOC15	Yes
Quality Management Plan	As scheduled in approved PWP, updates as necessary	DOC16	Yes
Risk Management Plan	As scheduled in approved PWP, updates as necessary	DOC38	Yes
Issue Management Plan	As scheduled in approved PWP, updates as necessary	DOC40	Yes
Change Management	As scheduled in approved PWP,	DOC18	Yes

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
Plan	updates as necessary		
Defect Management Plan	As scheduled in approved PWP, updates as necessary	DOC22	Yes
Staffing Plan	As scheduled in approved PWP, updates as necessary	DOC24	Yes
Data Management, Conversion, and Migration Plan	As scheduled in approved PWP, updates as necessary	DOC03	Yes
Application, Configuration, and Maintenance Plan	As scheduled in approved PWP, updates as necessary	DOC04	Yes
User Interface Style Guide	As scheduled in approved PWP, updates as necessary	DOC46	Yes
User Documentation	Project initiation, updates as necessary	DOC07	Yes
Operations Procedure Manual	As scheduled in approved PWP, updates as necessary	DOC42	Yes
Business Continuity and Disaster Recovery Plan	As scheduled in approved PWP, Annually	DOC08, DOC09, DOC10	Yes
Operations, Maintenance and Configuration Plan	As scheduled in approved PWP, updates as necessary	DOC12	Yes
Turnover Plan	12 months prior to final Contract	DOC37	Yes

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
	year		
Updated Turnover Plan	6 months prior to final Contract year	PTO02	No
Technical Documentation	Project initiation, updates as necessary	DOC19	Yes
System Design Documentation	As scheduled in approved PWP, updates as necessary	DOC14	Yes
System Documentation	Project initiation, updates as necessary	DOC29	Yes
Master Test Plan	As scheduled in approved PWP, updates as necessary	DOC26	Yes
Training Plan	As scheduled in approved PWP, updates as necessary	DOC27	Yes
System Test Plan	As scheduled in approved PWP, updates as necessary	DOC28	Yes
Module Implementation Plan	As scheduled in approved PWP, updates as necessary	DOC13	Yes
Solution Architecture Document	As scheduled in approved PWP, updates as necessary	DOC21	Yes
Attachment - L- Technology Matrix	Upon initial proposal, Annually	DOC44	No
Turnover Results Report	Upon completion of turnover activities	PTO07	Yes
Monthly Status Report*	Monthly	PMT17	No

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
System Security Plan	As scheduled in approved PWP, updates as necessary	DOC01	Yes
CMS Information Security Program Plan of Action and Milestones (POA&M)	Conditional upon security risk assessment findings	SEC55	No
Risk Assessments	Annually and As Needed	SEC11	Yes
Requirements Traceability Matrix (RTM)	As scheduled in approved PWP, updates as necessary	RQM06	Yes
CMS Certification Checklists	As scheduled in approved PWP, updates as necessary	CERT02	Yes
Certification Plan	As scheduled in approved PWP, updates as necessary	DOC02	Yes
Operational Readiness Review Checklist	As scheduled in approved PWP date	IA06	Yes
Operation Readiness Test Results	As scheduled in approved PWP date	IA04	Yes
Penetration Test Report	Annual and 6 months prior to implementation	SEC15	Yes
Performance Test Results	As scheduled in approved PWP, updates as necessary	TEST04	Yes
System Test Results	As scheduled in approved PWP,	TEST04	Yes

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
	updates as necessary		
Parallel Test Results	As scheduled in approved PWP, updates as necessary	TEST04	Yes
Regression Test Results	As scheduled in approved PWP, updates as necessary	TEST04	Yes
Integration Test Results	As scheduled in approved PWP, updates as necessary	TEST04	Yes
Disaster Recovery/Business Continuity Test Report	Annual	OMC03	Yes
Monthly Turnover Report	Monthly, during Turnover Period	PTO03	Yes
Subcontractor Usage Report	Annual	SUB05	Yes
System Enhancement Pool Report	Monthly	PMT29	Yes
Business Rules Catalog	Project initiation, procurement of each MPATH module and updates as necessary	BR03	Yes
Certification Crosswalk	As scheduled in approved PWP, updates as necessary	CERT01	Yes
Personnel Background Check Attestation*	As necessary	KR19	No
Interface	As scheduled in	INR07	Yes

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
Control Documents (ICD)	approved PWP, updates as necessary		
Deliverable Review and Acceptance Process	Project initiation, updates as necessary	PMT15	Yes
Data Dictionary	As scheduled in approved PWP, updates as necessary	DM11	Yes
Conceptual Data Model	As scheduled in approved PWP, updates as necessary	DM55	Yes
Implementation Letter	As scheduled in approved PWP	IA01	No
Security Audit Report	Annually on September 30	SEC22	No
Service Organization Control (SOC) 1 Type II Reports	Annually	SEC73	No

HHS Tech has carefully reviewed all *MPATH Documentation Standards* established, including specific provisions for document sections and content expected within each document deliverable. As part of our standard protocols performed, we will align our existing documentation to meet the specific needs of DPHHS, MPATH requirements for documentation submitted, and to ensure proper updating so that all documentation is reflective of our **DyP** Provider Services Module implemented for the MPATH Enterprise.

Further, all documentation will include an attestation area for the State Program Director and the State Program Manager to provide confirmation of approval in signature form for record. The comprehensive review and subsequent approval of all documentation is a critical, ongoing activity to ensure 100% alignment on all processes, guidelines, protocols, and other steps in place for the delivery and ongoing maintenance, configuration, and operation of DyP.

Versioning will also be tightly monitored and controlled throughout the contract, including the use of specific naming conventions and tracking for every document

version created, with upload to our Project Management tool, SharePoint. As for any piece of documentation, tight version control, tracking, and monitoring is one of the most crucial factors to:

- Ensure stakeholders have access to the latest version of a document
- Have assurance that stakeholders are aware of the latest changes to established plans
- Plan modifications alerts are provided so actions can be taken to adjust protocols immediately and where applicable
- Mitigate confusion on which version is the latest
- Streamline reviews of documentation
- Ensure feedback gathered is tracked and incorporated into the next version

Aligning with these best practices, for our documentation submitted HHS Tech will ensure a complete Deliverable Expectations Document (DED) is established for every, individual deliverable. This ensures the careful tracking of each required deliverable throughout the process. All DEDs, plans required, materials, artifacts, proofs/evidence, and associated supplements will be provided securely, online for 24/7 access as needed.

Posting information online through the CMS Reuse Repository³ and through our SharePoint site further foster joint, open collaboration on documentation reviews. It also serves to help ensure all parties understand the latest requirements and associated protocols at all times.

Finally, using online repositories also eases the review and approvals process. Since all deliverables must be reviewed and approved, providing an online, secure, and shared repository will help reviews to occur as efficient and seamless as possible.

For further, detailed information on the delivery of specific plans and associated documents required throughout the contract, please see our individual responses provided in the following consolidated table which reflects all documentation requirements, as noted within *Attachment F* and as provided in table 3.10.7 *Documentation Deliverables* at the beginning of this section.

Figure 45: Table X. Documentation Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response

³ CMS Medicaid Enterprise Systems (MES) Reuse Repository Community (CMS' secure portal provided through the CMS zONE website)

Req. ID	Req. Language	Response
BR03	The Contractor shall provide real time access to a Business Rules Catalog, in an electronic format approved by the State, that documents all business rule logic used by the solution.	All business rules logic is fully documented. A master rules catalog (Business Rules Catalog) of all business rules and associated workflows will also be documented and maintained, with real-time access provided to designated, authorized staff.
CERT01	The Contractor shall develop a Certification Crosswalk that describes how the Contractor's deliverables and other documentation align with federal certification requirements and MECT milestone reviews.	Leveraging Attachment D, as provided in the RFP, as our baseline, our Project Team will maintain and update a Certification Crosswalk throughout the duration of the project. This will include how we align to the requirement as well as the associated evidence that will be provided during the milestone review, as required.
CERT02	The Contractor shall complete quarterly and milestone updates of the CMS Certification Checklists as requested by the State.	HHS Tech will ensure the prompt, timely completion of all certification updates required.
DM11	The Contractor shall develop and maintain an electronic data dictionary using industry best practices to be approved by the Department. At a minimum, the data dictionary shall contain for each field: field name in human readable format, field description, database field name, database table, field type and length, valid values and their corresponding descriptions.	Our DyP solution has a built-in, configurable data dictionary which describes the type of data collected within the database, its associated format and structure, and how the data is utilized. Additional support for the specific fields noted is enabled. Other data elements as defined and approved by the Department will also be supported throughout the project.
DM55	The Contractor shall provide a conceptual data model (CDM) that identifies the data elements required for an end-to-end business process execution including the identification of data standards that will reduce future rework to achieve successful data sharing across the enterprise and for intrastate/interstate	A Conceptual Schema will be part of our overall documentation at the start of the implementation. This will allow for appropriate documentation and mapping of data elements to their associated relationship, including with the overarching Data Sharing

Req. ID	Req. Language	Response
	exchanges. The CDM is required to be used as a reference to provide high-level overview of the data and relationships used by the enterprise and to provide a tool for ensuring the completeness of the business model.	Gateway (DSG) and DyP. This will ensure all data sharing configurations are analyzed on the front-end to identify efficiencies that can be put into place during the implementation. The Conceptual Schema (Conceptual Data Model or CDM) will be a 'living document' throughout the course of the project to serve as an ongoing reference and to reflect any modifications made over time.
DOC01	The Contractor shall develop, execute, maintain and deliver for the State's approval, a System Security Plan (SSP) that will document the current level of security controls within the module scope of work that protects the confidentiality, integrity and availability (CIA) of the solution and its information. This is a living document and will be updated no less than annually and when new vulnerabilities are identified and mitigated and when additional functionality and/or components are implemented. The System Security Plan must be approved before any State data is transferred or entered into the solution. The State must approve all revisions of the System Security Plan. If the Contractor's solution is hosted by the State, the State will provide supporting information to the Contractor to complete the SSP. The SSP must address the following topics: • Adherence to the State's requirements outlined in the "Security and Privacy Controls Requirements" document, included in	At the start of the implementation, HHS Tech will leverage our existing security plans, Standard Operating Procedures (SOPs), and other guidelines and protocols in place today to finalize our overarching System Security Plan (SSP) for submission to the State for review and approval. Prior to submission, extensive internal review will be conducted to ensure full adherence to all plan components, thoroughly addressing how and through what measures HHS Tech and our system will remain compliant. This includes all tools, reports, system components, resources, dashboards, and other items to be utilized as well as focusing on all types of security, such as physical security. In addition, we will address all types of security controls which have been put into place, including preventative, detective, and responsive security measures. All of our security guidelines and

Req. ID	Req. Language	Response
	the Procurement Library; • Compliance with the Centers for Medicare and Medicaid Services (CMS) Acceptable Risk Safeguards (ARS) to assess CIA and NIST SP 800-53 Rev 4; • Data center physical security, complying with the Federal Information Processing Standards' Automatic Data Processing Physical Security and Risk Management (FIPS PUB.31); • Network segmentation, access controls, and forensics; • Perimeter security; • Application security and data sensitivity classification, including Protected Health Information (PHI) and Personally Identifiable Information (PII); • End-point protections such as multiple redundant firewalls and host-based intrusion detection systems; • Identification and prevention of the use of prohibited functions, ports, protocols, and services; • Network, firewall, server and other security-related configurations and changes; • Intrusion detection and prevention; • Network scanning tools; • Host hardening; • Internet filtering; • Remote access; • Encryption of data at rest and in transit; • User authentication and directory services; • Interfaces and exchange of data with external entities; • System penetration testing; • Management of operating system and security patches;	documentation on file today are considered 'living' documents since they must be continually adapted and updated to reflect the latest changes in technology, reflective of new viruses and threats, and other conditions. As such, our final and approved SSP will be continually reviewed, evaluated, and updated throughout the lifetime of contract.

Req. ID	Req. Language	Response
	• Anti-Virus and malware detection and email gateways; • Assessment and testing of system and code modifications; and • Allowable internal and external communication protocols.	
DOC02	The Contractor shall develop and maintain a Certification Plan that defines the contractor's approach to CMS certification. It must describe the processes and procedures that will be used to manage Certification requirements. The Certification Plan must comply with the most current MECT process to ensure the system will meet all certification requirements.	Our Certification Plan will be created and submitted to DPHHS for review with full adherence to all required plan elements. This is a critical plan to complete and receive approval for to properly support the whole <i>Medicaid Enterprise Certification Life Cycle</i> . This plan will be a top priority to ensure full alignment and active support through all milestones and gate reviews.
DOC03	The Contractor shall develop, submit, and maintain a Data Management, Conversion and Migration Plan to include the following: - A data management strategy that will support integration, optimization, quality, stewardship, standards, and governance of data. - description of appropriate skill sets, processes, technologies/tools, and any naming conventions followed. - Approach to conversion, cleansing and migration. - Approach to risk management for data conversion effort. - Approach for testing migration or converted data; - Approach to reporting the number of records successfully converted vs. errors or exceptions. - Approach for cleansing data to	During the implementation, identified legacy data to be migrated to the DyP solution will be reviewed and discussed. Following these joint review sessions and an evaluation of the data for conversion, an overarching Data Management, Conversion and Migration Plan will be created. This plan, once approved, will then serve as our primary guidebook for our plan and approach to ensuring the successful migration of data from the legacy system to DyP, including steps to ensure proper conversion and cleansing of the data, along with other efforts. Extensive testing will be performed throughout the

Req. ID	Req. Language	Response
	prepare it for loading to the proposed solution that is refined as necessary. h. Approach to resolving data conversion errors and issues. i. Approach for supporting the Department validation of converted data. j. Tasks, timelines, and responsible parties for all conversion and migration tasks. k. Entrance and exit criteria for each phase of the effort.	process to ensure all data successfully migrated to the new solution and is readily accessible and usable.
DOC04	Prior to beginning design and configuration/build activities, the Contractor must develop and submit to the State an Application Configuration and Maintenance Plan that describes the Contractor's approach to applications configuration and enhancements including: a. Approach to conducting design sessions or walkthroughs. b. Approach to conducting sprints or iterations. c. Configuration management. d. Schedule of major and minor releases. e. Tasks, timelines, and responsible parties for design and configure/build tasks. f. Approach to system enhancements g. Programming and coding standards The plan must be maintained through the system implementation. Revisions must be approved by the State.	HHS Tech will leverage our existing Agile Methodology documentation in place today to finalize our Configuration and Maintenance Plan for submission to the State. HHS Tech follows all industry-wide best practices for agile development, including performing all work within two week Sprints by established Scrum Teams, focused on producing working, demonstrable iterations of the solution. HHS Tech will ensure our full processes and all other plan elements required are included in our final documentation submitted. The plan will then continue to be reviewed and updated on a regular basis, as needed.

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DOC07	The Contractor shall provide during the initiation phase of the project and maintained throughout the project user documentation. The State requires User Documentation for use by a novice business user to understand the automated system or application from a business function perspective. The Contractor shall provide comprehensive, well-organized user documentation. The Contractor's User Documentation shall include at a minimum: • Written in a procedural step-by-step format. (Instructions for sequential functions must follow the flow of actual activity). • Manuals that helps users understand the purpose and operation of the module/module component(s) for each business process/major program/functional area. • Acronyms used in user instructions must be identified and must be consistent with windows, screens, reports, and the data element dictionary. • Cover system navigation, online help, and policies and procedures. • The documentation must be available on-line and provide an on-line search capability with context-sensitive help. • Provide the ability to produce a PDF version upon request • Use version control to retain historical versions of documentation and revisions must be clearly identified. • User documentation must be written and organized so that novice	HHS Tech will ensure all specific requirements for user documentation for our DyP solution are provided. This includes actual manuals, brochures, training modules and eLearning videos, and other types of help support. In addition to this documentation, help FAQs, 'tool tips' and context-sensitive help, acronyms, chat support, navigation and page layouts, and other criteria will be demonstrated to DPHHS to ensure joint discussion and alignment on all configurations and changes desired. Overall, our functional, user-friendly help includes, but is not limited to: • On screen 'tool tips' (field marks that provide additional information when the end user hovers over them) • Training manuals • Reference materials and other associated documentation attachments • Support for in portal training modules and videos • In portal FAQs • Help areas in the footer and/or designated navigational heading (as desired) • Live chat support for real-time, agent-assisted

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	users can learn from reading the documentation how to access the on-line windows/screens, read reports, and perform all other user functions. • User manuals must contain a table of contents and an index. • Definitions of codes used in various Sections of a user manual must be consistent. • Descriptions of error messages for all fields incurring edits must be presented and the necessary steps to correct such errors must be provided. • Abbreviations must be consistent throughout the documentation. • Each user manual must contain a Section describing all reports generated within the subsystem, which includes the following: 1.) A narrative description of each report. 2.) The purpose of the report. 3.) Definition of all fields in the report, including detailed explanations of calculations used to create all data and explanations of all subtotals and totals. 4.) Definitions of all user-defined, report-specific code descriptions; and a copy of representative; and pages of each report. • Instructions for requesting reports or other outputs must be presented with examples of input documents and/or screens. • Instructions for making on-line updates must clearly depict which data and files are being changed.	support Finally, tools such as Adobe RoboHelp for FAQs and Adobe Captivate for eLearning modules, as well as other tools necessary, will be leveraged to ensure usable, customer-friendly documentation is provided.

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DOC08	The Contractor shall develop and maintain annually, a Business Continuity and Disaster Recovery Plan that must be in place before any Department data is transferred or entered into the solution. The Plan must contain procedures for data backup, restoration, and emergency mode operations in the event of: a. Hardware or Software Failures; b. Human Error; c. Natural Disaster; and/or d. Other unforeseeable emergencies. The Business Continuity and Disaster Recovery Plan must be approved by the Department.	To ensure business continuity, continued processing of all system functions, and minimal downtime, HHS Tech will update our Business Continuity and Disaster Recovery Plan in place to ensure reflection of all final contract requirements, SLA adherences to be met, measures for performing Disaster Recovery (DR) Testing, and all other plan elements required. Once finalized during the implementation and approved, the plan will be a 'living' document – updated annually, at a minimum.
DOC09	The Contractor's Business Continuity portion of the plan must include the following: a. Identification of the core business processes involved in the production solution. For each core business process include: 1) Identification of potential failures for the process; 2) Risk analysis; 3) Impact analysis; and 4) Definition of minimum acceptable levels of service/output. b. Definition of triggers for activating contingency plans. c. Procedures for activating any special teams for business continuity. d. A plan for recovery of business functions, units, processes, human resources, and technology infrastructure. e. Communication protocols and process for restoring operations in a timely manner.	Although HHS Tech maintains one consolidated Business Continuity and Disaster Recovery Plan in place, it is important to ensure specific protocols are established for both DR and Business Continuity. While DR is focused more on the technical plans to restore systems in the event of an outage, Business Continuity is focused on the actual processes and procedures carried out in a disaster to ensure the business continues to operate. These differences are often lost as plans are formed. Therefore, HHS Tech will ensure all specific Business Continuity efforts are separate and distinct within our plan so that protocols in place for both DR and Business Continuity can be fully reviewed and understood.

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DOC10	The Contractor's Disaster Recovery portion of the plan must address, at a minimum: a. Retention and storage of backup files and software; b. Hardware backup for critical solution components; c. Facility backup; d. Backup for any telecommunications links and networks; e. Backup procedures and support to accommodate the loss of any online communications; f. A detailed file backup plan, procedures, and schedules, including rotation to an off-site storage facility. g. The off-site storage facility must provide security of the data stored there, including protections against unauthorized access or disclosure of the information, fire, sabotage, and environmental considerations. h. An enumeration of the prioritized order of restoration for Contractor's proposed solution. i. Provide a short-term uninterruptible power supply to facilitate an orderly shutdown of the information system in the event of a primary power source loss.	As with Business Continuity, HHS Tech will ensure DR procedures and specific technical information is clearly identified in our overall plan submitted. Our DyP solution is hosted on the AWS GovCloud and, as such, HHS Tech will leverage AWS procedures in place combined with our own internal, aligned protocols and processes to provide detailed information on all DR protocols in place to the State.
DOC11	The Contractor shall update all project documentation (e.g., system design documentation, user and training documentation) as necessary throughout all phases of the project.	All project documentation will be continually updated as needed. Updated documents will be submitted for review and will then be electronically distributed, as well as posted within SharePoint (or alternate Project Management repository used).

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DOC12	The Contractor shall provide and maintain an Operations, Maintenance and Configuration Plan for the Department's approval that describes post-implementation processes for areas such as: a. Architecture/hosting operations. b. Monitoring daily operations performance. c. Performing routine maintenance. d. Maintaining user documentation. e. Online help approach and documentation, as appropriate. f. Configuration and change management. g. Approach to enhancements and other new requirements. h. Maintaining system documentation. i. Maintaining training documentation. j. Archiving requirements. k. Tasks, timelines, and responsible parties for design and configure/build tasks. l. Reporting status against relevant Service Level Agreements (SLAs) m. Schedule of major and minor releases. The Department must review and approve all revisions of the Operations, Maintenance and Configuration Plan.	HHS Tech will begin developing our final Operations, Maintenance and Configuration Plan early on during the implementation. This ensures DPHHS has sufficient time to fully review and provide feedback on our initial plan submitted. Once established, this plan will serve as a post-implementation guidebook for the proper, ongoing maintenance and support of our DyP solution. All support staff will be required to train and become fully knowledgeable of all plan information, ensuring alignment in all day-to-day practices to the approved protocols and guidance provided – throughout the life of the contract.

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DOC13	The Contractor shall develop a Module Implementation Plan in conjunction with the State that describes, at a minimum: a. The rollout approach, including phased implementation, if necessary. b. Overall integration approach c. Approach to continuous integration of other modules or data from other data providing entities. d. The proposed implementation schedule. e. The rollback strategy. f. Communication and Contractor support procedures. g. Contractor and State roles and responsibilities. h. Operational Readiness Checklist(s) that defines, in advance, the go/no-go decision, and all aspects of Contractor, solution, and State readiness. i. All critical tasks that are required for cutover. j. Post cutover monitoring. k. The onsite and offsite user support provided by the Contractor and State during the initial solution implementation. l. Solution acceptance procedures. m. Tools and processes to ensure overall quality. n. Describe post implementation production deployment process and activities.	HHS Tech will submit a comprehensive Module Implementation Plan that fully defines our implementation and acceptance approach, all project phases, and other details. Once finalized, with all feedback and comments incorporated, HHS Tech will facilitate the complete implementation of DyP, from initial demonstration of readiness to start the implementation to ongoing operations, system enhancement, configurations, and maintenance support throughout the duration of the contract.

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DOC14	The State defines System Design Document (SDD) as documentation that describes how the functional and nonfunctional requirements recorded in the Requirements Response Matrix transform into more technical system design specifications from which the system is configured and built. The SDD documents the high-level system design and the low-level detailed design specifications. The SDD describes design goals and considerations, provides a high-level overview of the system architecture, and describes the data design associated with the system, as well as the human-machine interface and operational scenarios. The high-level system design is further decomposed into low-level detailed design specifications for each system component, including hardware, internal communications, software, system integrity controls, and external interfaces. The SDD documents and tracks the necessary information required to effectively define architecture and system design in order to give the development team guidance on the architecture of the system to be developed. Design documents are incrementally and iteratively updated during the system development life cycle and includes proprietary contractor material (this excludes proprietary information related to COTS products). Its intended audience is the project manager, project team, and development team. The Contractor shall provide and maintain system design	As part of our implementation and agile best practices in use today, HHS Tech has established System Design Documents (SDDs) which define and track the system architecture and foundational design. User stories, workflows, components, and architecture information are all key parts of our SDDs. HHS Tech will ensure these SDDs are reviewed and updated in alignment with DPHHS documentation requirements and with the final solution as required under contract. All SDDs are considered 'living' documents and, as such, will be routinely updated throughout the lifetime of the contract. This ensures the accurate representation of the current system in its readily available format at all times. In following our agile approach to projects, we continually work to facilitate ease in documenting DyP and in reading and reviewing established documentation. This ensures that documents are not only created, but are used and referred to throughout the contract since they provide actionable help and real-world clarity on the overall solution. This also works to ensure processes are put into place through established plans, and are actually adhered to and followed. As part of our best

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	documentation that includes at a minimum: • A description of each component, their purpose, including basic functions and the business areas supported • User stories/use cases • User interface design • Physical database design • A module system diagram, including all components, identifying all business process diagrams, data flows, systems functions, and their associated data storage • Configurations • Job streams within each module, identifying programs, inputs and outputs, control, job stream flow, operating procedures, and error and recovery procedures. • A network schematic showing all network components and technical security control • Listing of the edits and audits applied to each input item and the corresponding error messages. • Interface Control Documentation • Narrative descriptions of each of the reports and an explanation of their use must be presented. • Definition of all fields in reports, including a detailed explanation of all report item calculations.	practices for documentation, we will ensure, wherever possible, that we provide: • Specific actionable instruction over static documents • Actual results-driven and proven concepts • Online, electronic system documentation and updating
DOC15	The Contractor shall develop and maintain a Communication Plan. The purpose of the Communication Plan is to provide a description of the communication that will occur on the project and how it will be managed. This includes details about various types and means of communication,	HHS Tech agrees with DPHHS in that effective communication is essential to the success of a project. To that end, HHS Tech will ensure our Communication Plan addresses how we will remain in continual, open collaboration with DPHHS and all

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	communication channels, communication flow within the organizational structure, escalation, guidelines for meetings, dissemination of knowledge, and communication effectiveness. The Communication Plan shall ensure that the communication approach addresses communication across multiple vendors. Effective communication is a key element for the success of the project.	other stakeholders throughout the project. Various methods of communication and other criteria will be established and documented, such as key contact information, web conference platforms available, online documentation management sharing and collaboration tools, and more.
DOC16	The Contractor shall develop and maintain a Quality Management Plan. The Quality Management Plan identifies the quality standards for the project and how quality standards are measured. It includes the process steps and quality tools that will be used (e.g., templates, standards, and checklists).	Our Quality Assurance (QA) Team will consolidate our processes in place today to maintain and measure quality into an overarching Quality Management Plan for DPHHS review. Once reviewed and approved, our QA Team will then undergo internal training to fully understand all final QA requirements, both within the established, approved plan and as required under contract.
DOC18	The Contractor shall develop and maintain a Change Management Plan. The Change Management Plan must include the following elements. a. Tools to support change management b. Change management process steps c. Escalation process d. Training e. Roles and Responsibilities	Just as with our Change Request (CR) protocols and processes in place today, HHS Tech will ensure full adherence and alignment to the established Change Management Plan for all CRs received. Diagrams will be provided within the Change Management Plan to show how the change management process workflow appears throughout all steps and how changes can be escalated as necessary.

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DOC19	The Contractor shall provide and maintain Technical Documentation including written description of module component(s) design, function and architecture that will provide guidance to system developers. Additionally, the Contractor must include a detailed list of all environments, each environments' IT technologies including software, middleware, hardware, utility applications, development tools, testing tools, and provides detailed information on the programming languages and protocols used.	HHS Tech will create, update, and continually maintain all technical documentation on the DyP solution. This includes both user-facing documents and step-by-step manuals as well as internal documentation on backend technical architecture, system components, and other details.
DOC21	The Contractor shall provide a Solution Architecture Document. The Solution Architecture Document includes a technical explanation of all aspects of the solution including detailed architectural diagrams, data flows, component specifications, SaaS, COTS products and hosting environment details. The document will include architectural tradeoffs using the Architecture Tradeoff Analysis Method (ATAM) method or other suitable method for evaluating the proposed platform architecture relative to the enterprise goals to identify risks that would inhibit the achievement of Agency's business goals.	As an online, cloud-based, SaaS product, HHS Tech will ensure our DyP Provider Services Module is fully documented. This includes descriptive information which will be provided as part of our final Solution Architecture Document. HHS Tech aligns with the widely-accepted Architecture Tradeoff Analysis Method (ATAM) today to ensure any architectural risks are identified which could have an impact on DPHHS objectives and the overall goals for the MPATH Enterprise.
DOC22	The Contractor shall develop and maintain a Defect Management Plan that describes the process of submitting, monitoring and resolving defects. The plan will detail the following: a. Approach and tools utilized to assign, identify, prioritize, track, resolve, and test system defects.	HHS Tech will finalize our Defect Management Plan for submission to DPHHS in alignment with the schedule as noted in the Project Work Plan (PWP). Our comprehensive plan will then serve as a 'living' document, continually updated to reflect any changes in our defect management approach and

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	b. Approach to defect severity categorization using an industry standard methodology. b. Approach to reporting and documenting defects. c. Describe how the Contractor will work collaboratively with other State healthcare programs enterprise vendors. d. Describe the defect management processes related to all test types and levels in the RFP (e.g., the relationship between defect resolution and the coordinated test case execution). e. Describe the defect management processes after implementation.	processes. Extensive testing through all phases is critical in ensuring all defects are uncovered and identified promptly.
DOC24	The Contractor shall submit and maintain a Staffing Plan as part of the Project Management Plan. The Staffing Plan must include: a. Identify the roles and responsibilities by resource type throughout all phases of the contract, including identifying key and non-key personnel as well as FTE allocation for all personnel. b. Staffing Levels (estimated by resource type by phase for the duration of the project) to be reported in the Resource Allocation Matrix. c. Detail how the staffing levels shall achieve consistent, dependable service regardless of changes that may influence work volume. d. Detail differentiated by Proposer staff, subcontractor staff, if applicable, and State project staff. e. Identify total hours to be expended, per phase or effort, and for the entire project, by Proposer staff and by State project staff.	As part of our Project Management best practices today, including alignment with PMBOK®, HHS Tech will ensure a well-defined and documented Staffing Plan is in place. This plan will 100% account for all phases of the project – <i>through the lifetime of the contract</i>. All key plan elements will be included and the final plan will be submitted to DPHHS for review and approval.

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	f. Tools and processes used to screen available staff and fill positions. g. Expectations regarding onsite time for contractor resources h. Process for temporarily and permanently replacing vacancies in key personnel and other manager/lead positions consistent with staffing SLAs.	
DOC26	The Contractor shall develop, submit and maintain a Master Test Plan that describes the Contractor's plan for all testing activities, processes, types and levels. Testing must be as automated and self-documenting as possible (e.g., continuous unit testing). At a minimum, the Master Test Plan must address the following: a. Overall testing strategy for the following testing types: unit testing, system testing, integration testing, regression testing, parallel testing, performance and load testing, manual and automated and/or scripted testing, disaster recovery and end-to-end integration testing of COTS products if any. b. Approach to planning and preparing the test/staging environment c. Approach to conducting each test level. d. Approach for supporting UAT.	HHS Tech has well-defined and established testing practices in place today, as discussed in <i>Section 3.10.2.6 Testing</i>. We will ensure modification of our processes in place today to fully align with all protocols for testing as required in the final contract and all associated documents. Once approved, our Master Test Plan will continue to be updated, as necessary, throughout the duration of the contract.

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	e. Approach for testing nonfunctional requirements. f. Approach to test documentation (e.g., test cases, test scripts, test case matrices added as design progresses). g. Approach to quality control/quality assurance. h. Approach to bi-traceability to requirements and design. i. Tools, techniques, and methods. j. Reporting mechanisms, traceability and metrics. k. Defects and defects resolution. l. Entrance and exit criteria for each test level including alignment with industry standards. m. Configuration management for each test level n. Testing roles and responsibilities o. Acceptance Criteria shall include but is not limited to; no high or critical defects in code released to production and production releases will not be promoted if more than 5% of requirements have an open defect	
DOC27	The Contractor shall develop and submit a Training Plan that, at a minimum, addresses the following: a. Summary of training approach that focuses on the train-the-trainer methodology, objectives, and desired outcomes. b. Training needs analysis, including an assessment of the target audience and their knowledge and skills. c. Recommendations on type and delivery approach based on training needs analysis. d. Summary of proposed training materials and documentation in addition to hands-on training. e. Approach to maintaining training	HHS Tech will develop and submit the required Training Plan. Our plan will be updated to reflect the specific, detailed training to be provided on our DyP solution in alignment with the final contract requirements. HHS Tech follows a Train-the-Trainer approach for all training sessions so that designated administrators ('Super Users') are able to provide training to other staff as necessary. Further, we utilize the ADDIE Model to ensure best practices in the delivery of all training as well as in all documentation and

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	documentation and accompanying materials. f. Approach to providing training necessary to support new functionality and/or major software releases that materially change the user interaction. g. Approach to processing for incorporating feedback to improve train the trainer effectiveness over the course of the Contract.	associated training materials. Information on these best practices and other details will be provided in our Training Plan submitted.
DOC28	The Contractor shall develop in collaboration with the Department, a System Test Plan that describes the Contractor's System Testing approach and includes at a minimum the following: a. Test Coverage b. Walkthroughs and Inspections c. Test Data Considerations d. Entrance Criteria e. Exit Criteria f. Configuration Management g. Testing Documentation h. Process Steps i. Inputs to System Testing j. Outputs for System Testing k. Metrics l. Pass/Fail Criteria m. Suspension Criteria and Resumption requirements n. Testing Deliverables o. Testing activities p. Resources, Roles and responsibilities q. Testing Tools r. Meetings and Communication s. Acceptance Criteria shall include but is not limited to; no high or critical defects in code released to production and production releases will not be promoted if more than 5%	Comprehensive documentation will be established on all tests planned, including all entry/exit criteria, associated tools which will be utilized, and other information. Our System Test Plan will be submitted to the Department for collaborative review to ensure full alignment on all testing to be completion throughout the duration of the project.

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	of requirements have an open defect.	
DOC29	The Contractor shall provide during the initiation phase of the project and maintain throughout the project, system documentation that at a minimum includes: • A description of each component, their purpose, including basic functions and the business areas supported • User stories/use cases • Screen layouts, report layouts, and other output definitions, including examples and content definitions • Physical database design • A module system diagram, including all components, identifying all business process diagrams, data flows, systems functions, and their associated data storage • Configurations	All system documentation and associated materials required will be fully maintained and updated, as applicable, throughout the duration of the contract. HHS Tech will ensure detailed, specific information is provided in all documentation, limiting the use of generalities.

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	• Job streams within each module, identifying programs, inputs and outputs, control, job stream flow, operating procedures, and error and recovery procedures. • A network schematic showing all network components and technical security control • Listing of the edits and audits applied to each input item and the corresponding error messages. • As applicable, listing and description of all control reports • Interface Control Documents • Narrative descriptions of each of the reports and an explanation of their use must be presented. • Definition of all fields in reports, including a detailed explanation of all report item calculations. • Operations Procedure Manual • Data Dictionary	
DOC37	At least twelve (12) months before the start of the final Contract year (including option years that have been exercised) the Contractor shall provide, a Turnover Plan to the Department. The Plan will include: - Proposed approach to turnover. - Tasks and subtasks for turnover. - Schedule for turnover. - Updated operational tasks and procedures during turnover. - Description of vendor coordination activities that will occur during the turnover task and implementation of the activities to ensure continued system and services as deemed necessary by the Department. - List of incomplete tasks, such as system defects, modifications or	HHS Tech will ensure the completion and submission of our Turnover Plan for DPHHS review and approval at the final year of the contract. In addition, we will perform a comprehensive review to ensure all contractual requirements and obligations have been successfully met, addressing and closing any gaps identified. All aspects of DyP and associated services provided, including Call Center support, monitoring, enhancements, documentation, system environments, hosting, software, hardware, maintenance, configurations, and more will be analyzed, documented, and fully accounted

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	enhancements, mass adjustments, reference updates, and configuration requests. g. A detailed description of the services that would be required by another Contractor to fully take over system, technical, and business functions outlined in the Contract. The description shall also include an estimate of the number and type of personnel required to support the technical platform and supporting services. h. The data and documentation shall be organized in a format required by the State (e.g., by provider unique ID and provider name).	for in the Turnover Plan. Following our joint reviews of the plan, and upon receiving DPHHS final sign-off and approval, efforts will be initiated in alignment with the final Turnover Plan to transition all Provider Services module components and associated service activities to the new contractor.
DOC38	The Risk Management portion of the Project Management Plan must describe at a minimum: a. Proactive identification and analysis of risks before they become issues. b. Development of risk avoidance, transfer, mitigation or management strategies. c. Approach to monitoring, communicating, reporting of risk status including procedures for documenting, resolving, and reporting issues and risks identified by the Contractor, the Department or other project contractors. d. Approach to root cause analysis. e. The appropriate methods, tools, and techniques for active and ongoing identification and assessment of project risks. f. Describe how risks will be quantified and qualified.	Our Project Management Plan (PMP) overview provided as part of our response includes highlights on the Risk Management plan that will be part of the PMP. The Risk Management plan will be finalized in alignment with all final contract requirements. Risk Management updates, as necessary, will be provided and the final plan will be submitted for DPHHS review, approval, and sign-off in alignment with the established schedule in our Project Work Plan (PWP). Once in place, updates to our PMP will be made, as necessary, throughout the duration of the contract.

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DOC40	The Issues Management Plan portion of the Project Management Plan must describe at a minimum: a. Approach to issue management. b. Issue management process steps including: -Approach to prioritizing, tracking, escalating, communicating, reporting issues -Approach to documenting, reporting, and resolving issues identified by the Contractor, the Department or other module contractors. -Approach to impact analysis. c. Tools, and techniques for active and ongoing identification and monitoring of project issues. d. Roles and responsibilities. e. Describe how issues will be quantified and qualified.	HHS Tech' Issues Management Plan will identify all processes in place to identify, log, track, and resolve issues and problems. This includes how existing issues are reviewed, how issue planning is conducted, issue reports that are generated, and mitigation strategies and techniques. All final plan elements required will be updated in the final Issues Management Plan submitted. Once in place, our plan will be updated as needed.
DOC41	The Contractor shall provide a Deliverable Expectations Document (DED) for each deliverable that describes the purpose, content, applicable MECT minimum required content and industry standards (e.g., PMI, IEEE/ISO, CMS XLC) that are satisfied for each Deliverable. Each DED is a deliverable.	HHS Tech is committed to ensuring all deliverables pass for acceptance the first time they are submitted. This is naturally mitigated through the use of our Agile Methodology, which continually seeks feedback from DPHHS throughout the project so that all deliverables sent for review and acceptance meet the needs of DPHHS. In alignment with our best practices and approach in place, HHS Tech will finalize a Deliverable Expectations Document (DED) for each and every identified requirement. This enables individual tracking to be performed for every deliverable required.

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DOC42	The Contractor shall develop a comprehensive Operations Procedure Manual which shall provide guidelines for the operation and use of the module and/or module component(s). At a minimum, the Operations Procedure Manual shall contain policies, processes and workflows for the module and/or module component(s).	All operations processes and workflows established in our DyP solution will be fully documented as part of our practices in place today. This information will be consolidated and distributed to DPHHS as an overall Operations Procedure Manual for final review. Ongoing updates to the manual will be made throughout the contract.
DOC44	The Contractor shall maintain Attachment L- Technology Matrix, and deliver annually for the Department for review.	HHS Tech has reviewed <i>Attachment L</i> as included within the RFP materials. We will ensure overall ownership of this matrix upon contract award, including all updates necessary across all documented technology types.
DOC46	The Contractor shall provide a User Interface Style Guide or equivalent document defining the design standards for user interfaces. The User Interface Style Guide must demonstrate how the solution meets the most current MECT user interface requirements including: a. User ability to customize or make adjustments (e.g. language support, font size) to portal presentation. b. Users utilizing scripting languages and/or assistive technology have the ability to access the information, field elements, and functionality required for electronic form or page completion and submission including directions and cues. c. User Interface organization so documents are readable without requiring an associated style sheet. d. User Interfaces identifying row and	All user interfaces within the DyP solution are configurable to adjust to contract-specific requirements, policies, and guidelines in place. Our solution is a white-labeled product and supports the manipulation of portal content to reflect the final design and standards required of our clients. HHS Tech will provide multiple demonstrations throughout the project to ensure continual feedback from DPHHS is obtained. All comments and feedback received will be incorporated in the final portal screens delivered. The User Interface Style Guide will then be updated to reflect all final changes and adjustments made. As additional major/minor releases and system enhancements are pushed out,

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	column headers for data tables. e. User Interfaces informing users when a timed response is required and given sufficient time to indicate more time is required. f. User Interfaces providing a method that permits users to skip repetitive navigation links. g. User Interfaces provide text titles for frames to facilitate frame identification and navigation. h. User Interfaces use markup to associate data cells and row/header cells for data tables that have two or more logical levels of row or column headers.	the guide will be updated to reflect any changes made to the user interface.
IA01	The Contractor shall follow the following process for deploying each proposed solution(s) to production: a. Submit an implementation letter to the State confirming that the solution is ready for implementation. b. Receive the State's approval of the implementation letter, accepting the Contractor's confirmation. c. Deploy the solution according to the approved Implementation Plan. d. Provide confirmation that the solution has been deployed to production and the Contractor has completed three (3) calendar days of operations without significant operational issues defined as no critical or high defects. e. Receive the State's acceptance of the system implementation.	HHS Tech will ensure strict adherence to the stated procedure for deployment, including the submission of the implementation letter and the post Go Live confirmation of no significant operational issues. Our Project and Implementation Teams will remain in close contact with DPHHS and the State at large throughout this process to ensure prompt responses to all inquiries and the DyP solution Go Live is successful.
IA04	The Contractor shall provide Operational Readiness test results demonstrating that the solution meets all Service Level Agreements for system performance as defined in the scope of work.	Readiness Reviews are a key component of our implementation. This includes reviews against all final SLAs under contract to provide evidence that the solution is performing as required. Results

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		from these reviews will be provided to DPHHS for joint evaluation and discussion prior to Go Live.
IA06	The Contractor shall develop Operational Readiness Review Checklists (ORR) that will examine the actual solution characteristics and the procedures of the product's operation to ensure that all hardware, software, resources, procedures, and user documentation accurately reflect the deployed state of the system.	ORR Checklists will be developed in alignment with the Project Work Plan (PWP) timeframe established. These will be sorted checklists based on all operational aspects of the system, including backend technical architecture and all associated documentation. Once reviewed and approved by DPHHS, the checklists will be completed prior to Go Live, signed off by DPHHS, and filed.
INR07	The Contractor shall document all interfaces in an Interface Control Document (ICD) which will include data layout documentation, data mapping crosswalk, inbound/outbound capability and frequency of all interfaces.	The latest standard CMS-released ICD template will be utilized for documenting all interface controls. This ensures CMS compliance and comprehensive identification and documentation of all interfaces, including associated requirements and controls.
KR19	The Contractor must supply a Personnel Background Check Attestation (written documentation) of a favorable background check for Contractor personnel who might reasonably be expected to access sensitive and confidential member data contained in any system accessed during the course of the Contract. The Department may request the removal of staff for disqualifying offenses. Contractor must describe their process for performing background checks for non-US citizens or Green Card holders.	HHS Tech conducts background checks using HireRight background check services for all employees prior to employment regardless of citizenship status as part of our standard Human Resources (HR) protocols. Additionally, HHS Tech uses EVerify to confirm employment eligibility. Any candidates who do not present a favorable background check or employment verification are not offered employment with HHS Tech. HireRight has more than 30 years of background screening experience in over 200 countries around the globe.
OMC03	The Contractor shall conduct an annual test of the Disaster Recovery	In alignment with our policies in place, we conduct an annual test

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	and Business Continuity Plan and submit the Disaster Recover/Business Continuity Test Report that includes the outcome, corrective action plan, and revisions, if any, to the Department.	today to ensure our business continuity and disaster recovery (DR) procedures are working properly and meet all recovery objectives. As required, throughout the duration of the contract, we will submit our latest test reports and all subsequent Corrective Action Plans (CAPs) put into place. We will continue to update the Department as CAPs are completed, including all revisions made to established processes.
PMT15	The Contractor shall establish and utilize a deliverable review and acceptance process agreed upon by the Department that incorporates the following: a. Review cycles, which will be conducted and scaled to the size and complexity of the deliverables. b. Deliverables will need to reflect coordination with the overall modular program and will follow agreed upon change control processes. c. Informal reviews and walkthroughs of draft and final deliverables are encouraged. d. Queuing up excessive deliverables for simultaneous review is unacceptable to the Department.	In alignment with our Agile Methodology, continual open reviews and demonstrations of DyP will be provided to the Department at the end of each Sprint. This allows your staff to only have to focus on reviewing the deliverables worked on within that Sprint. Each Sprint is typically two weeks long, preventing excessive reviews of a large number of deliverables at once. During each review and demonstration, the Department's feedback will not only be requested, but strongly encouraged. This is critical so that any changes or adjustments needed are incorporated into the next Sprint, keeping the project on track and focused on the Department's needs, top priorities, and preferences. We will also establish and utilize a deliverable review and acceptance process agreed upon by the Department for

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		deliverables that are not tied to Sprints.
PMT17	The Contractor shall submit a monthly status report. The monthly status report must contain, at a minimum: a. A complete set of updated and current output from the Project Work Plan along with a copy of the corresponding Project schedule files in electronic version. b. A description of the overall completion status of the Project including schedule variations that report the earned value of the work completed, the planned value of the work completed, and the variance. c. Planned tasks and activities for the next month. d. The Deliverable status, with percentage of completion and time ahead or behind schedule for particular tasks. e. Identification of any staffing issues or changes in the Resource Allocation Matrix. f. An updated status on all issues being monitored. g. An updated status on all risks being monitored. h. Provide metrics necessary to support the State CIO's Legislative Finance Committee (LFC) reporting requirements. i. Provide testing status and metrics. j. Provide System enhancement hourly pool total hours used and total hours remaining. k. An updated status on all SLA being monitored.	Our current Monthly Status Report template will be adjusted to ensure each item (a through k) has an associated placeholder within the report. Our Project Manager will diligently complete all required information and ensure prompt submission along with any associated files. Monthly reports can be securely loaded within SharePoint and can also be sent electronically to the Department and all other stakeholders required.
PMT18	The Contractor shall develop and maintain a Project Management Plan (PMP): The purpose of the Project	An overview of our Project Management Plan (PMP) has been provided within our

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	Management Plan is to provide a comprehensive baseline of what needs to be achieved by the project, how it is to be achieved, who will be involved, how it will be reported and measured and how information will be communicated with the project. It will serve as a reference for decision and clarifications. All relevant project plans including but not limited to the Communication Plan, Change Management Plan, Staffing Management Plan, Quality Management Plan, Risk Management Plan, Issue Management Plan and the Work Breakdown Structure are incorporated into the Project Management Plan. It is a living document that evolves as the project progresses and is updated with the latest relevant information as required. The Project Management Plan may be broken into separate documents, but all documents will be considered sections of the Project Management Plan.	response. This information will be retained in a separate, independent file, loaded to SharePoint, and will be updated throughout the life of the project. Any changes to the PMP will undergo joint review and approval by the Department.
PMT19	The Contractor shall develop and maintain a detailed Project Work Plan (PWP) and a Gantt Chart that is aligned with the scope of the work outlined in this RFP. The PWP must identify realistic person hours of effort for each task and identify planned completion dates for all deliverables and milestones. Additionally the PWP must include the elements necessary for the IMS include: start and end dates of major phases, key project milestones, integration points, cross module dependencies, and sufficient information to support the State CIO's Legislative Finance Committee (LFC) reporting requirements. The	As part of our response, we have included an overview on our proposed Project Schedule which defines the specific dates and major milestones for the project. This will serve as the start for the full development of our Project Work Plan (PWP) which will be finished in alignment with the final scope of work under contract. All required Integrated Master Schedule (IMS) elements will be included. Like the PMP, the PWP will be continually updated, with approval by the Department, throughout the project to be

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	PWP must be continually refined and updated as the project progresses and will retain the baseline for comparative reporting.	reflective of the latest deliverables and timelines and to analyze progress.
PMT29	The Contractor shall submit a monthly System Enhancement Pool report that details tickets invoiced to the hourly pool and must include hours used and hours remaining for the Department's approval.	All HHS Tech personnel will fully track their hours throughout the lifetime of the project. This ensures regular, detailed reports can be run at any time to analyze hours used and to calculate hours remaining. A report will be pulled monthly for approval.
PTO02	At least six (6) months prior to the final Contract year (including option years that have been exercised) and at least six (6) months prior to the end of any contract extension(s), the Contractor shall provide the following: a. An updated Turnover Plan. b. Complete and update system and user documentation. c. Statement of the resources that would be required by the Department or another contractor to fully take over solution, technical, and business functions outlined in the Contract(s). This includes quantity and types of resources and volume of tasks to support the scope of work. d. Operational tasks and procedures as necessary to support ongoing operations of the solution. e. Lessons learned report. f. List of incomplete tasks, such as system defects, modifications or enhancements, mass adjustments, reference updates, and configuration requests. g. A detailed description of the services that would be required by another Contractor to fully take over system, technical, and business	The initial Turnover Plan will be provided no later than 12 months prior to the end of the contract. Joint review sessions will be held with DPHHS and other required stakeholders to review the plan and make any adjustments necessary. Updates will then be made to reflect all changes and feedback, with a revised Turnover Plan completed and submitted to DPHHS for final review, approval, and sign-off. All subsequent turnover activities will then be performed, including final updates to the system and associated documentation, reports, and task lists.

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	functions outlined in the Contract. The Department reserves the right to request this information at any time throughout the Contract.	
PTO03	The Contractor shall provide a Monthly Turnover Report reflecting transition activities during the turnover period.	Throughout the entire final year of the contract, a regular Monthly Turnover Report will be generated and submitted for review. This report will reflect the status of all activities that are still to be completed, fully completed, and/or in progress as identified in the Turnover Plan.
PTO07	The Contractor shall deliver a Turnover Results Report that documents completion of each step of the Turnover Plan.	HHS Tech will provide not only a Turnover Results Report, but also a final Lessons Learned Report and a Project Closeout Report for final DPHHS review, approval, and sign-off. This ensures all steps required have been completed, any gaps have been addressed, lessons learned have been reviewed, knowledge has been transferred, and all other activities have fully concluded.
RQM06	The Contractor shall develop, maintain and submit a Requirements Traceability Matrix (RTM) to track detailed requirements and their realization throughout all project phases. This should include how the requirement is realized (e.g., configuration, custom development, base functionality). All revisions must be reviewed and approved by the State.	As part of standard implementation protocols, HHS Tech will thoroughly document and track all requirements within our RTM template (Excel file). This template tracks the category of the requirement, current state, modification required (if any), and more. Should DPHHS have a specific RTM template that is preferred, our team can utilize that as well.
SEC11	The Contractor shall perform risk assessments per the Guide for Applying the Risk Management Framework to Federal Information Systems: A Security Life Cycle Approach NIST SP 800-53 Rev 4.	Risk assessments are routinely performed, at a minimum annually, in alignment with these standards, including SP 800-53a which was released over a year after the initial SP 800-53

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	Risk assessments shall be completed on an annual basis and when additions or changes to functionality impact the security framework, architecture or when a new vulnerability exists.	Revision 4. This additional release expanded upon the initial security controls guidance by providing guidelines for conducting effective security assessments. HHS Tech will continue to ensure adherence to these and the latest standards and guidelines released as part of our routine protocols.
SEC15	The Contractor shall provide an independent third party to perform penetration testing within six (6) months prior to implementation. Penetration testing must also be performed by an independent third party on an annual basis and when additions or changes to functionality impact the security framework, architecture or when a new vulnerability exists. Penetration Test Report results shall be supplied to the Department and any major or critical vulnerabilities mitigated.	HHS Tech's Security Team will support the requirements for Penetration Testing, including before the implementation and on an annual basis. We use SonarQube, an open source platform, and their associated tools to enable our team to perform continuous inspection of our code quality and to perform automatic reviews to detect any bugs in the system as well as any security vulnerabilities. All reports which show any major or critical vulnerabilities will be shared with DPHHS along with information on our mitigations deployed to address deficiencies noted.
SEC22	The Contractor will provide a completed Security Audit Report with results to the Department by the 30th (thirtieth) of September each year. The Security Audit Report must include either an electronic data processing (EDP) systems audit using SSAE 16 at a minimum level service organization control (SOC) 2 Type II or a NIST 800-53 rev 4 assessment at a "moderate" system risk control level. The Contractor shall provide a mitigation plan for all reported	HHS Tech will fully support this requirement, including the Security Audit Report required. As part of our standard protocols, all audit reports will be analyzed internally to develop a Mitigation Plan to address all deficiencies noted in the report. The Mitigation Plan and all noted action items to be addressed are then tracked through completion. The timeline of 40 calendar days noted can be supported, with an established SLA as part of the final contract.

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	deficiencies. Major and critical deficiencies must be corrected within forty (40) calendar days of the report submission to the Department.	
SEC55	The Contractor shall respond to all risks identified through the periodic security risk assessments with a CMS Information Security Program Plan of Action and Milestones (POA&M) containing clarifying information, a proposed mitigation strategy if necessary, a timeline for implementation, and shall work with the Department to successfully execute the POA&Ms.	HHS Tech performs ongoing security risk assessments as part of our standards in place today. To ensure compliance with CMS, we will adhere to the latest issued version of the CMS <i>Plan of Action and Milestones Process Guide</i> which details the POA&M process to reduce risks to data, including the identification of security and privacy weaknesses for mitigation.
SEC73	The Contractor will provide the completed reports with the results of the service organization control (SOC) 1 Type II audit annually on date identified by the State. The Contractor shall provide a mitigation plan for all areas of non-compliance. Issues found to be non-compliant shall be corrected within forty (40) calendar days of the report submission to the Department.	HHS Tech will work with the State to support all audit requirements, including the annual SOC 1 Type II audit which focuses on the design, testing, and overall effectiveness of our controls. Any non-compliance captured by the auditors will be addressed and mitigated within the 40 calendar days allotted. HHS Tech will utilize our Agile methodology to roll out 2 week Sprints to address any deficiencies found.
SUB05	The Contractor must submit to the Department annually, a Subcontractor Usage Report on the use of subcontractors and certify that all subcontractors are in compliance with the employment practices mandated by federal and State statutes and regulations.	As the Prime contractor, HHS Tech recognizes our responsibility to ensure the continual, ongoing compliance of any subcontractors utilized throughout the duration of the contract. As such, we will provide ongoing monitoring of all subcontractors to ensure compliance, logging and analysis of all work performed, and the review and submission of the Subcontractor Usage Report to DPHHS.

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TEST04	The Contractor shall perform testing and present the results for each of the following test levels: Performance Test results, System Test results, Parallel Test results, Regression Test results, Integration Test results. Test results shall be traced to the use case/user story and design documentation being tested.	As part of our best practices, tests are conducted based on identified and documented use cases/user stories. This information along with the actual test results will be provided to DPHHS following each test.

3.10.8 Performance Standards

Performance standards for phases of the project are defined in Attachment F – Requirements Matrix. Performance standards as well as associated liquidated damages for unmet standards are also defined in Attachment J, Service Level Agreement Requirements. The Offeror must describe their approach to meet the Performance Standards requirements defined in Attachment F, Requirements Matrix and Attachment J, Service Level Agreements.

HHS Tech has reviewed all required performance standards and associated liquidated damages as outlined in *Attachment J*. In addition, we have reviewed the additional requirements specific to performance as outlined in *Attachment F*. The following table includes HHS Tech’s consolidated responses to all performance standard requirements across *Attachments J and F*. Upon award, HHS Tech looks forward to finalizing these specific terms and conditions.

Figure 46: Table X. Performance Requirements: Attachment F – Requirements Matrix & Attachment J – Service Level Agreements

Req. ID	Performance Standards	Liquidated Damages	Response
PRFM 01	The Contractor shall develop a method for maintaining performance compliance with Service Level Agreements (SLA).	N/A – Attachment F Requirement Only	HHS Tech agrees that throughout the duration of the project, all SLAs, as finalized under contract, will be tracked, monitored, and regularly reported on.

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			Configurations will be made in the system and with our hosting provider during the implementation so that all SLAs have an associated tracking mechanism (report, online tool, etc.) for tracking and reporting purposes.
PRFM 04	The Contractor shall meet Service Level Agreements and integrate tools for monitoring system and component performance and create the necessary reports or supply a dashboard to support SLAs.	N/A – Attachment F Requirement Only	HHS Tech agrees that dashboard and reporting tools, such as Kibana for backend system and audit reporting, along with online tools provided by our hosting provider, AWS, will be used throughout the contract to track each identified SLA.
PRFM 05	The system shall track performance measures for each SLA requirement using predefined and ad hoc reporting methods.	N/A – Attachment F Requirement Only	HHS Tech agrees that each SLA finalized under contract will have an associated tracking mechanism documented, including the frequency of reporting needed, information on the SLA and associated liquidated damages, along with instructions for report pulls and/or scheduler timing for automatic reports. HHS also supports ad hoc, on demand reporting as additional report details and other information is needed.

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SLA01	Contractor must meet the due date for Acceptance of each Deliverable, as indicated in the Work Plan (excludes Implementation Acceptance as defined in Performance Standard #67).	Liquidated Damages: \$500.00 per Business Day from the Deliverable Acceptance date in the Work Plan until the date each Deliverable receives Acceptance from the Department.	HHS Tech agrees to meet the due date for Acceptance of each deliverable as indicated in the Work Plan excluding the Implementation Acceptance as defined in Performance Standard #67.
SLA02	Contractor shall ensure there are no more than two submissions of any Deliverable to gain Acceptance by the Department using the process defined in Section 7.3 of the Contract. A Deliverable that is not compliant with the Acceptance Criteria as defined in the applicable Deliverable Expectation Document (DED) will not gain Acceptance.	Liquidated Damages: \$500.00 per submission per Deliverable requiring more than two submissions.	HHS Tech agrees to no more than two submissions of any Deliverables to gain acceptance by DPHHS. HHS Tech will follow the deliverable acceptance process defined in Section 7.3 of the Contract.
SLA03	Contractor shall distribute meeting agendas to invitees at least 24 hours before the start of a scheduled meeting involving project stakeholders. Scheduled meetings include any reoccurring project meetings, meetings identified in the Work Plan or any meeting requested by the Department with at least 48 hours' notice. Contractor shall distribute	Liquidated Damages: \$100.00 per occurrence of meeting agendas not being delivered at least 24 hours before the start of a scheduled meeting or meeting minutes not being delivered within two business	HHS Tech agrees that all meetings will have a pre-set schedule (agenda), made at least 24 hours in advance and distributed by the Project Manager to all attendees. Meeting minutes will be scribed in each meeting and distributed to attendees within two business days of the scheduled meeting.

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	meeting minutes to meeting attendees within two business days of the scheduled meeting.	days of the scheduled meeting.	
SLA05	Contractor's Key Personnel positions may not be vacant for more than 10 Business Days without a qualified substitute (temporary replacement). A qualified substitute must be in place no more than 10 Business Days after the separation date of the vacating resource. The definition of a qualified substitute is someone meeting the requirements of the RFP and Contract Section 4.	Liquidated damages: \$500.00 per Business Day after 10 consecutive Business Days a Key Personnel position is vacant without a qualified substitute.	HHS Tech agrees Key Personnel positions will not be vacant for more than 10 Business Days without a qualified substitute (temporary replacement). Furthermore, a qualified substitute will be in place no more than 10 Business Days after the separation of the vacating resource. HHS Tech will qualify will the definition of 'qualified substitute' as defined in the RFP and Contract Section 4.
SLA06	Contractor will have 60 calendar days from the vacancy date to fill a Key Personnel position with a permanent replacement (a position is considered vacant even with the substitute replacement serving in that role).	Liquidated Damages: \$500.00 per Business Day after 60 calendar days a Key Personnel positions is vacant without a permanent replacement.	HHS Tech agrees to fill a vacant Key Position with a permanent replacement 60 Calendar Days from the vacancy.
SLA09	Contractor shall ensure that 100% of all critical Priority tickets, (Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments) are completed and Implemented by the	Liquidated damages: \$2,500 per calendar day per ticket past the Required Implementation Date for any critical Priority ticket without	HHS Tech will ensure that 100% of all 'Critical Priority' tickets, including Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments, are

Req. ID	Performance Standards	Liquidated Damages	Response
	Required Implementation Date.	Acceptance from the Department.	completed and implemented by the Required Implementation Date.
SLA10	Contractor shall ensure that 80% of all high Priority tickets (Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments) are Implemented by the Required Implementation Date. Contractor shall ensure that 100% of all high Priority tickets (Enhancements, Defects, Maintenance, Research, Configuration and Mass Adjustments) are Implemented within five business days of the Required Implementation Date.	Liquidated damages: \$1,000 per Business Day per ticket if either: more than 20% of high Priority tickets past the Required Implementation Date have not received Acceptance from the Department or any high Priority ticket more than five Business Days past the Required Implementation Date has not received Acceptance from the Department.	HHS Tech will ensure that 80% of all 'High Priority' tickets, including Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments, are completed and implemented by the Required Implementation Date. Further, HHS Tech agrees that 100% of all 'High Priority' tickets are implemented within five (5) Business Days of the Required Implementation Date.
SLA11	Contractor shall ensure that 75% of all medium Priority tickets (Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments) are Implemented by the Required Implementation Date. Contractor shall ensure that 100% of all medium Priority tickets (Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments)	Liquidated damages: \$500 per Business Day per ticket if either: more than 25% of medium Priority tickets are past the Required Implementation Date have not received Acceptance from the Department or and medium Priority ticket	HHS Tech will ensure that 75% of all 'Medium Priority' tickets, including Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments, are completed and implemented by the Required Implementation Date. Further, HHS Tech agrees that 100% of all

Req. ID	Performance Standards	Liquidated Damages	Response
	are Implemented within 10 business days of the Required Implementation Date.	more than 10 business days past the Required Implementation Date has not received Acceptance from the Department.	'Medium Priority' tickets are implemented within ten (10) Business Days of the Required Implementation Date.
SLA12	Contractor shall ensure compliance with all licensing agreements, required to support the proposed Solution and Services. Compliance is defined as the maintenance of licenses and appropriate permitted usage.	Liquidated damages: The cost of the licenses or the damages assessed by the licensor whichever is greater.	HHS Tech is responsible for ensuring the proper maintenance and permitted usage of all licenses (e.g., perpetual, annual, subscription, etc.) to ensure the proper operation of DyP.
SLA13	Contractor shall turn over any applicable Solution related licenses to the Department within 30 calendar days of the request.	Liquidated damages: The cost of the licenses if licenses are not turned over to the Department within 30 calendar days.	HHS Tech agrees to turn over any applicable DyP related licenses to the Department within 30 Calendar Days of the request.
SLA14	Contractor shall thoroughly test the Solution and demonstrate proof of successful Contractor Testing for 100% of the Specifications defined for each Implementation. Contract or can demonstrate proof of successful Contractor Testing by providing Documentation such as system, integration or parallel test results or demonstration of the Specifications including	Liquidated damages: \$5,000.00 per Implementation in which Contractor is not able to demonstrate that 100% of the Specifications have been met.	HHS Tech agrees that all requirements will be 100% tested in accordance with our standard testing procedures and protocols. Please see <i>Section 3.10.2.6 Testing</i> for details on our comprehensive testing, including individual tests and quality assurance checks conducted.

Req. ID	Performance Standards	Liquidated Damages	Response
	Interfaces/APIs. All Specifications must be tested through the use of testing procedures, verification procedures and other testing methodologies identified in Contract Section 7, Section 3.10.2.6 of the RFP, and the associated testing requirements.		
SLA15	Contractor shall maintain environments as mutually agreed upon to perform System validation, integration testing, and Data migration to determine overall production readiness. Each environment must include all of the components to support the intended purpose of that environment. Any component not replicated in a designated environment must be disclosed to the Department and a written explanation as to why this will not affect the inherent use of the environment for its intended purpose.	Liquidated damages: \$5,000.00 per environment per month in which Contractor does not maintain an environment as mutually agreed upon.	HHS Tech agrees to maintain environments as mutually agreed to with the Department to perform System validation, integration testing, and Data migration to determine overall production readiness. HHS Tech agrees that each environment must include all of the components to support the intended purpose of that environment. Any component not replicated in a designated environment will be disclosed to the Department and a written explanation as to why this will not affect the inherent use of the environment for its intended purpose.
SLA16	Contractor shall document all business rules applicable to the functioning of the Module and document any new or	Liquidated damages: \$100.00 per day in which the rules does not match	HHS Tech agrees to document all business rules applicable to the functioning of the Module and any new or

Req. ID	Performance Standards	Liquidated Damages	Response
	changed business rules within 10 Business Days of the implementation of a change.	the current functionality of the Module or \$100.00 per day beyond the Performance Standard to document a changed business rule.	changed business rules within 10 Business Days of the implementation of a change.
SLA17	Contractor's Solution shall ensure 100% of all Data Interfaces identified for the Enterprise Service Bus (ESB) integration are managed and orchestrated by the ESB.	Liquidated damages: \$5,000 .00 per Data flow or Interface per month in which an Interface within the ESB integration scope of work is not orchestrated by the ESB.	HHS Tech agrees that 100% of all Data Interfaces identified for the Enterprise Service Bus (ESB) integration are managed and orchestrated by the ESB.
SLA21	Contractor shall document all Configuration items applicable to the Solution and update Documentation within 10 Business Days of the Implementation of a change.	Liquidated Damages: \$100.00 per Configuration item per day not documented or not updated within the 10 Business Day Performance Standard.	HHS Tech agrees to document all Configuration items applicable to DyP and update documentation within 10 Business Days of the Implementation of a change.
SLA22	Contractor shall ensure that the Data integrity error rate and routing errors of any transaction is less than .001%.	Liquidated Damages: \$5,000.00 per month if error rate exceeds .001%.	HHS Tech agrees to ensure that the Data integrity error rate and routing errors of any transaction is less than .001%.
SLA25	Contractor's Solution shall ensure Data received from real-time Interfaces will be accessible in the Module within three seconds at	Liquidated Damages: \$2,000.00 per month if user accessibility	HHS Tech agrees to ensure all data received from real-time Interfaces will be accessible in the Module

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	least 99% of the time; excluding batch interface updates. Performance is measured by a predefined sample measuring timestamp Data was received to the time the Data is available to query in the Module database or presented to the user via a Module user interface.	based on the sample is greater than three seconds for more than 1% of the sample.	within three seconds at least 99% of the time; excluding batch interface updates. Performance is measured by a predefined sample measuring timestamp Data was received to the time the Data is available to query in the Module database or presented to the user via a Module user interface. All data transmissions, real-time and batch, are logged with associated timestamps in the system for audit and reporting purposes.
SLA26	Contractor's Solution response time for user-initiated functionality related to the Data store including simple queries shall not exceed three seconds and for complex queries whose output is greater than 10,000 rows shall not exceed 30 seconds. Performance is measured by a predefined sample measuring from the user initiating simple query until return of accurate output. Also predefined sample measuring from the user initiating a complex query until the return of accurate output.	Liquidated Damages: \$1,000.00 per month if the average response time is greater than three seconds for simple queries or 30 seconds for complex queries for any of the predefined simple and complex queries.	HHS Tech agrees to ensure response time for user-initiated functionality related to the Data store including simple queries shall not exceed three seconds and for complex queries whose output is greater than 10,000 rows shall not exceed 30 seconds.

Req. ID	Performance Standards	Liquidated Damages	Response
SLA27	Contractor's Solution shall accommodate a user interface response time of two seconds or less per discrete transaction.	Liquidated Damages: \$1,000.00 per month if the average user interface response time is greater than two seconds.	HHS Tech agrees that a user interface response time of two seconds or less per discrete transaction will be accommodated.
SLA28	Contractor's Solution response time for adding, updating, or deleting Data from operational components shall not exceed three seconds per action. Performance is measured by a predefined sample measuring individually the adding, editing and deleting of Data. Measure from action to completion of process. Validate 1) appropriate action to Data was completed. 2) Review action history for timing.	Liquidated Damages: \$1,000.00 per month if average response time is greater than three seconds per action.	HHS Tech agrees that the response time for adding, updating, or deleting Data from operational components shall not exceed three seconds per action. Performance is measured by a predefined sample measuring individually the adding, editing and deleting of Data. Measure from action to completion of process. Validate 1) appropriate action to Data was completed. 2) Review action history for timing.
SLA29	Contractor must ensure all of the required Interfaces for the Module operate in accordance with the Specifications, without degradation in performance.	Liquidated Damages: \$10,000.00 per month if any of the required Interfaces fail this Performance Standard.	HHS Tech agrees to ensure that all of the required Interfaces for the Module operate in accordance with the Specifications, without degradation in performance.
SLA31	Contractor must ensure all production reports will be available on line for review by the Department pursuant to the following schedule:	Liquidated Damages: \$500.00 per day per report beyond the Performance	HHS Tech will ensure all necessary reports will be available on line for review by the Department pursuant to the following schedule:

Req. ID	Performance Standards	Liquidated Damages	Response
	A. Daily or Weekly Reports – by the end of the Business Day following the end of the reporting period. B. Monthly Reports – by the third Business Day following the end of the reporting period C. Quarterly or Annual reports – by the fifth Business Day following the end of the reporting period.	Standard.	A. Daily or Weekly Reports – by the end of the Business Day following the end of the reporting period. B. Monthly Reports – by the third Business Day following the end of the reporting period C. Quarterly or Annual reports – by the fifth Business Day following the end of the reporting period.
SLA33	Contractor shall ensure 99% of all responses from redundant site storage are received within 10 seconds.	Liquidated Damages: \$1,000.00 per month if response time is greater than 10 seconds.	HHS Tech agrees to ensure that 99% of all responses from redundant site storage are received within 10 seconds.
SLA34	Contractor must, in the event of an unscheduled Module Downtime, restore Availability, using procedures approved in the Business Continuity and Disaster Recovery Plan within four hours from the start of the unscheduled Downtime.	Liquidated Damages: Department shall assess the liquidated damages as specified below for failure to meet the Performance Standard timeframe: \$5,000/24 hour period 0 to 72 hours beyond Performance Standard	HHS Tech is committed to ensuring that in the event of an unscheduled Module Downtime, availability will be restored, using procedures approved in the Business Continuity and Disaster Recovery Plan within four hours from the start of the unscheduled Downtime.

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		\$6,000/24 hour period 73 to 168 hours beyond Performance Standard \$7,000/24 hour period > 169 hours beyond Performance Standard.	
SLA35	Contractor shall provide an alternate business site if Contractor's primary business site becomes unsafe or inoperable. The alternate business site must be fully operational within two Business Days of the primary business site becoming unsafe or inoperable.	Liquidated Damages: \$5,000.00 for each day the alternate business site is not available to support full business Operations for the Department within two business days of the primary business site becoming unsafe or inoperable.	For hosting, data centers for both a primary (east coast) and a disaster recovery backup (west coast) are utilized. For standard business operations, HHS Tech will ensure the use of a secondary location (alternate business site) be fully operational within two Business Days of the primary business site becoming unsafe or inoperable.
SLA36	Contractor shall provide detailed Disaster Recovery Plan test results annually to the Department within 30 days of test completion.	Liquidated Damages: \$500.00 per day beyond the Performance Standard until the detailed Disaster Recovery Plan test results are delivered to the Department.	HHS Tech agrees to provide detailed Disaster Recovery Plan test results annually to the Department within 30 days of test completion.
SLA38	Contractor shall provide file restoration within six hours of Department	Liquidated Damages: \$5,000.00 for	HHS Tech has well defined backup, hosting, and security

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	request.	each day or partial day the files are not available for use within six hours of the Department request.	policies and procedures in place to ensure the restoration of data and shall provide file restoration within six hours of Department request. .
SLA39	Contractor shall request any planned Downtime due to scheduled upgrades or Maintenance, outside the normal Maintenance Window, to the Department five Business Days prior to Downtime. The Department must approve the planned Downtime.	Liquidated Damages: \$1,000.00 per occurrence if the request for planned Downtime is made with less than a five Business Day notice to the Department.	HHS Tech agrees to request any planned downtime due to scheduled upgrades or Maintenance, outside the normal Maintenance Window, to the Department five Business Days prior to Downtime. The Department must approve the planned Downtime.
SLA40	Contractor shall notify the Department of any emergency Deficiencies, as defined by the Department causing severe financial or productivity impacts, including Module Downtime, within one hour of the initial Deficiency or within fifteen minutes of becoming aware of the issue, whichever is earlier. Contractor shall provide its plan for resolution within two hours of the notification of the Deficiency to the Department and resolve the Deficiency within 24 hours of the notification of the Deficiency to the Department.	Liquidated Damages: Department shall assess the liquidated damages as specified below for failure to meet the Performance Standard timeframe: \$5,000/24 hour period 0 to 72 hours beyond Performance Standard \$6,000/24 hour period 73 to 168 hours beyond	HHS Tech agrees to notify the Department of any emergency Deficiencies, as defined by the Department causing severe financial or productivity impacts, including Module Downtime, within one hour of the initial Deficiency or within fifteen minutes of becoming aware of the issue, whichever is earlier. HHS Tech agrees to provide a plan for resolution within two hours of the notification of the Deficiency to the Department and resolve

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		Performance Standard \$7,000/24 hour period > 169 hours beyond Performance Standard	the Deficiency within 24 hours of the notification of the Deficiency to the Department.
SLA41	Contractor shall notify the Department of any Major Deficiencies, as defined by the Department, causing serious disruption to Operations and Services where there is no alternative or work around, within one hour of becoming aware of the issue. Contractor shall provide its plan for resolution within four hours of the notification of the Deficiency to the Department and resolve the Deficiency within 36 hours of the notification of the Deficiency to the Department.	Liquidated Damages: Department shall assess the liquidated damages as specified below for failure to meet the Performance Standard timeframe: \$2,000/24 hour period 0 to 72 hours beyond Performance Standard \$3,000/24 hour period 73 to 168 hours beyond Performance Standard \$4,000/24 hour period > 169 hours beyond Performance Standard.	HHS Tech agrees to notify the Department of any Major Deficiencies, as defined by the Department, causing serious disruption to Operations and Services where there is no alternative or work around, within one hour of becoming aware of the issue. HHS Tech will provide a plan for resolution within four hours of the notification of the Deficiency to the Department and resolve the Deficiency within 36 hours of the notification of the Deficiency to the Department.
SLA42	Contractor shall notify the Department of any Moderate Deficiency, as defined by the Department, it identifies	Liquidated Damages: \$1,000.00 per instance the Department is	HHS Tech agrees to notify the Department of any Moderate Deficiency, as defined by the Department, it

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	that affects a small number of users, causes inconvenience, or delays business or prevents use of a fully supported Service within 24 hours of becoming aware of the issue.	not notified of a Moderate Deficiency within the Performance Standard timeframe.	identifies that affects a small number of users, causes inconvenience, or delays business or prevents use of a fully supported Service within 24 hours of becoming aware of the issue.
SLA44	Contractor shall work collaboratively with the Department to gather, analyze and report findings to the Office for Civil Rights (OCR) for any HIPAA or HITECH incident involving Contractor that affects a population of 500 members or more. Sufficient technical evaluation will be completed by the Contractor to verify the number of member potentially affected.	Liquidated Damages: All costs of mitigation (all Contractor and Department costs) plus \$50,000.00 per occurrence for any HIPAA incident affecting 500 or more members that results from actions attributed to Contractor's performance of the Contract. In addition, Contractor will receive sanctions, if any, determined by the OCR and be responsible for mitigation costs and other associated costs such as call center costs, credit reporting, publications, and media centers.	HHS Tech agrees to work collaboratively with the Department to gather, analyze and report findings to the Office for Civil Rights (OCR) for any HIPAA or HITECH incident involving Contractor that affects a population of 500 members or more. A technical evaluation will be completed to verify the number of member potentially affected.

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SLA46	Contractor shall adhere to applicable State and Federal laws, rules, regulations, guidelines, policies, and procedures relating to information systems, information systems security and privacy, physical security, PHI confidentiality and privacy. Contractor must work with the Department to define and identify that the proposed Solutions or Services meet applicable compliance requirements. If Contractor is out of compliance, a mitigation plan to regain compliance is due to the Department within 10 business days with mitigation and testing to be completed in the timeframe defined in the mitigation plan.	Liquidated Damages: Contractor will assume all liabilities including both the cost to remediate the System and bring it into compliance and the actual cost to the Department for the violation of applicable State and federal laws, rules, regulations, guidelines, policies, and procedures relating to information systems, information systems security and privacy, physical security, PHI confidentiality and privacy, plus \$1,000 a day until the Module is in compliance.	HHS Tech agrees to adhere to and maintain compliance with applicable State and federal laws, rules, regulations, guidelines, policies, and procedures relating to information systems, information systems security and privacy, physical security, PHI confidentiality and privacy, In the event of non-compliance, HHS Tech a mitigation plan to regain compliance is due to the Department within 10 business days with mitigation and testing to be completed in the timeframe defined in the mitigation plan.
SLA47	Contractor shall prevent any user or system administrator from having a shared account.	Liquidated Damages: \$1,000.00 per occurrence in which a shared account is identified.	HHS Tech' DyP solution requires distinct, userid and passwords for all accounts. Shared accounts for more than one user are not supported in the system.

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SLA48	Contractor shall have an acceptable documented risk mitigation plan submitted to the Department within 5 business days of risk identification for 100% of high or critical risks. The Department will determine the level of criticality of each risk.	Liquidated Damages: \$1,000.00 per Business Day beyond the Performance Standard for high or critical risks without an approved risk mitigation plan.	HHS Tech agrees to have a documented risk mitigation plan approved by the Department within 5 days of risk identification for 100% of "High" or "Critical" risks.
SLA50	Contractor shall conduct annual HIPAA and security training with Contractor staff. This training will also be part of the onboarding processes and the documentation will be consolidated and submitted annually to the Department.	Liquidated Damages: \$1,000.00 per Contractor employee failing to receive annual HIPAA and security training per the documentation submitted to the Department.	In alignment with our Human Resources (HR) processes in place today, HHS Tech ensures all staff take our HIPAA Compliance training as well as our Security training. These are mandatory upon joining HHS Tech and are required to be re-taken each year. All training completed is individually stored within each personnel file by our HR Department.
SLA51	Contractor will ensure that Module Federal Certification is achieved retroactive to the first day of Operations and continued throughout the Operations Phase. The Contractor is responsible for meeting the Federal standards, conditions and business requirements, formally published by CMS on the date the RFP closes, necessary to ensure initial and	Liquidated damages: Contractor must pay the Department the actual damages incurred by the Department related to the Module DDI and Certification, if CMS does not fully compensate the Department at the maximum	HHS Tech agrees to ensure that Module Federal Certification is achieved retroactive to the first day of Operations and continued throughout the Operations Phase. HHS Tech also agrees to comply with any new or modified federal standards, conditions or functional requirements necessary to ensure

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	continued federal Certification for the operation of the Module and Department to receive full Federal Financial Participation (FFP) and the Federal Medical Assistance Percentage (FMAP) funding . In addition, the Contractor is responsible for meeting any new or modified Federal standards necessary to ensure initial and continued federal Certification, provided that to the extent those standards or requirements are not outside the scope of the RFP and do not result in a material cost impact on Contractor, otherwise the Contractor shall only be required to meet them if and to the extent the parties agree to do so through the Change Order process. Contractor will provide all support requested by the Department during Certification and any recertification conducted by CMS and by the Department. The support will include assisting the Department and CMS in developing artifacts and evidence to support the Certification review. This includes developing the	allowable FFP rate and the FMAP for the Module as delivered by the Contractor. The actual damages are the difference between the total of the sums of monies actually received from CMS by the Department and the total of the sums of monies that could have been received by the Department at maximum allowable FFP and the FMAP rate.	initial and continued federal Certification for the operation of the Module and Department to receive full Federal Financial Participation (FFP) and the Federal Medical Assistance Percentage (FMAP) funding. All of our project personnel will fully support DPHHS, CMS, the IV&V contractor, and other stakeholders throughout the entire <i>Medicaid Enterprise Certification Life Cycle</i>. Furthermore, we will ensure DyP meets all System Review Criteria as noted in the CMS Certification Checklists. In addition, associated evidence for each criterion will be documented and accessible. These measures will help ensure that milestone/ gate reviews run seamlessly and that certification is fully obtained.

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	Certification presentation and participation in the Certification review.		
SLA52	Contractor shall work cooperatively with all other contractors and offer timely support in integrating Solutions within the State's healthcare programs enterprise. Timely shall be defined as scheduling of a meeting within five business days, review of applicable documentation within five business days and scheduling of testing within five Business Days and ensuring the appropriate Contractor staff is participating. Days begin based on a request by the Department or another contractor.	Liquidated damages: \$1,500.00 per request in which the Performance Standard is not met.	DyP solution for Provider Services is only part of the overall solution vision for the modernized MMISHHS Tech agrees to working in an open, efficient, collaborative, and timely manner (Timely shall be defined as scheduling of a meeting within five business days, review of applicable documentation within five business days and scheduling of testing within five Business Days and ensuring the appropriate HHS Tech staff is participating. Days begin based on a request by the Department or another contractor.) with all stakeholders, including contractors implementing other modules, the Systems Integrator, CMS, the IV&V vendor, DPHHS,

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			and other impacted Departments.
SLA53	Contractor shall ensure that 99% of all Data converted is correctly mapped and usable by the scheduled completion date in the Work Plan.	Liquidated damages: \$500.00 per day in which less than 99% of all Data converted is correctly mapped and usable beyond the scheduled completion date in the Work Plan.	HHS Tech agrees to ensure that 99% of all Data converted is correctly mapped and usable by the scheduled completion date in the Work Plan. Legacy data migrations will occur during the initial implementation of the system, as defined and discussed with DPHHS. Data field mapping will be completed and approved by DPHHS personnel. HHS Tech will test these mappings to ensure the correct migration of all data.
SLA54	Contractor is required to maintain a Data dictionary, accessible electronically, that shall be updated within 10 Business Days of any change.	Liquidated damages: \$100.00 per day in which the Data dictionary does not match current functionality of the Module.	HHS Tech agrees that the data dictionary will be updated within 10 Business Days of any change.
SLA57	Contractor shall ensure accurate processing in accordance with the applicable Specifications of all electronic data interchange (EDI) transactions.	Liquidated damages: \$1,000.00 per day in which the Performance Standard is not met.	All data feeds will be thoroughly tested to ensure the successful receipt and processing of EDI transactions before DyP goes live.

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SLA60	Contractor shall maintain up to date System Design Documentation and System Documentation. Documentation shall be updated within 10 business days of the Implementation of a change.	Liquidated damages: \$100.00 per document per day the Documentation does not match the functionality of the Module or \$100.00 per day beyond the Performance Standard to document an applicable change.	System design documents and associated documentation materials are considered 'living' documents and, as such, will be routinely updated throughout the lifetime of the contract. HHS Tech agrees that the documentation will be updated within 10 Business Days of the Implementation of a change.
SLA61	Contractor shall maintain up to date functional Documentation including both User Documentation and the Operations Procedures Manual. Documentation shall be updated within 10 business days of the Implementation of a change.	Liquidated damages: \$100.00 per document per day the Documentation does not match the functionality of the Module or \$100.00 per day beyond the Performance Standard to document an applicable change.	End user documentation, including manuals and training materials, will be continually updated throughout the contract term. HHS Tech agrees that the documentation will be updated within 10 Business Days of the Implementation of a change.
SLA62	Contractor's Solution shall ensure access for the required number of concurrent users, according to the Specifications, necessary for the administration of the Department's business functions without limitation of user access	Liquidated Damages: \$500.00 per day if the required number of concurrent users is not supported by Contractor's Solution.	DyP's architecture is designed to ensure access for the required number of concurrent users, according to the Specifications, necessary for the administration of the Department's business functions without

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	and compliance with Performance Standards.		limitation of user access and compliance with Performance Standards.
SLA63	Contractor shall perform patching and corrections related to security vulnerabilities of a critical nature within three Business Days and those of a major nature within 10 Business Days. The Department will determine the level of criticality.	Liquidated Damages: \$5,000.00 per occurrence if the patch or correction is not Implemented within the Performance Standard timeframe.	All observed security vulnerabilities, including those as a result of testing activities, will be mitigated immediately, with appropriate corrections put into place to prevent the leaking of confidentiality data, misuse of the system, or any other security vulnerability detected. HHS Tech agrees perform patching and corrections related to security vulnerabilities of a critical nature within three Business Days and those of a major nature within 10 Business Days.
SLA64	Subject to receiving the Department's approval as provided in contract Section 25.28, Contractor will provide a statement indicating approval by the Department for any publicity concerning the Contract, including, but not limited to, notices, information pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Contractor. The Department will provide	Liquidated Damages: \$5,000 per public notice in which the Department's applicable statement was not used or the Department did not approve of the public notice.	HHS Tech agrees that any publicly released materials regarding contract award, or any other information regarding the contract or DPHHS, will be sent to the Department for review and approval prior to being posted or released in any form.

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	Contractor with the applicable statement.		
SLA65	Damages may be assessed if Contractor fails to meet other contract and RFP requirements. The performance criteria will have a performance measure and scoring mechanism established in this Contract through negotiation with Contractor.	Liquidated Damages: Contractor will be assessed damages equal to \$500 per day for each day that Contractor fails to meet Contract and RFP requirements without specified liquidated or actual damages.	HHS Tech understands that Damages may be assessed if there is failure to meet other contract and RFP requirements. Upon award of the contract, HHS Tech will work with the Department to establish the performance measure and scoring mechanism for the Contract.
SLA66	Contractor shall provide accurate responses to all Department Change Requests for Enhancements including proposed Solution and pool hours/cost within 10 days for low complexity projects, 20 days for medium complexity projects or 30 days for high complexity projects, from submission of a Department Change Request for an Enhancement. The Department will determine the level of complexity.	Liquidated damages: \$200 per day for each day an acceptable Change Request for an Enhancement is not timely received by the Department from Contractor. "Acceptable" means that the Change Request for an Enhancement from Contractor includes Contractor's proposed Solution and associated pool hours/costs to comply with	All Change Requests (CRs) received will be individually reviewed and discussed with DPHHS. HHS Tech agrees to provide accurate responses to all Department Change Requests for Enhancements including proposed solution and pool hours/cost within 10 days for low complexity projects, 20 days for medium complexity projects or 30 days for high complexity projects, from submission of a Department Change Request for an Enhancement. This information will

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		request made by the Department.	then be submitted to the Department for final approval.
SLA67	Contractor must receive Implementation Acceptance from the Department for each scheduled Implementation no later than the Acceptance Date in the Work Plan.	Liquidated Damage: Department shall assess liquidated damages as noted below for each business day from the Acceptance Date in the Work Plan until the required scope for the Implementation is Operational in accordance with its applicable Specifications and receives Acceptance from the Department: \$1000 per business day for the first 10 Business Days \$2000 per Business Day for the next five Business Days \$3000 per Business Day for the next five Business Days \$4000 per Business Day for	HHS Tech will ensure appropriate sign-offs (Implementation Acceptance) for each scheduled Implementation no later than the Acceptance Date in the Work Plan.

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		each Business Day thereafter	
SLA68	Contractor shall notify the Department within one hour following the identification of any potential or actual Security Incident, including any physical or system breach, any attack, or the introduction of any disabling device, related to the System. Contractor shall take corrective action to mitigate the potential or actual major or minor Security Incident within two hours following the identification of each potential or actual Security Incident.	Liquidated damages: \$2,500 per Security Incident per day in which the Department is not notified by Contractor of an incident within one hour of identification or Contractor fails to take corrective action mitigation of the potential or actual Security Incident within two hours following the identification of each incident.	All security incidents will be met with immediate response, including notification to DPHHS (within one hour following the identification of any potential or actual Security Incident) . As the security incident is resolved, continual updates to the Department will be made through resolution. Documentation throughout the process will be maintained so that a post-resolution analysis can be conducted to identify ways in which to prevent the issue from re-occurring in the future.
SLA69	Contractor shall provide a written report and assessment to the Department within 12	Liquidated Damages: \$1,000.00 per Security Incident	After immediate notification and remediation actions have begun, a complete

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	hours following the identification of any Security Incident detailing all actions taken concerning the incident, including the type of incident, the current status, and any potential impact(s).	per day in which Contractor fails to provide the Department with a detailed Security Incident report.	written report and comprehensive assessment (detailing all actions taken concerning the incident, including the type of incident, the current status, and any potential impact) will be finalized and submitted to the Department (within 12 hours following the identification of any Security Incident). Ongoing updates will continue throughout the process, including information on how the incident will be prevented in the future.
SLA70	Contractor shall ensure that the Agency-defined data extract is supplied accurately to the Data Warehouse. The Contractor shall supply the response file(s) in the format requested by the Agency by the date and time (weekly) agreed upon.	Liquidated Damages: \$1000.00 per twenty-four (24) hours after the minimum weekly transfer window has passed where the Data Warehouse is not in receipt of an uncorrupted, readable extract.	HHS Tech agrees to ensure that the Agency-defined data extract is supplied accurately to the Data Warehouse. HHS Tech will supply the response file(s) in the format requested by the Agency by the date and time (weekly) agreed upon.
SLA71	Contractor shall staff the provider enrollment Call Center toll-free phone lines from 8:00 a.m. to 5:00 p.m., Mountain Time, on all State business days, Monday through Friday	Liquidated Damages: \$90.00 per quarter hour (15 minutes) that the Call Center is not operational during 8:00 a.m.	Upon award of Option B, HHS Tech agrees to staff the provider enrollment Call Center toll-free phone lines from 8:00 a.m. to 5:00 p.m., Mountain Time,

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	(excluding State holidays). The Contractor shall generate a report which includes, at a minimum, the time and date stamp phone lines were open and when phone lines were turned off.	to 5:00 p.m., Mountain Time, on all State business days Monday through Friday (excluding State holidays).	on all State business days, Monday through Friday (excluding State holidays).
SLA72	Contractor shall respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry within two (2) business days. This SLA covers the 25% of telephone inquiries that are not able to be resolved during first contact. The Contractor shall generate a report to track request date against the response date. The Agency will perform monitoring of the accuracy and consider document availability factors.	Liquidated Damages: \$50.00 per business day per inquiry that is not responded to within two (2) business days.	HHS Tech agrees to respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry within two (2) business days. Most calls will be resolved during the first call. Should the issue require further investigation, thorough documentation will be entered by the CSR and appropriate escalation will occur to resolve and/or provide information discovered on the issue as quickly as possible, but no later than two business days, from the initial call.
SLA73	Contractor shall respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry with at least ninety-seven percent (97%) accuracy. This SLA covers the 25% of telephone inquiries that are not able to be resolved during first contact. The	Liquidated Damages: \$125.00 per month that the accuracy rate falls below ninety-seven percent (97%).	CSRs will be extensively trained across a number of different call types. HHS Tech agrees to respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry with at least ninety-seven percent

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	Contractor shall generate a report to track request date against the response date. The Agency will perform monitoring of the accuracy and consider document availability factors.		(97%) accuracy. Routine reporting and associated documentation will be provided to show evidence of meeting established SLAs. Reports can be pulled and submitted on a given frequency for submission as needed in accordance with SLA and State-specific requirements.
SLA74	Contractor shall process to completion all approved provider enrollment financial information documents into the applicable state financial system e.g., the Wyoming Online Financial System (WOLFS), with at least ninety-nine percent (99%) accuracy. The Agency will conduct monitoring of the accuracy of keyed financial information within the applicable financial system, e.g., WOLFS.	Liquidated Damages: \$125.00 per month that the accuracy rate falls below ninety-nine percent (99%).	HHS Tech agrees to process to completion all approved provider enrollment financial information documents into the applicable state financial system with at least ninety-nine percent (99%) accuracy.
SLA75	Contractor shall process to completion 100% of all approved provider enrollment financial information documents into the applicable state financial system e.g., the Wyoming Online Financial System (WOLFS), within two (2) business days of provider approval. The Contractor shall generate	Liquidated Damages: \$50.00 per business day per financial document not processed into the state financial system e.g., WOLFS, within two (2) business days.	HHS Tech agrees to process to completion 100% of all approved provider enrollment financial information documents into the applicable state financial system, within two (2) business days of provider approval.

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	a report to track received financial information to process against actual processed documents.		
SLA76	Contractor shall ensure that less than one percent (1%) of total monthly calls should be escalated to the Agency for resolution that are clearly within the scope of work of the Contractor. This does not apply to subject areas where the Agency and the Contractor have agreed in advance require Agency determination. The Contractor shall track at a minimum: percentage of calls escalated to the Agency, reason for escalation, and outcome. This Operational Report will be provided to the Agency monthly.	Liquidated Damages: \$150.00 per full percentage point above one percent (1%) of calls escalated to the Agency each month.	HHS Tech will ensure that less than one percent (1%) of total monthly calls should be escalated to the Agency for resolution that are clearly within HHS Tech's scope of work.
SLA77	Contractor shall complete one hundred percent (100%) of all moderate and high-risk provider pre- and post-enrollment onsite screenings within seven (7) business days. The Contractor shall generate a report to track moderate and high-risk providers ready for a site visit against the number of site visits actually performed within the seven (7) business day window.	Liquidated Damages: \$50.00 per business day per screening not completed within seven (7) business days.	HHS Tech agrees to complete one hundred percent (100%) of all moderate and high-risk provider pre- and post-enrollment onsite screenings within seven (7) business days. HHS Tech will generate a report to track moderate and high-risk providers ready for a site visit against the number of site visits actually performed within the seven (7)

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			business day window.
SLA78	Contractor shall ensure the onsite screening checklist will be completed and keyed into the applicable provider profile within the solution with ninety-seven percent (97%) accuracy. The Agency will perform monitoring of the accuracy of entry and completeness of the checklist.	Liquidated Damages: \$125.00 per month that the accuracy rate falls below ninety-seven percent (97%).	HHS Tech will ensure the onsite screening checklist will be completed and keyed into the applicable provider profile within the DyP with ninety-seven percent (97%) accuracy.
SLA80	Contractor shall ensure researched and resolved TIN Mismatch Reports will be corrected in the solution with ninety-nine percent (99%) accuracy. The Contractor shall generate a report to track resolved provider TIN against the original TIN mismatched report. The report will include time and date stamps.	Liquidated Damages: \$125.00 per month that the accuracy rate falls below ninety-nine percent (99%).	HHS Tech will ensure researched and resolved TIN Mismatch Reports will be corrected in the DyP within ninety-nine percent (99%) accuracy. TIN Mismatch Reports and other reports needed will be created during the implementation process. Further, reports have embedded date/time stamps to show when the report was pulled/generated.
SLA81	Contractor shall ensure the total number of busy signals, disconnected calls, and abandoned calls measured against the total inbound calls shall not exceed five percent (5%) per day. The Contractor shall generate a report to track all inbound calls against answered calls, including abandonment	Liquidated Damages: \$250.00 per day where busy signals, disconnected calls, and abandoned calls exceeds five percent (5%) of total inbound calls.	HHS Tech agrees to ensure that the total number of busy signals, disconnected calls, and abandoned calls measured against the total inbound calls shall not exceed five percent (5%) per day.

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	rate, hold time before initial answer, time placed on hold after call is answered, average talk time, and speed to answer--at a minimum, and for each phone line		
SLA82	Contractor shall ensure the average speed to answer must be less than or equal to sixty (60) seconds, after the caller makes a selection in the IVR. The Contractor shall generate a report to track all inbound calls against answered calls, including abandonment rate, hold time before initial answer, time placed on hold after call is answered, average talk time, and speed to answer--at a minimum, and for each phone line.	Liquidated Damages: \$1,250 per month that the average speed to answer is between sixty (61) seconds and ninety (90) seconds. \$2,500 per month that the average speed to answer is between ninety-one (91) seconds and one hundred and twenty (120) seconds. \$5,000 per month that the average speed to answer is greater than one hundred and twenty-one (121) seconds.	HHS Tech agrees to ensure the average speed to answer will be less than or equal to sixty (60) seconds, after the caller makes a selection in the IVR. Once a call leaves the queue and goes live, the time clock for the call duration begins. All call times and associated metrics required will be tracked and reported upon to adhere to SLA requirements.
SLA83	Contractor shall be able to pull specific phone call recordings (inbound and outbound calls) when given the date and time, and provide them to the Agency upon request.	Liquidated Damages: \$100.00 per occurrence if not able to produce specific recorded calls.	Call recordings will be provided and submitted to the requesting Agency on demand. HHS Tech will ensure prompt response to any requests received.

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SLA84	Contractor shall ensure provider questions and concerns are resolved seventy-five percent (75%) of the time upon first contact with the Call Center. The Contractor shall supply the metrics to the Agency, monthly (at a minimum) to demonstrate first call resolution.	Liquidated Damages: \$150.00 per day below seventy-five (75%) call resolution.	HHS Tech agrees to ensure provider questions and concerns are resolved seventy-five percent (75%) of the time upon first contact with the Call Center. All CSRs will be extensively coached and trained and will be provided with a mentor to guide them through resolving provider issues. This works to ensure they possess the right level of knowledge to resolve a wide range of calls promptly. All associated metrics required will be tracked and reported upon to adhere to SLA requirements.
SLA85	Contractor's Call Center staff will document, in Customer Relationship Management (CRM) system, all the information they provide to callers during first contact, and any subsequent follow-ups, one hundred percent (100%) of the time. The Contractor shall make available to the Agency view access into the CRM (expected: three (3) view-only seats).	Liquidated Damages: \$100.00 per percentage below one hundred percent (100%).	Using DyP CRM module, agency level staff have secure access in order to document all the information they provide to callers during first contact, and any subsequent follow-ups, one hundred percent (100%) of the time HHS Tech agrees to make available to the Agency view access into the CRM (expected: three (3) view-only seats).

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SLA86	Contractor shall survey no less than every 10th caller to rate the quality, timeliness, and other service delivery elements carried out by the Call Center. Callers shall report Call Center satisfaction at or above eighty percent (80%). The Contractor shall combine caller satisfaction scores to determine the average satisfaction percentage score. Score and surveys will be provided to the Agency, monthly.	Liquidated Damages: \$500.00 per month below eighty percent (80%) satisfaction.	HHS Tech agrees to survey no less than every 10th caller to rate the quality, timeliness, and other service delivery elements carried out by the Call Center. HHS Tech will retain a Call Center satisfaction at or above eighty percent (80%). Score and surveys will be provided to the Agency, monthly.
SLA87	Contractor's staff will perform provider enrollment duties including, but not limited to tasks within requirement STF01. Duties and tasks will be completed with ninety-seven percent (97%) accuracy. The Contractor shall generate a workflow report that tracks tasks and duties against completed work. Report will be provided to the Agency, monthly. The Agency will perform monitoring for accuracy of completed tasks.	Liquidated Damages: \$300.00 monthly for monitoring of completed tasks falling below ninety-seven percent (97%) accuracy, unless specifically stated in a separate SLA.	HHS Tech agrees to perform provider enrollment duties including, but not limited to tasks within requirement STF01. Duties and tasks will be completed with ninety-seven percent (97%) accuracy. HHS Tech agrees to generate a workflow report that tracks tasks and duties against completed work on a monthly basis.
SLA88	Contractor's staff will perform provider enrollment duties including, but not limited to tasks within requirement SFT01. Duties and tasks will be	Liquidated Damages: \$100.00 for each occurrence for tasks taking longer than two (2) days, unless	HHS Tech agrees to perform provider enrollment duties including, but not limited to tasks within requirement SFT01. Duties and tasks will be

Req. ID	Performance Standards	Liquidated Damages	Response
	completed within an average of two (2) business days and 100% completion of all tasks within five (5) business days unless specifically stated in a separate SLA. This applies to each period (e.g.: incomplete application returned to the provider). Factors outside of Contractor control, such as the response time by the provider to request for additional information, are not considered. The Contractor shall generate a workflow report that minimally tracks: task time-stamps (incoming and completed), tasks against completed work, average time to complete each task, and time taken by the provider to supply additional information or make corrections. Report will be provided to the Agency, monthly. The Agency will perform monitoring for timeliness and accuracy of completed tasks.	specifically stated in a separate SLA.	completed within two (2) business days and 100% completion of all tasks within five (5) business days unless specifically stated in a separate SLA. All agreed upon, specific tasks for service support will be documented and tracked to ensure SLA adherence. Any assigned tasks will be mapped to individual staff members with notice given of their deadlines for completing specific tasks. Any reports required will be generated and submitted on time to the Agency for review.
SLA89	Contractor shall ensure ninety-five percent (95%) of all incoming documents received, staff site visit documentation, and/or other applicable documentation must be scanned into the system within two (2) business days. The remaining five	Liquidated Damages: \$50.00 per late scanning occurrence above the remaining five percent (5%) of remaining documents past the three (3) business day	HHS Tech intends to use the Department's existing mailroom and scanning capabilities. HHS Tech will work with the Department to ensure ninety-five percent (95%) of all incoming documents

Req. ID	Performance Standards	Liquidated Damages	Response
	percent (5%) of documents must be scanned within five (5) business days. The Contractor shall generate a report to track all incoming documents. The report will include time and date stamps for when a document was received and when a document was scanned. The Contractor shall conduct internal quality checks on the documents scanned.	mark.	received; staff site visit documentation, and/or other applicable documentation must be scanned into the system within two (2) business days. The remaining five percent (5%) of documents must be scanned within five (5) business days. HHS Tech agrees to generate a report to track all incoming documents. All reports have embedded date/time stamps to show when the document was received/scanned. Quality checks on documents scanned will be included in the process.
SLA90	Contractor shall staff the provider enrollment Call Center and maintain staff for site visits at the level agreed upon in the contract. Staffing includes all key and non-key staff. The Contractor and Agency shall agree to the number of FTE within the contract. A FTE is measured as two thousand and eighty (2,080) hours.	Liquidated Damages: \$5000.00 per month, per FTE, below the staffing number established in the Contract/Participating Addendum.	HHS Tech agrees to staff the provider enrollment Call Center (with key and non-key staff) and maintain staff for site visits at the level agreed upon in the contract. HHS Tech will work with the Agency to agree to the number of FTE with the contract.
SLA91	Contractor will have forty-five (45) days to fill an appropriate staff position or key staff position with a permanent resource even	Liquidated Damages: \$200.00 liquidated damages per week after forty-	HHS Tech agrees to notify the Agency when management and key positions are vacated, subsequently filled by a

Req. ID	Performance Standards	Liquidated Damages	Response
	when a qualified substitute is in place. The Contractor shall notify the Agency when management and key positions are vacated, subsequently filled by a qualified replacement, and finally filled by qualified permanent staff.	five (45) days where a key position remains vacant.	qualified replacement, and finally filled by qualified permanent staff. HHS Tech agrees to fill within 45 days, an appropriate staff position or key staff position with a permanent resource even when a qualified substitute is in place.
SLA92	Contractor's Call Center staff will notify the provider of discrepancies within one (1) business day of any discrepancies identified regarding the Backup Withholding "B" notices, 1099s, including FEINs. Staff will attempt to notify the provider via phone call. If the provider was not reached by phone, Call Center staff will perform a second attempt to rectify the discrepancy through email. Upon resolution, Call Center staff will correct the discrepancy within the applicable state financial system, such as the Wyoming Online Financial System (WOLFS), with ninety-nine percent (99%) accuracy within two (2) business days of receipt of the resolved discrepancy. The	Liquidated Damages: \$25.00 per occurrence when the provider was not contacted one (1) business day after an identified discrepancy. \$10.00 per day after two (2) business days of receipt of the resolved discrepancy without correction in the state financial system. \$125.00 per month that the accuracy rate falls below ninety-nine percent (99%) of	HHS Tech agrees to notify the provider of discrepancies within one (1) business day of any discrepancies identified regarding the Backup Withholding "B" notices, 1099s, including FEINs. Upon resolution, Call Center staff will correct the discrepancy within the applicable state financial system, with ninety-nine percent (99%) accuracy within two (2) business days of receipt of the resolved discrepancy. HHS Tech's workflow will include key steps required by the Agency and in compliance with SLA. Additionally, a monthly workflow report that

Req. ID	Performance Standards	Liquidated Damages	Response
	Contractor shall generate a workflow report that tracks tasks and duties associated with discrepancies identified by the SAO and IRS regarding Backup Withholding "B" Notices, 1099s, including FEINs, against completed work. Report will be provided to the Agency, monthly. The Agency will perform monitoring for accuracy and timeliness of completed tasks.	all corrections made to the state financial system regarding Backup Withholding "B" notices, 1099s, including FEINs.	tracks tasks and duties associated with discrepancies identified by the SAO and IRS regarding Backup Withholding "B" Notices, 1099s, including FEINs, against completed work report will be generated and provided to the Agency monthly.
SLA98	The Contractor's Solution shall ensure that the maximum amount of time between the initiation of a transaction and the confirmation receipt of the transaction by the Enterprise Service Bus (ESB) will not exceed two seconds.	Liquidated Damages: \$5,000.00 per month if the average latency of ESB orchestrated transactions exceeds the Performance Standard.	HHS Tech will ensure that the maximum amount of time between the initiation of a transaction and the confirmation receipt of the transaction by the Enterprise Service Bus (ESB) will not exceed two seconds.
SLA101	Contractor's performance monitoring dashboard must have Availability 99% of the time, 24 hours a day, seven days a week, excluding Department approved planned Downtime. Availability is calculated as follows: Availability percentage = unplanned Downtime (Total Downtime-approved Downtime) divided by Total time (24X7).	Liquidated Damages: Department will assess as specified below, per hour for each hour, or portion thereof, if the performance monitoring dashboard fails to meet the 99% Availability Performance Standard. \$1,000/hour 0	HHS Tech agrees that the performance monitoring dashboard must have Availability 99% of the time, 24 hours a day, seven days a week, excluding Department approved planned Downtime. Availability is calculated as follows: Availability percentage = unplanned Downtime (Total Downtime-approved Downtime) divided by Total time (24X7).

Req. ID	Performance Standards	Liquidated Damages	Response
		to 24 hours beyond the Performance Standard \$2,000/hour 2 4 to 48 hours beyond the Performance Standard \$3,000/hour > 48 hours beyond the Performance Standard	
SLA102	Contractor's Solution must have Availability 99.5% of the time, 24 hours a day, seven days a week, excluding Department approved planned Downtime. Availability is calculated as follows: Availability percentage = unplanned Downtime (Total Downtime-approved Downtime) divided by Total time (24X7).	Liquidated Damages: Department will assess as specified below, per hour for each hour, or portion thereof, if any of Contractor's Solutions fails to meet the 99.5% Availability Performance Standard. \$1,000/hour 0 to 24 hours beyond the Performance Standard \$2,000/hour 2 4 to 48 hours beyond the Performance Standard \$3,000/hour	DyP is designed for continual availability online. HHS Tech agrees to have Availability 99.5% of the time, 24 hours a day, seven days a week, excluding Department approved planned Downtime. Availability is calculated as follows: Availability percentage = unplanned Downtime (Total Downtime-approved Downtime) divided by Total time (24X7).

Req. ID	Performance Standards	Liquidated Damages	Response
		> 48 hours beyond the Performance Standard	

3.10.9 Subcontractors

The highest scoring Offeror will be the Prime Contractor if a contract is awarded and shall be responsible, in total, including for all work of any subcontractors. Nothing contained within this document or any contract documents created as a result of any contract awards derived from this RFP shall create any contractual relationships between any subcontractor and the State. The Offeror must describe their approach to meet the Subcontractor requirements defined in Attachment F, Requirements Matrix.

The **DyP** solution is an all-inclusive, Software as a Service (SaaS), Commercial-off-the-shelf (COTS), Provider Services solution built to support the enrollment and maintenance of all provider types as well as the needs of internal users. HHS Tech's proposal does not include any subcontractors.. In the event that a subcontractor is required, HHS Tech will ensure that all subcontractors meet or exceed the requirements as laid out in Attachment F.

Figure 47: Subcontractor Requirements – Attachment F

Req. ID	Req. Language	Response
SUB01	The Contractor may use subcontractors for no more than forty percent (40%) of the scope of work included in the contract. The subcontractor 40% will be determined using the highest proportional value among the following factors: subcontract dollar value relative to the overall contract value, subcontractor FTE's relative to the total contract FTE's, subcontractor hours relative to the total contract hours. If the	HHS Tech's proposal does not include any subcontractors. In the event that a subcontractor is required, HHS Tech will ensure that no more than forty percent (40%) of the scope of work included in the contract is performed by a subcontractor.

	proposed solution to meet the core functional requirements (e.g., core product) is a commercially licensed COTS or SaaS product (e.g., the State will receive a commercially available license for the product), the specific product that satisfies this condition can be excluded from the 40% subcontractor calculation. In Attachment L - Technology Matrix, the vendor must include "Commercially Licensed" in the column titled "Other" for the specific line item. This exclusion does not apply to infrastructure software or software that supports the core product.	
SUB02	If the Contractor transfers resources required to fulfill the contract to a third party, the third party is considered a subcontractor and the transfer will be subject to the 40% subcontractor limitation.	HHS Tech's proposal does not include any subcontractors. In the event that a subcontractor is required, HHS Tech acknowledges that the 40% subcontractor limitation will apply.
SUB03	The Contractor shall list all subcontractors, if any, in the proposal.	HHS Tech's proposal does not include any subcontractors.
SUB04	The Contractor shall provide a detailed description of all work to be subcontracted to third parties.	HHS Tech's proposal does not include any subcontractors. In the event that a subcontractor is required, HHS Tech will provide DPHHS a detailed description of all work to be subcontracted to third parties.
SUB05	The Contractor must submit to the Department annually, a Subcontractor Usage Report on the use of subcontractors and certify that all subcontractors are in compliance with the employment practices mandated by federal and State statutes and	HHS Tech's proposal does not include any subcontractors. In the event that a subcontractor is required, HHS Tech will submit to the Department annually, a Subcontractor Usage Report on the use of subcontractors certifying that all subcontractors

	regulations. The Subcontractor Usage Report must at a minimum contain the total subcontract dollar value, total subcontractor FTE's, total subcontractor hours.	are in compliance with federal and State the employment practices, and includes the total subcontract dollar value, total subcontractor FTE's, total subcontractor hours.
SUB06	The subcontractor will be required to enter into a signed Business Associate Agreement (BAA) as a part of the contract, that is in compliance with the Privacy and Security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prior to start of work. The BAA is included in the contract template found in the Procurement Library	HHS Tech's proposal does not include any subcontractors. In the event that a subcontractor is required, HHS Tech will ensure that all subcontractors enter into a HIPPA compliant BAA prior to the start of work.
SUB07	The Contractor shall allow Department personnel direct access to all subcontractor or third-party personnel serving in critical roles on the project and shall not act as an intermediary between the Department and such parties for questions about the proposed solution or operation of the proposed solution. The Department reserves the right to discuss design, configuration, implementation, operation, routine maintenance, and enhancement of the proposed solution(s) directly with any subcontractors or third parties involved in performing work for the Department.	HHS Tech's proposal does not include any subcontractors. In the event that a subcontractor is required, HHS Tech will allow Department personnel direct access to all subcontractor or third-party personnel serving in critical roles on the project.
SUB08	The Department shall have the right to review and approve any subcontracts through the Contractor.	HHS Tech's proposal does not include any subcontractors. In the event that a subcontractor is required, HHS Tech will allow the Department to review and approve subcontracts as

		appropriate.

3.10.10 Enrollment

This section addresses provider enrollment requirements. The Provider Services module will support a web-based tool for providers to electronically enroll with Montana Healthcare Programs which includes an automated tool for screening activities that must be completed in accordance with State and federal statutes, policy, mandates as well as industry standards required for the Contractor's Scope of work. The Offeror must describe their approach to meet each of the Provider Enrollment requirements defined in Attachment F, Requirements Matrix.

The Montana Department of Public Health and Human Services (DPHHS) and additional states that are part of the cooperative purchasing program for this procurement are taking an active step forward in re-innovating the current, antiquated provider enrollment experience today. To meet and exceed the needs of DPHHS and other states, HHS Tech Technology Group (HHS Tech) will provide our **Discover Your Provider (DyP)** modular Provider Services solution. The **DyP** solution delivers a seamless, web-based, 24/7 accessible, online provider enrollment experience to existing and new, potential providers.

Provided on the following pages is an overview of the enrollment experience your providers can expect when logging onto the system. Following our overview, we have provided an additional item-by-item response to fully address each of the requirements in *Attachment F*. Additional screenshots and a complete demonstration of this functionality can also be provided as we move further in your procurement process.

3.10.10.1 Enrollment – User Experience Overview

The **DyP Provider Services Module** includes two user-facing portals, a **Provider Portal** for enrollment and self-service functions and an **Internal User Portal** for state administrative staff and other designated stakeholders to perform administrative activities. The Provider Portal serves as a central place for providers to create a new enrollment, update or modify an existing enrollment, assign a collaborator to complete their enrollment on their behalf, and more. The entire User Interface (UI) was based on modern UX/UI design principles and guidance from the Centers for Medicare & Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) Seven Standards and Conditions⁴.

⁴ Source: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf>

Furthermore, in designing **DyP**, emphasis was placed on the utilization of graphics over text where able to seamlessly guide providers throughout the application process. Compliance with Section 508 Accessibility guidelines as well as general guidance from the Americans with Disabilities Act (ADA) is key in ensuring optimal usability while achieving compliance with federal and State regulations.

Provided in the following figure is the initial landing page when navigating⁵ to the Provider Portal. The entire UI is configurable to make changes for logo display, text content, visual look and feel.

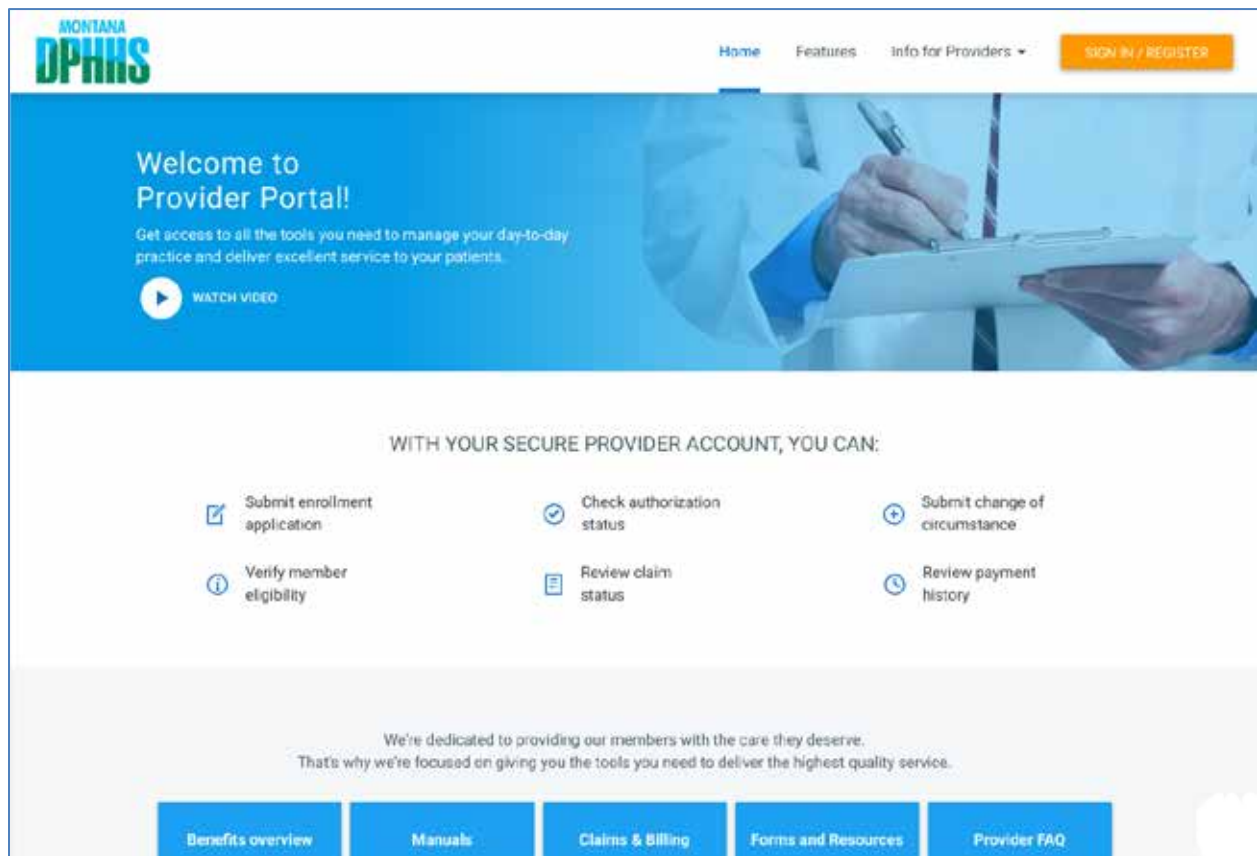


Figure 48: Discover Your Provider (DyP) – Provider Portal: Landing Page. The landing page of the Provider Portal provides a quick summary of the features and functionality included along with frequently asked questions (FAQs) and other helpful information.

Once on the landing page, users will need to sign in, or register if they do not have an existing account, as shown in the next figure.

⁵ Portal navigation will be adjusted per state. For example, in Montana users will be directed from the Montana.gov subsite, <http://medicaidprovider.mt.gov/providerenrollment>, and/or through other means as desired by DPHHS.

Figure 49. Discover Your Provider (DyP) – Provider Portal: Log In or Select Register. *From this screen, users who have already registered can simply log in. New users will need to select the “Register” option to create a new registration.*

Figure 50: **Discover Your Provider (DyP) – Provider Portal: New Registration.** *Providers will enter their information to quickly set up their secure account. These fields are adjustable to align to DPHHS specific requirements.*

The screenshot shows the 'Register to Provider Portal' form. The header is blue with the Montana DPHHS logo and the text 'Register to Provider Portal'. The form is white and contains the following fields and requirements:

- Email ***: johnparker@gmail.com
- Password ***: A password field with a dropdown menu showing requirements:
 - Use 8 or more characters
 - Use upper and lower case letters (e.g. Aa)
 - Use a number (e.g. 1234)
 - Use a symbol (e.g. !@#)
- Validate password ***: A field to re-enter the password.
- Organization description**: A text area for describing the organization.
- Prefix**: A dropdown menu.
- First name ***: A text field.
- Middle name**: A text field.
- Last name ***: A text field.
- Suffix**: A dropdown menu.
- Phone ***: A text field.
- Extension**: A text field.
- REGISTER**: A blue button.
- Already have an account? Log in**: A link below the register button.

Figure 51: Discover Your Provider (DyP) – Provider Portal: Password Requirements.
Providers will be prompted to enter a password that conforms to the system's requirements. Current protocols for passwords are noted in the screenshot above; however, this is configurable to meet state-specific password requirement needs.

The screenshot shows the 'Registration successful' message. The header is blue with the Montana DPHHS logo and the text 'Register to Provider Portal'. The message is displayed in a white box with a blue checkmark icon and the following text:

Registration successful
Only one step left!
Please check your email for confirmation.

Figure 52: Discover Your Provider (DyP) – Provider Portal: Registration Confirmation. Once registered, an alert will appear indicating success and for the user to open their email address to confirm their registration.

Once registered, users will log in to the portal with their user id (email) and newly created password. Once logged in, providers which have not yet enrolled will select the applicable choice for their provider type as shown in the next figure. For example, an independent practicing physician would select “Individual enrollment” while a hospital, nursing home, or physician group would select “Group enrollment”. Depending on the type selected, the end user will be directed to complete the appropriate application.

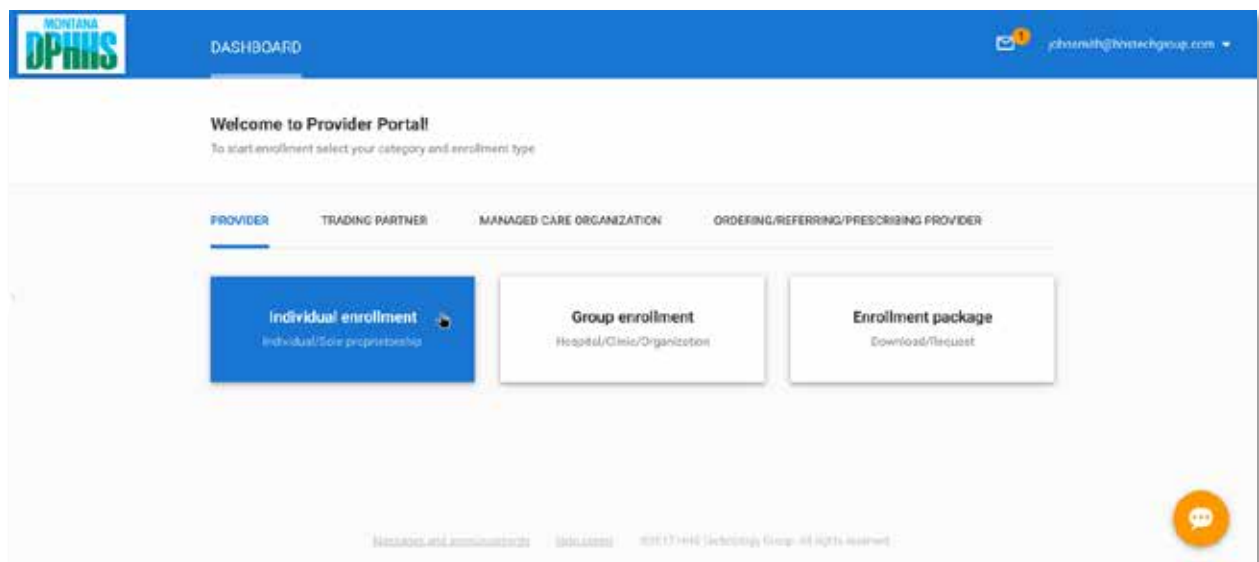
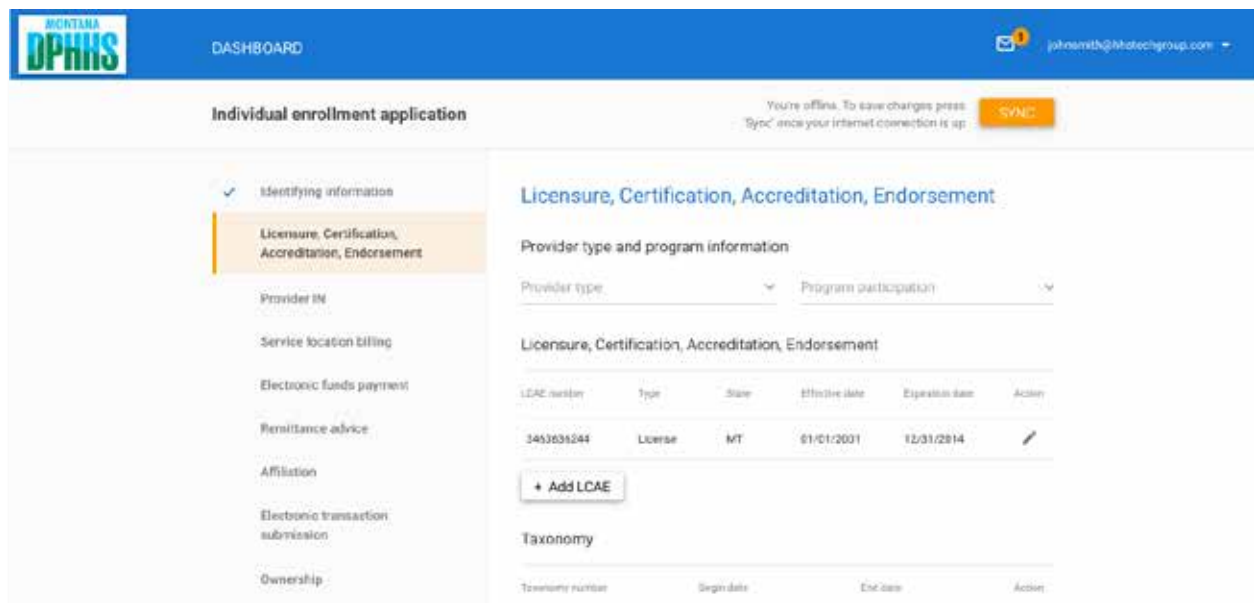


Figure 53: Discover Your Provider (DyP) – Provider Portal: Enrollment. Providers and/or their representatives will select the appropriate enrollment for their provider type. This will then navigate them to the corresponding application they need to complete in order to apply to provide their services to DPHHS Medicaid program beneficiaries.

To support DPHHS and other states, the **DyP** solution is configurable to support a number of application types for one or multiple types of State provided health coverage and financial benefit programs – all through a single, online application experience for providers. In addition, “abbreviated enrollments” are also supported for state-specific allowed circumstances in which the provider will not be billing the Agency directly (for providers who are referring, ordering, and prescribing) as well as other state-specific applications accepted to support specialty healthcare programs.

Within the UI, a helpful ‘bread crumb’ trail is provided on the left to seamlessly navigate providers through the application process, as shown in the following figures. This feature enables them to visually see their progress so far and how many steps are left to take. Further, the portal supports real-time, ‘start and stop’ functionality, enabling the provider to jump to other sections to keep from having to completely stop when missing information, coming back to those areas once they’ve gathered the appropriate information and/or documents. **DyP** also enables providers to stop their application at any time and log back in to continue when most convenient for them to finish their application as shown in the following figure.



Individual enrollment application

You're offline. To save charges press 'Sync' once your internet connection is up. **SYNC**

Licensure, Certification, Accreditation, Endorsement

Provider type and program information

Provider type: Program participation:

Licensure, Certification, Accreditation, Endorsement

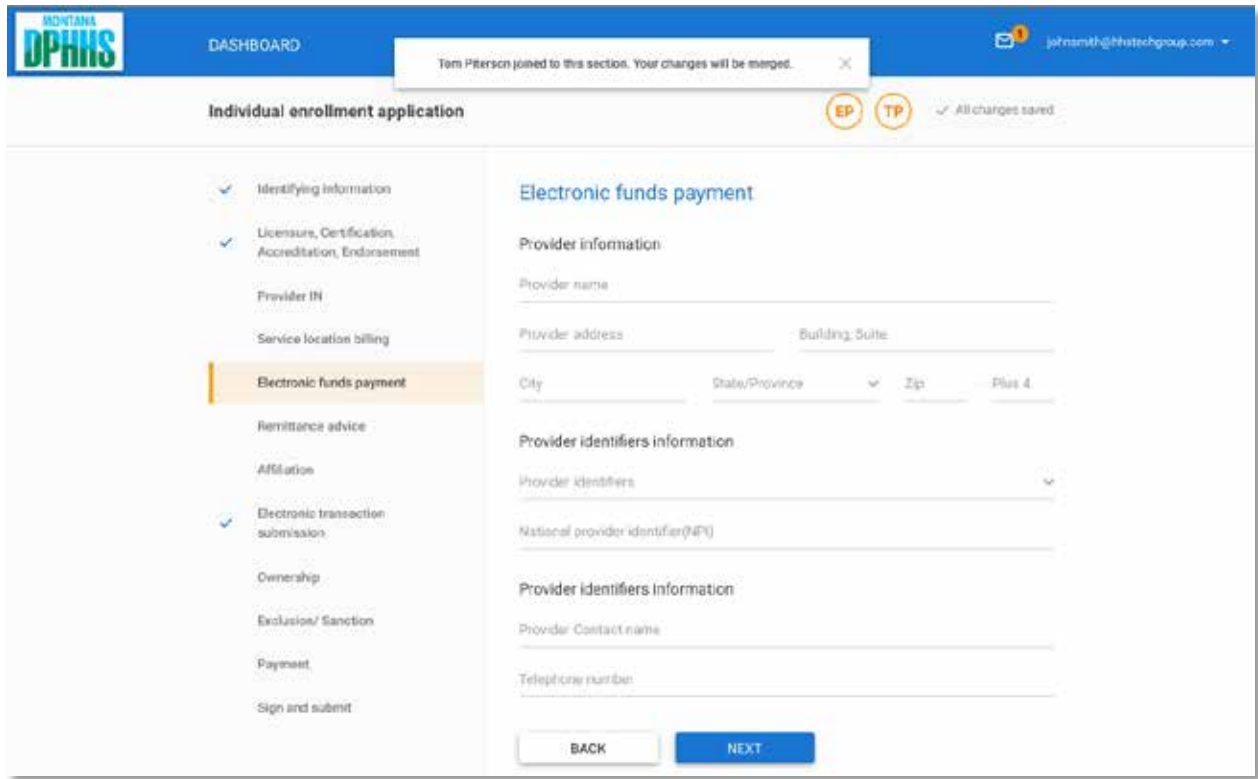
LCAE number	Type	State	Effective date	Expiration date	Action
3453636244	License	MT	01/01/2001	12/31/2014	

+ Add LCAE

Taxonomy

Taxonomy number	Begin date	End date	Action

Figure 54 : Discover Your Provider (DyP) – Provider Portal: Application Completion. When completing an application, the provider will be given a helpful tracker or ‘bread crumb’ trail, off to the left on each screen, navigating them throughout the application process.



The screenshot displays the 'Individual enrollment application' interface. A notification at the top states: 'Tom Peterson joined to this section. Your changes will be merged.' The left sidebar lists application steps: Identifying information, Licensure, Certification, Accreditation, Endorsement, Provider ID#, Service location billing, **Electronic funds payment** (highlighted), Remittance advice, Affiliation, Electronic transaction submission, Ownership, Exclusion/Sanction, Payment, and Sign and submit. The main content area is titled 'Electronic funds payment' and includes sections for 'Provider information' (with fields for name, address, city, state/province, zip, and plus 4), 'Provider identifiers information' (with a dropdown for provider identifiers and a field for National provider identifier(NPI)), and 'Provider identifiers information' (with fields for contact name and telephone number). 'BACK' and 'NEXT' buttons are at the bottom.

Figure 55: . Discover Your Provider (DyP) – Provider Portal: Collaborators.
When completing their application, the provider can designate others as “collaborators” to help them complete the application on their behalf. The provider can also complete their application live with their collaborator, as shown. When someone joins in the application session, an alert will display at the top. All changes made by either party will be merged and saved in real-time.

The screenshot displays the 'Individual enrollment application' dashboard for the Montana DPHHS. The left sidebar lists various application steps, with 'Electronic funds payment' highlighted. The main content area is titled 'Electronic funds payment' and contains sections for 'Provider information' (with fields for name, address, city, and state), 'Provider identifiers information' (with a field for National provider identifier (NPI)), and 'Provider contact information' (with fields for contact name and telephone number). A 'Chat with Staff' window is open on the right, showing a conversation between John and Hanna. John asks for clarification on whether to include all provider identifiers or just NPIs. Hanna responds that all identifiers should be included: federal tax identification number (TIN), employee identification number (EIN), and NPI. John thanks her, and Hanna indicates she is typing a response.

Figure 56: Discover Your Provider (DyP) – Provider Portal: Chat Function.
In addition to collaborators, providers can also seek help in the form of real-time chat, as displayed on the right. As part of our provision of Option B Services, HHS Tech Call Center staff will be continually available to chat live with providers and other users.

MONTANA DPHHS DASHBOARD jchenneth@hhsachgroup.com

Individual enrollment application ✓ All changes saved

- ✓ Identifying information
- ✓ Licensure, Certification, Accreditation, Endorsement
- ✓ Provider ID
- ✓ Service location billing
- ✓ Electronic funds payment
- ✓ Remittance advice
- ✓ Affiliation
- ✓ Electronic transaction submission
- ✓ Ownership
- ✓ Exclusion/ Sanction
- Upload Documents**
- Payment
- Sign and submit

Upload Documents
Max. size: 100 Mb (*.jpg, *.jpeg, *.png, *.pdf, *.txt, *.csv, *.doc, *.docx, *.xls, *.xlsx)

Bank account number *
Letter from your Financial Institution verifying the routing number and account number. Upload files

Current license *
A photocopy of the current license showing an effective and expiration date. If you are enrolling to bill for services already provided, also enclose a photocopy of your license covering that date of service. Upload files

Applicable board certification *
A photocopy of applicable board certification Upload files

National Provider Identifier (NPI) *
A photocopy of National Provider Identifier (NPI) designation letter or email from the National Plan and Provider Enumeration System (NPPES) Upload files

Trading Partner Agreement *
Sign the printed Trading Partner Agreement. Upload files

IRS F575 or W-9 *

Figure 57: Discover Your Provider (DyP) – Provider Portal: Uploading Documents. As the provider moves through the application process, they will be able to upload all required documentation online. This ensures applications can be seamlessly completed with no gaps, preventing administrative staff from having to wait on additional documentation. For added assurance and support, alerts can be placed before starting an application to inform the provider of the information they will need. This ensures they have the appropriate licenses and other information ready to upload.

MONTANA DPHHS DASHBOARD johnsmith@hhsatechgroup.com

Individual enrollment application ✓ All changes saved

- ✓ Provider ID
- ✓ Service location billing
- ✗ Electronic funds payment
- ✓ Remittance advice
- ✓ Affiliation
- ✓ Electronic transaction submission
- ✓ Ownership
- ✓ Exclusion/ Sanction
- Upload Documents**
- Payment
- Sign and submit

Upload Documents
Max. size: 100 Mb (* .jpg, * .jpeg, * .png, * .pdf, * .txt, * .csv, * .doc, * .docx, * .xls, * .xlsx)

Bank account number *
Enter from your financial institution verifying the routing number and account number. **Upload files**

- ✓ bank-account.pdf ✕
- ✓ Bank-account-additional.pdf ✕
- Bank-account-additional2.pdf.pdf ✕
- Bank-account-additional3.pdf ✕

Current license *
A photocopy of the current license showing an effective and expiration date. If you are willing to bill for services already provided, also enclose a photocopy of your license covering that date of service. **Upload files**

Figure 58: Discover Your Provider (DyP) – Provider Portal: Real-time Upload. As providers load documentation through the Provider Portal, a real-time confirmation bar is displayed for each document. Once the upload is completed and successful, a green check will appear. This provides assurance to the provider that their documentation has been successfully loaded as a part of the overall application.

Figure 59: Discover Your Provider (DyP) – Provider Portal: Attestation.
When completing an application, the provider will be required to provide a final attestation that the information in their application is truthful, accurate, and complete. Attestation text is configurable to adjust to DPHHS specific requirements.

Figure 60: Discover Your Provider (DyP) – Provider Portal: Finishing an Incomplete Application. Users can stop their work at any time and log back into the system when most convenient for them. Once logged in, they can simply select “Continue” to pick up where they left off in their application.

DyP automatically saves the provider's information as each step is completed, eliminating unnecessary rework. To further assure providers as they complete their

application that their information is being saved, a notice is placed in the upper right hand corner of their screen with every step, noting “All changes saved”.

The screenshot shows the 'Individual enrollment application' form in the Montana DPHHS Provider Portal. The form is divided into two main sections. On the left, there is a list of application steps, each with a checkmark indicating completion: Identifying information, Licensure, Certification, Accreditation, Endorsement, Provider ID, Service location billing, Electronic funds payment, Remittance advice, Affiliation, Electronic transaction submission, Ownership, and Payment. The final step, 'Sign and submit', is highlighted in orange. On the right, the 'Sign and submit' section contains a text box for the provider's certification, fields for 'First name' and 'Last name', a checkbox for 'Sign and agree to Terms and Conditions', and 'BACK' and 'SUBMIT' buttons. A red arrow points to a notification in the top right corner that reads 'All changes saved'.

Figure 61: . Discover Your Provider (DyP) – Provider Portal: Continual Saving of Progress. As indicated by the red arrow, users will dynamically see their changes saved in real-time as they progress through their provider application

Once an end user completes their application, they can return at any time to the **DyP** Provider Portal and check on the latest status. Once logged back in, the status of their application prominently appears, as shown in the next figure.

The screenshot shows the 'Welcome, John Smith!' dashboard in the Montana DPHHS Provider Portal. The main section displays the status of the 'Individual enrollment application'. The status is 'DENIED' in red text. Below the status, there is a table with the following information: REASON: Incomplete screening data, DATE RECEIVED: 09/23/2017, and TRACKING NUMBER: 884-613-483. There are 'Download' and 'APPEAL' buttons next to the application title.

STATUS	REASON	DATE RECEIVED	TRACKING NUMBER
DENIED	Incomplete screening data	09/23/2017	884-613-483

Figure 62: Discover Your Provider (DyP) – Provider Portal: Application Status. *Depending on the status of the provider's application, next steps may or may not be provided. In the example above, the provider has been denied and now has a new option they can select to appeal the decision rendered.*

Within the Provider Portal, providers and/or their designated collaborators can seamlessly make changes, update their profile, view their inbox messages, and more. The **DyP** solution supports a wide range of beneficial features, critical to achieving the new MMIS modularity standards. Some of the many additional features of **DyP** include, but are not limited to:

- **Program Flexibility** – Supporting an unlimited number of State-specific health coverage and financial benefit programs with corresponding applications consolidated into a single workflow depending on the programs selected by the applicant
- **Modularity & Compliance** – Specifically built to achieve CMS Certification, align to the MITA Seven Standards and Conditions, as well as the regulations issued by the U.S. Government Publishing Office⁶ for Mechanized Claims Processing and Information Retrieval (42 CFR 433.111)
 - o Both modular and flexible, readily adaptable as well as interoperable for integration with other modern-built technologies
 - o Meets all standards for Health Insurance Portability and Accountability Act (HIPAA) and Affordable Care Act (ACA) compliance as well as Section 508 and ADA guidelines for UI/UX in portal, web-based technology
- **Notifications** – Sending and retrieval capabilities in both real-time and at timed schedules, with the ability to store drafts for sending at a later time, archive messages, and more
- **Invite a Collaborator** – Physicians can designate a “Collaborator” to complete all or part of their application on their behalf (or to aid them live in real-time as shown in *Exhibit X. Discover Your Provider (DyP) – Provider Portal: Collaborators*), enabling designated office administrators, attorneys, and other personnel to assist in filling out and submitting documentation to the State

⁶ Source: <https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol4/pdf/CFR-2011-title42-vol4-sec433-111.pdf>

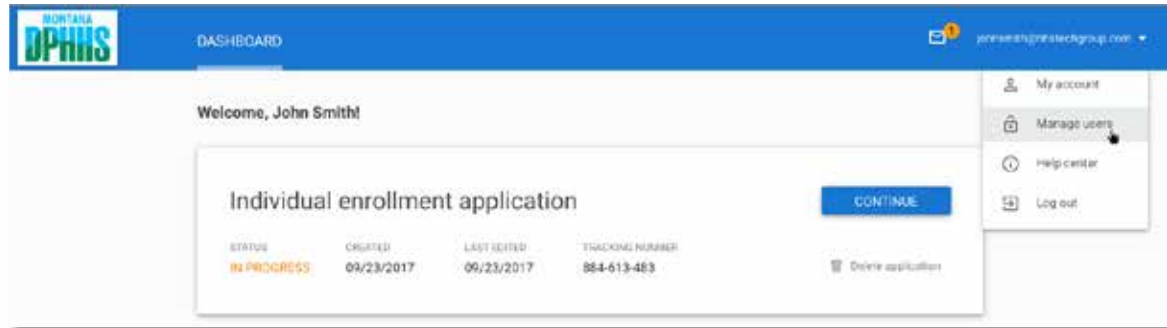


Figure 63: Discover Your Provider (DyP) – Provider Portal: Manage Users. Once logged into the portal, providers can select ‘Manage users’ (as shown) to add permissioned, authorized users, known as designated ‘Collaborators’, to help them complete their application.

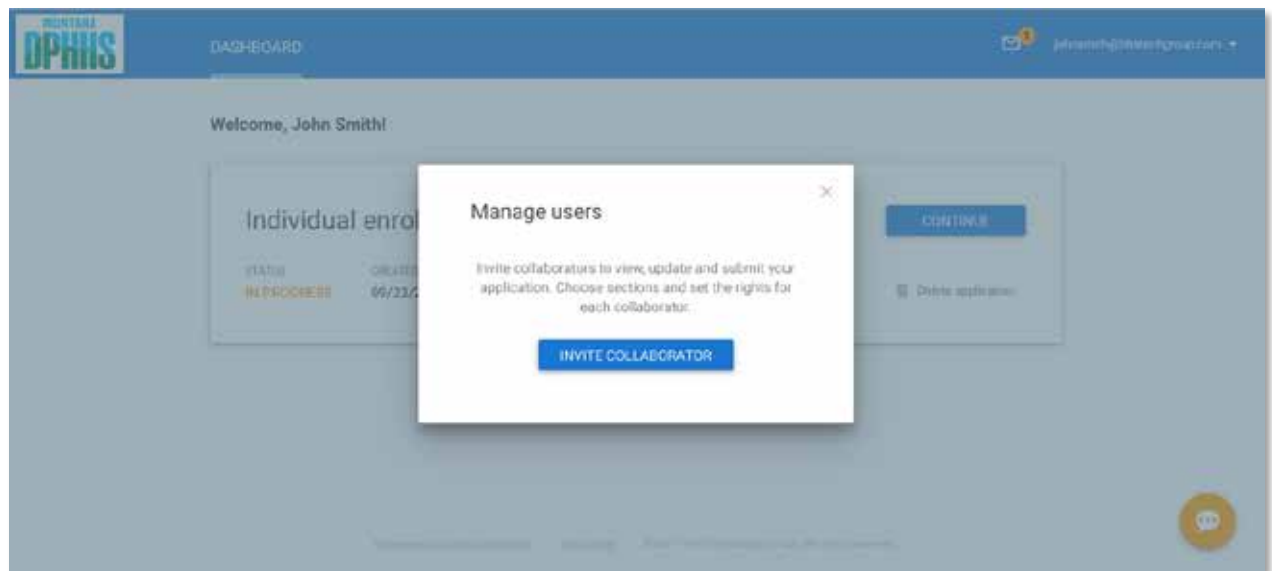


Figure 64: Discover Your Provider (DyP) – Provider Portal: Inviting Collaborators. Upon selecting ‘Manage users’, the provider is given a prompt to invite Collaborators to help complete their application on their behalf and/or live with them in real-time.

Invite collaborator

Email * _____ Name _____

☒ Use message box ⓘ

☐ Sign application ⓘ

☐ Submit application ⓘ

☐ Access to all application sections ⓘ

Select sections and permissions:

☐ Identifying information		
☒ Licensure, Certification, Accreditation, Endorsement	☒ Read	☒ Update
☒ Provider ID#	☒ Read	☐ Update
☐ Service location billing		
☐ Electronic funds payment		
☒ Remittance advice	☒ Read	☐ Update
☐ Affiliation		
☐ Electronic transaction submission		
☐ Ownership		
☐ Exclusion/ Sanction		
☐ Electronic transaction submission		

Figure 65: Discover Your Provider (DyP) – Provider Portal: Collaborator Permissions. *As part of our self-service functions, providers can control the capabilities and the level of visibility their collaborators have.*

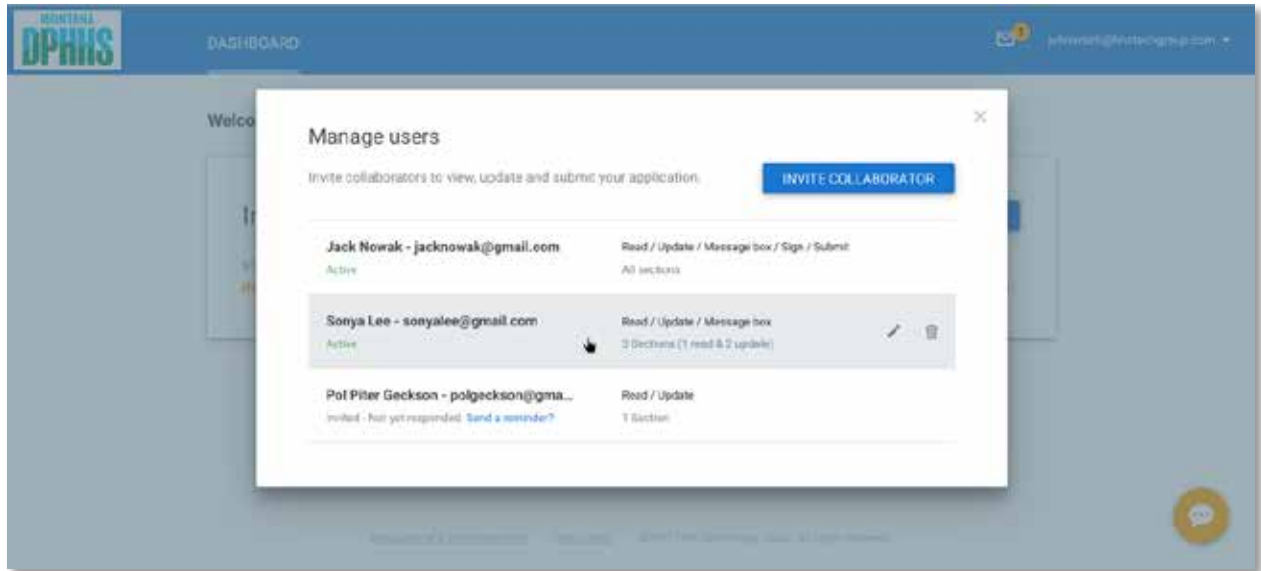


Figure 66: Discover Your Provider (DyP) – Provider Portal: Managing Collaborators. All collaborators which the provider invites are saved for their future reference in the Provider Portal in real-time. This enables them to be able to act as their own system administrator for controlling **the access and permission levels of their collaborators.**

- **Quick Links Navigation** – Providing the ability to quickly obtain and/or be routed to other frequented areas of the portal, eliminating common stress in trying to find and/or complete information and submit documentation needed
- **Fraud, Waste, and Abuse Information and Reporting** – Providers can report known or suspected cases of FWA as well as receive training and materials to ensure their own provider compliance and to stay up to date with the latest regulations

Specific to the requirements as set forth by DPHHS and other participating states for Provider Enrollment, provided in the following table is our response to the individual requirements in the Provider Enrollment portion of *Attachment F*.

Table 1: Provider Enrollment Requirements: Attachment F – Requirements Matrix

Req. ID	Requirement Language	Response
ENR01	The Contractor's solution shall provide a unique submitter number for each	Upon completion of an application, a 9-digit tracking number (configurable) is produced, provided to the applicant, and included in all subsequent

Req. ID	Requirement Language	Response
	billing service or submitter that transmits HIPAA X12 transactions with the State for single or multiple providers.	transactions. The DyP Provider Services Module supports HIPAA X12 transactions, including all standard eligibility and enrollment inquiries and responses (270/271 among other HIPAA transaction types). All integrated solution modules will be supported for data transmissions in both real-time and batch, depending on the schedule and frequency needs per state. The same original tracking number will be included in all transactions. This enables other components of the overall group of Medicaid modules and services to promptly support providers where needed in the process, including provider calls to the customer service desk, credentialing site visits, pulling accurate reporting and analytics, and more.
ENR02	The Contractor's solution shall receive provider applications through a web based provider self-service tool and on paper. The solution shall allow for the enrollment, re-enrollment, termination, recertification, or revalidation of providers and provide real-time notification to the providers of the receipt of the enrollment application.	The DyP solution includes full support for online applications through the Provider Portal. Should the provider wish to complete their application on paper, an option is provided called "Enrollment package" for the provider to download and print their application (applicable to their provider type and desired program[s]) for completion. Once submitted, optical character recognition (OCR) technology will be utilized to scan and convert paper applications to DyP. This enables notifications to then be sent to the provider to check the status of their application online, alerting them on how they can go through the portal for all future needs. DyP will also support PECOS through an API to the CMS Medicare Enrollment backend to receive application

Req. ID	Requirement Language	Response
		information which was directly entered in the user-facing PECOS Portal. Should the Medicare provider wish to apply to provide services for other healthcare programs in the State, an integrated data feed between PECOS and DyP will be established and configured during implementation to auto-populate existing, known applicant data from the site to minimize any re-work necessary to complete new applications on the portal. Providers, regardless of their enrollment method (“no wrong door”), will have the opportunity to complete their initial enrollment and re-enroll as the timeline for starting the re-application process once again comes up. Providers can also be terminated of their own choosing through their portal or can be terminated by an administrative staff member through a separate, secure Internal User Portal. Our solution also supports the uploading of supporting documentation to validate the attestations made on the portal, streamlining the recertification and revalidation of providers, which can often be a taxing and cumbersome process for administrators. Finally, real-time notifications are supported, including an inbox which will display an alert when a new message is received. In addition, a real-time status is continually displayed showing the latest status of the provider’s submitted application at all times (e.g., In Progress, Denied, Changed, Approved, etc.).

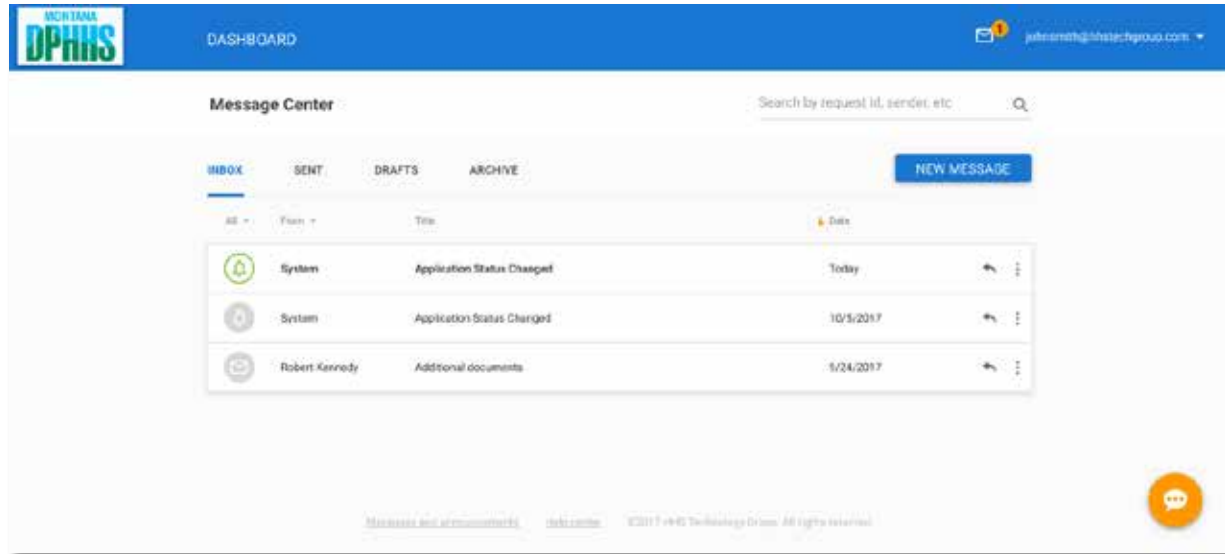


Exhibit X. Discover Your Provider (DyP) – Provider Portal: Message Center.
The Message Center enables providers to send and receive messages within the portal as well as to archive messages and save drafts for sending at a later date.

Table X. Provider Enrollment Requirements: Attachment F – Requirements Matrix (continued)

Req. ID	Requirement Language	Response
ENR03	The Contractor's solution shall use automated screening and monitoring processes and tools to verify provider enrollment and eligibility based on Federal requirements contained in 42 CFR 455.436 (e.g., CMS data matching for provider screening and monitoring, Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the Excluded	Once a provider has completed their application, DyP is configured to auto-screen and validate applicant data entered against a number of backend, integrated tools. Supported tools include those listed as well as additional verification technologies to ensure accurate applicant data processing, such as Google Address Verification for address and other validation services and LexisNexis for screening, credentialing and monitoring services. Provider Credentialing Leads and Coordinators will have access to all required

	Parties List System (EPLS)).	verification measures and additional supported tools as required per state. These tools can also include, but are not limited to, advance level background checks, the Office of Inspector General (OIG) exclusion list, the System for Award Management (SAM), Medicare Nursing Home Compare, National Provider Identifier, Care Provider Background Screening Clearinghouse (particularly for those providers seeking to provide Home and Community Based Services [HCBS]), and more. All specific, integrated systems per state will be fully tested prior to being placed into production. HHS Tech will ensure not only the 42 CFR 455.436 requirements are followed but will further ensure applicable screening, verification, validation, and monitoring tools are in place to support the entire range of specific healthcare programs and financial services each state offers under their Medicaid program.
ENR04	The Contractor's solution shall allow entities enrolling as trading partners with the State's healthcare programs to select the HIPAA X12 transactions they choose to submit and receive.	The DyP Provider Portal supports individual and group providers and trading partners using the same portal login. During implementation, the portal UI will be configured to allow trading partners to be able to turn on/turn off the receipt of various HIPAA X12 supported transactions.

		As a flexible, adaptable, and modular solution, the portal is made with self-service in mind to allow end-users to modify the information they receive/submit.
ENR05	The Contractor's solution shall assign a unique provider ID for all providers including atypical providers, for use in transactions with the enterprise.	A unique Provider ID is auto-generated in the system for each registered provider, including atypical providers, and stays the same for each provider throughout the initial application and credentialing process and through the re-application process as well. This Provider ID is one of the value fields in each HIPAA X12 transaction, enabling tracking, reporting, and monitoring across all transactions supported.
ENR06	The Contractor's solution shall prompt users in the event of data entry errors, missing data or inconsistencies in the provider enrollment, maintenance, or revalidation process.	The DyP Provider Portal has 'smart field' enablement to validate certain data fields as information is being typed. For example, if any letters are entered in a SSN or FEIN field or the incorrect amount of numbers are entered, an error will appear to prompt the end user to correct the information provided. Likewise, certain fields are notated as required in the UI or are areas requesting certain levels of credentials, evidence of ability to do business, etc. Initial application fields as well as information required to be submitted during the re-credentialing process can be configured to adapt to state

		specific needs.
ENR07	The Contractor's solution shall allow enrolling providers to enroll in one or more program types (e.g., Care Management, waiver, CHIP, Standard Medicaid) using a single enrollment event.	The DyP portal application supports an unlimited range of application types and can be adjusted to accommodate state-specific application needs for each program. For example, a licensed community care for the elderly (CCE) agency providing companionship, personal care, and other associated services may opt to apply for all Medicaid-related HCBS in their state as well as to provide Care Management services to create and manage Care Plans in their support to dual-eligible beneficiaries. In these situations, once on the portal, the provider will be prompted to select from the program(s) they wish to apply to provide services for. Once selected, backend business and configuration rules consolidate the necessary application fields that are required across the programs selected. This enables the provider to have a single enrollment experience, minimizing any frustrations too often experienced today in having to submit identical information to apply to provide various services across multiple programs.
ENR08	The Contractor's solution shall have configurable business rules to	As part of the application verification and credentialing process, validation checks are

	suspend or restrict the enrollment of providers, trading partners or clinics affiliated with individuals debarred by State or Federal agencies, listed in Registries (e.g., Child Abuse, Elder/Adult Abuse, Sex Offender), or do not meet requirements specified by the State.	performed against the List of Excluded Individuals/Entities (LEIE) and the Excluded Parties List System (EPLS) among other methods such as background checks and state-specific validations. This level of due diligence and system verification is critical to ensuring only qualified, competent providers are able to provide services to Medicaid recipients. Further, pre-application submission business rules can be applied during implementation to prevent and suspend a potential provider from enrolling based on available real-time data as provider information is entered.
ENR09	For enrolling and actively enrolled providers electing to participate in specific programs, the Contractor's solution shall collect and maintain the supporting data (e.g., geographic locations, number of preferred assigned members, and capacity to accept additional members), present the program agreement/contract for review, and acceptance (i.e., digital signature).	The DyP solution fully supports the ability to collect and maintain all data entered within all entry fields, including as the application is still being completed. Furthermore, completed attestations are enabled, including the ability to collect an electronic signature for specific statements and for accepting full contractual agreements. Both the individual statement attestations as well as provider-specific contracts are supported and can be seamlessly adjusted to be specific to each state's needs and provider programs selected.

		All data is collected and securely stored through the AWS GovCloud.
ENR10	The Contractor's solution shall be configurable to allow or prevent provider enrollment based on provider characteristics.	The DyP Provider Portal is built to be configurable and based on provider type, specialty and other characteristics, the appropriate information will be displayed and collected from the provider as part of the enrollment application. If the State chooses to enforce certain rules, DyP can prevent the provider from enrolling in the program(s).
ENR11	The Contractor's solution shall prevent the creation of duplicate records during enrollment application submission.	Duplicate records often lead to a multitude of other errors in the initial application intake process. DyP Provider Portal is configured to prevent duplicates for example, using the same SSN or FEIN and other key attributes from occurring on more than one application. This ensures that providers have a single, consolidated application/record of their information in the system.
ENR12	The Contractor's solution shall allow a provider to use a single enrollment application for multiple programs, specialties or service types.	DyP 's intake application process is configured based on different criteria like program, provider specialty, provider type, etc. This enables DyP to provide a single intake application to support multiple programs, multiple provider types, etc.
ENR13	The Contractor's solution shall allow a single provider to enroll	As part of the intake application process, the providers can enter all

	multiple service locations	locations where they provide services. As part of the enrollment, DyP will also capture other attributes for relevant for each service location.
ENR14	The Contractor's solution shall collect and maintain all information needed to complete provider enrollment in compliance with all State and federal policies and regulations.	DyP collects and retains all information obtained in full compliance with State and federal regulations. DyP complies with all storage requirements for archival, retrieval and purge timelines.
ENR15	The Contractor's solution shall determine provider eligibility in accordance with State and Federal policies and regulations.	Final determination of provider eligibility will be aligned to each State's specific rules. This includes configured business rules to make determinations on eligibility at the intake process, followed by full verification once the initial credentialing and validation process has concluded.
ENR16	The Contractor's solution shall provide the ability to accept and track provider enrollment fee information.	Enrollment fees will be collected through the portal UI using secure, PCI-compliant protocols for payment, including credit card processing. Once payment is rendered, a confirmation number will be auto-generated and stored within the provider's information in the online portal for future reference as needed. Tracking of all provider enrollment fees collected will be enabled through the Internal User Portal by designated state administrative staff and other stakeholders.
ENR17	The Contractor's solution shall allow providers to	Status of a provider's enrollment is continually

	view status of their enrollment online.	available online and is updated in real-time as shown in <i>Exhibit X. Discover Your Provider (DyP) – Provider Portal: Application Status.</i>
ENR18	The Contractor's solution shall support real-time edits allowing providers to submit corrections to applications as needed.	Providers have the ability to return to their application at any time to make edits/adjustments to their information entered and/or to submit additional credentialing-required information, including licenses and certifications.
ENR19	The Contractor's solution shall be capable of suspending provider participation in specific programs while maintaining participation in other programs and initiate notification(s) to the provider, agency staff, and modules.	Should administrative staff need to suspend or terminate a provider in one of more specific programs, this will be supported through the Internal User Portal. This portal enables administrative staff to terminate or suspend a provider in the system. Staff will be able to suspend a provider, send notifications to the provider on corrective actions needed, and terminate the provider should actions fail to be taken within the established timelines. Notifications can be sent across stakeholders, from providers to other associated staff at any time, including during the suspension timeframe. DyP capture provider participation by program that enables actions such as suspension to be performed on one, multiple, or all programs the provider is enrolled in.

ENR20	The Contractor's solution shall use automated screening and monitoring processes and tools to verify provider enrollment eligibility based on State regulations and policies (e.g., State licensing agencies, State exclusion lists, Provider Enrollment Chain and Ownership System (PECOS)).	DyP uses LexisNexis to provide screening and credentialing and ongoing monitoring services. LexisNexis provides APIs to verify provider enrollment data across different sources. Based on the results, a provider's eligibility is verified against integrated systems and databases, including state-specific systems, for known exclusion lists, PECOS, and other utilized systems as part of the application and credentialing process.
ENR21	The system will be able to link to training modules within the enrollment process (e.g., contractors authorizing member and provider services).	DyP is a self guided, intuitive and easy to use web application. DyP provides field level help, page level help, user-guides, training videos to support the learning of the provider or user. In addition, HHS Tech can also provide train the trainer classroom instruction.
ENR22	The Contractor's solution shall support at a minimum, the following enrollment status designations or their equivalent: denied, terminated, suspended, provisionally accepted, accepted, in progress, pending, voluntarily terminated.	The DyP Provider Portal displays the latest, real-time enrollment status to the provider upon entering their login in the system. DyP supports all designations/enrollment status noted to enable real-time monitoring and tracking of their application and for ease of use for administrators and providers in tracking the application.
ENR23	The Contractor's solution shall allow users to enroll retroactively in compliance with State policy, ACA and CMS	Retroactive enrollments can be supported once the provider's active application is resolved (finalized using an existing designation) by an administrator through the

	standards.	Internal User Portal. Since duplicate records are blocked in the application, the user cannot create a new enrollment until the current enrollment in process is resolved. Once resolved, the provider can go back to the system and retroactively enroll, as allowed per state.
ENR24	The Contractor's solution shall maintain the provider's effective date to begin administering services as of the date the provider screening process is complete as the standard effective date unless otherwise overridden and specified by the State.	Once the application and screening process is completed and approved by a designated administrator, the enrollment approval/effective date is recorded and visible to the provider through the DyP Provider Portal that their application is accepted and services can begin from that effective date. Effective date changes/overrides can only be performed by designated staff (based on the role permissions).
ENR25	The Contractor's enrollment process shall be configurable to include trading partner enrollment within the overall provider enrollment business process.	Trading partner enrollment is fully supported and includes all of the same features and functionality that are within the individual and group application enrollment area.
ENR26	The Contractor's solution shall present conditionally required resource materials and training required in order to complete the enrollment business process.	Through the application process, any required materials can be displayed, read, and acknowledged online, including an attestation-required area if desired, within the UI. Training modules can also be uploaded during implementation and supported as part of the natural application process.



		Alternatively, the application can be submitted without training being completed at the same time, with provisional acceptance being allowed until the provider and their contractors have fully completed all required training sessions.

DyP is a Software as a Service (SaaS) solution that is intuitive, well designed, dynamic, flexible and modular that meets and/or exceeds all stated requirements.

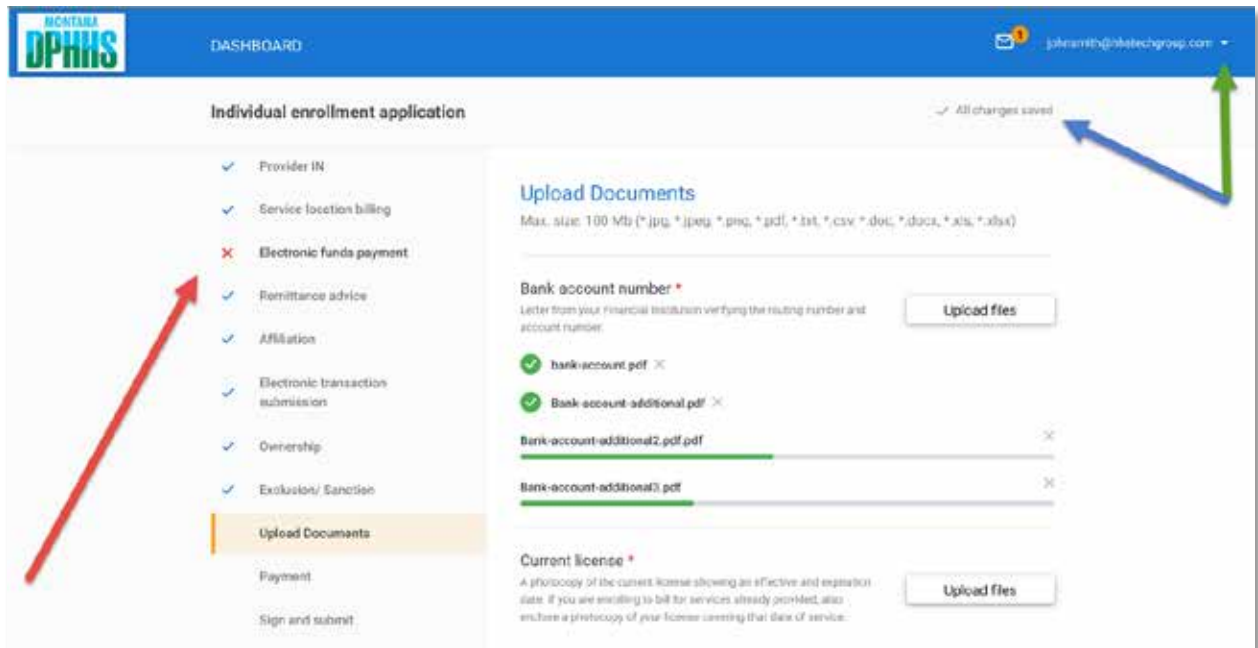
The **DyP** solution delivers a seamless, web-based, 24/7 accessible, online provider enrollment experience to existing and new, potential providers.

This gives your administrative staff the time back they need to properly provide Case Management, Care Coordination, and other beneficiary-directed support services to continue your work towards improving the health and wellbeing of fellow residents.

3.10.11 Maintenance

This section addresses provider maintenance requirements. The Provider Services module must support provider maintenance activities for external and internal users that are founded on business process driven workflow automation principles. Maintenance activities include the collection, storage, maintenance of information. It also requires ongoing automated provider monitoring necessary to support Montana Healthcare Programs business objectives and must be compliant with federal and state statutes, policies and mandates. The Offeror must describe their approach to meet each of the Provider Maintenance requirements defined in Attachment F, Requirements Matrix.

The **DyP** Provider Services Module is built to 100% track and maintain all data entered as well as corresponding transactions received across integrated systems through pre-configured business rules and process flows for data entry and transactions across multiple systems. By building a modular, flexible, and CMS-compliant and certification ready solution, HHS Tech will be able to consolidate duplicated processes in place today, streamline automation through configurable fields, and ensure the capture of accurate, data intelligence with alerts and prompts as information, applications, tasks, and more are completed in the system.



MONTANA DPHHS DASHBOARD johnsmith@hhs-techgroup.com

Individual enrollment application ✓ All changes saved

- ✓ Provider ID
- ✓ Service location billing
- ✗ Electronic funds payment
- ✓ Remittance advice
- ✓ Affiliation
- ✓ Electronic transaction submission
- ✓ Ownership
- ✓ Exclusion/ Sanction
- Upload Documents**
- Payment
- Sign and submit

Upload Documents
Max. size: 100 Mb (* .jpg, * .jpeg, * .png, * .pdf, * .txt, * .csv, * .doc, * .docx, * .xls, * .xlsx)

Bank account number *
Letter from your financial institution verifying the routing number and account number. Upload files

- ✓ bank-account.pdf ✕
- ✓ Bank-account-additional.pdf ✕
- Bank-account-additional2.pdf.pdf ✕
- Bank-account-additional3.pdf ✕

Current license *
A photocopy of the current license showing an effective and expiration date. If you are enrolling to bill for services already provided, also include a photocopy of your license certifying that date of service. Upload files

Figure 67: Discover Your Provider (DyP) – Provider Portal: Data Tracking and Quick Links. *Within the Provider Portal, multiple areas have been provided so providers can quickly jump to any area. ‘Quick Links’ enable the provider to access the most common sections in the portal by using the drop down next to their name (green arrow). They can also visibly see data missing or incomplete by the ‘bread crumb’ trail on the left. Providers can quickly jump back to the incomplete area to finish their application (red arrow). Finally, within each screen, the provider is given real-time confirmation that their data has been securely saved (blue arrow). These key features of our portal help ensure that only 100% completed applications are submitted to DPHHS, and that user-friendly functions are in place to help providers along the way.*

Further, to ensure tightly controlled security and long-term data maintenance, the **DyP** solution is housed and maintained on the AWS GovCloud. A state-specified data center can also be accommodated. HHS Tech and HHS Tech’s solution are hosting neutral, adjustable to meet the hosting needs and requirements of each state. Overall, the **DyP** solution and AWS GovCloud help organizations drive innovation and business transformation by increasing business agility, lowering maintenance costs, and reducing IT complexity.

Provided in the following table are our responses to each of the maintenance capabilities as set forth in *Attachment F*. Our responses within the table provide additional, detailed information on the maintenance of HHS Tech’s solution as well our Internal User Portal specifically designed to meet the needs of state administrators and supporting stakeholders for provider monitoring, supporting application processing and credentialing activities, and more.

Table 2: Maintenance Requirements: Attachment F – Requirements Matrix

Req. ID	Requirement Language	Response
PMNT01	The Contractor's solution shall have the capability to terminate inactive providers based on criteria determined by the department for either automatic termination or initiate a workflow for manual termination.	DyP has the capability to automatically terminate inactive providers based on criteria determined by the department and should a provider fail to meet the application criteria. If DyP or State user determines that additional investigation is needed prior to terminating the inactive provider, manual workflow to terminate will be initiated. Further, within the DyP portal, designated administrators can terminate a provider that has been inactive in the system for a pre-

Req. ID	Requirement Language	Response
		set, configured length of time (based on established business rules).
PMNT02	The Contractor's solution shall collect and retain electronically all provider documentation (e.g., original application and copies of correspondence) for actively participating providers. For terminated providers, records shall be retained electronically according to record retention requirements (i.e., 7 years).	DyP will collect and retain all provider documents and correspondence that have been submitted throughout the life of the contract and through all agreed upon retention periods. Retention periods for active storage of data, as well as offsite tapes and backups will be configured to meet state-specific needs should they exceed the standard 7-year requirement.
PMNT03	The Contractor's solution shall require, capture and maintain the 10-digit National Provider Identifier (NPI) for all healthcare providers required to have an NPI and interface with NPPES to verify the NPI is valid.	The standard 10-digit NPI number is a mandatory field in the DyP Provider Portal and is captured and stored securely for all applicable providers. DyP will use NPES Integration to verify each NPI number entered in the system is valid.
PMNT04	The Contractor's solution shall record and display begin and end dates for specific provider enrollment and demographic data (e.g., license, eligibility period, physical address) and provide access to historical provider record information.	DyP provides effective dating of key information that is captured during the enrollment process. DyP also effective dates all reference data that is used. DyP portal pages also display the effective dates (begin/end dates) for all relevant data.
PMNT05	The Contractor shall use a standardized format for provider names that differentiate between first name, middle name/initial, last name, and business or corporate names and allows flexible searches based on the provider name.	All provider applications, regardless of program type, will have the same common field names for the provider name as well as any associated business names. Having the same "Last Name" and other type fields in place enables state administrators and other stakeholders to perform a single search across all

Req. ID	Requirement Language	Response
		applications and all program types. This also creates uniformity and ease of use when trying to pull reports and other data analytics across programs and providers.
PMNT06	The Contractor's solution shall allow provider records to be associated and linked by tax identification number (TIN) and parent organizations.	Linkage between parent/subsidiary organizations can be added as a custom data field during implementation. This will enable entry of the parent organization information as applications are being completed (TIN is already a captured data field) so that accounts can be associated and linked with one another. In addition to viewing this information on a particular provider through the Internal User Portal, it will also enable administrators to pull reports from this data field on linked accounts in the system.
PMNT08	The Contractor's solution shall allow for collection and maintenance of site visit, finger printing and background check information (e.g., the type of site visit (e.g., field representative, pre-enrollment, program staff), date the site visit/ finger print/background check completed, reason and outcome if applicable).	Beyond the screening process of the application, the wider credentialing procedures and protocols can often be taxing on administrators. DyP seeks to ease this burden by providing key functionality within the Internal User Portal so application and associated credentialing activities can be recorded and fully documented in the system. Fields will be configured during implementation to denote the type of activity and all associated data to be recorded (e.g., date and time, representative that went onsite to the provider location, notes/observations from the visit, etc.).
PMNT09	The Contractor's solution shall collect and maintain licensure information to include at a	To ensure continual tracking and monitoring of provider licenses, information and supporting

Req. ID	Requirement Language	Response
	minimum, licensing state, license number, licensure begin and end dates.	documentation will be collected during the provider application process. For screenshots on our documentation upload capabilities and our attestation support area within the Provider Portal, please see the following figures as provided in Section 3.10.10 Enrollment: · Exhibit X. Discover Your Provider (DyP) – Provider Portal: Uploading Documents · Exhibit X. Discover Your Provider (DyP) – Provider Portal: Real-time Upload · Exhibit X. Discover Your Provider (DyP) – Provider Portal: Attestation All information, attestations, and supporting documentation entered will be visible to state administrators and other stakeholders through the DyP Internal User Portal.
PMNT10	The Contractor's solution shall collect and maintain the Pay for Performance (P4P) information from Medicare.	DyP Internal User Portal has the capability to collect the P4P information either via an interface or by manual input. Data interfaces will be established during implementation to receive transactions on all P4P, quality-based payments by CMS for Medicare-rendered services. Additional support for fee-for-service (FFS) payments and other payment information can also be supported as needed per state.

Req. ID	Requirement Language	Response
PMNT11	The Contractor's solution shall collect and maintain data specific (as applicable) provider endorsement and accreditation information.	To validate provider applications and provider competency during the credentialing and re-credentialing process, additional fields will be available in the DyP Internal Portal to support any endorsements received along with any applicable accreditations for that provider's service type.
PMNT12	The Contractor's solution shall collect and maintain malpractice insurance information including expiration date.	Providers will be required to enter their malpractice coverage information, to include the expiration date, along with supporting Certificate of Insurance (COI) documentation (as required per state). This information will be entered and accessible through the DyP Provider Portal and Internal User Portal.
PMNT13	The Contractor's solution shall provide dynamic navigation that allows users to have one click access to additional detail for summary information (e.g., from the providers screen, select a specific location to view location details such as address, contact(s), office hours).	The DyP Provider Portal and the Internal User Portal include Quick Links type navigation to enable prompt, one-click access to the most frequently viewed information. The links provided can be easily adjusted per state to align with frequented areas staff and providers will utilize within their respective portals.
PMNT14	The Contractor's solution shall collect and store standardized W-9 information that reflects the owner of the EIN and the Doing Business As (DBA) name.	DyP enrollment application captures the EIN and DBA fields. DyP intelligent upload tool provides the ability to upload a copy of the provider's W-9.
PMNT15	The Contractor's solution shall provide the capability to reactivate terminated providers without requiring a complete re-enrollment.	DyP does not physically delete any data unless a purge request is initiated for that provider. Therefore, a terminated provider can be reinstated in the system

Req. ID	Requirement Language	Response
		through the DyP Internal User Portal by making a change to their status. Notifications can then be sent to the provider to log in to the Provider Portal to complete any necessary steps to return to an active and enrolled status.
PMNT16	The Contractor's solution shall track and support provider review schedules to ensure providers continue to meet program eligibility requirements and initiate notification(s) to the provider, agency staff, and modules of State healthcare programs agreements and contracts.	Once an application is accepted, the time clock to the start of the next re-application/credentialing process begins (adjustable per state). However, it is critical to ensure providers remain eligible and stay in compliance with all service standards and training required. Therefore, DyP is configured to support tasks for the providers to meet the requirements for ongoing eligibility. Tasks can then be completed, tracked, and monitored throughout the provider application-screening/credentialing-re-credentialing lifecycle. This ensures providers continue to meet requirements for eligibility. Any new evidence/documentation required can be requested using the Notification feature to draft, send, alert, track, and archive all provider communication.
PMNT17	The Contractor's solution shall accept, validate and store new and updated provider information entered by internal users.	DyP's Internal User Portal enables provider specialists to accept, validate, enter and update provider data on behalf of the provider.
PMNT18	The Contractor's solution will collect, store, maintain and display current and historical addresses by type (e.g., physical address,	DyP provides effective dating of key information that is captured during the enrollment process. DyP also effective dates all

Req. ID	Requirement Language	Response
	correspondence address and billing address) and include begin and end dates.	reference data that is used. DyP portal pages also display the effective dates (begin/end dates) for all relevant data.
PMNT19	The Contractor's solution will collect, store, maintain and display current and historical Drug Enforcement Administration (DEA) number(s) including begin and end dates.	In alignment with other information reviewed during the application screening process, DEA information will be collected, stored, and maintained, with visibility through the DyP Internal User Portal.
PMNT20	The Contractor's solution will collect, store, maintain and display provider business relationships (e.g., ownerships and managing entities) for use in provider screening and ongoing monitoring activities.	DyP captures the specific fields (as required per state) for affiliations the provider may have, including those that have ownership and/or a managing interest in the provider's business.
PMNT21	The Contractor's solution shall have the ability to perform mass updates to provider information using flexible selection criteria.	Mass updating can be enabled with limited, selected permission rights to perform such functions, as desired per state. Additional details will be gathered during implementation to document the specific fields preferred for performing mass update activities.
PMNT22	The Contractor's solution shall provide indicators to identify providers that are Fee-for-Service (FFS), Managed Care Organization (MCO) network only, or participating in any other healthcare programs (e.g., medical homes).	DyP captures the attributes for a provider that will determine whether they are Fee for Service, MCO, or participating in other healthcare programs like Medical Homes.
PMNT23	The Contractor's solution shall provide the capability to capture and crosswalk subpart NPIs used by Medicare (but not Medicaid) to facilitate COB claims processing.	To ensure accurate claims adjudication and processing, DyP will configure the Internal User Portal accordingly to support this requirement. While our solution supports only the capture of NPIs today, the ability to crosswalk

Req. ID	Requirement Language	Response
		subpart NPIs can be added as an additional feature during the implementation process.
PMNT24	The Contractor's solution shall auto-populate fields with valid data where required.	Data fields in the Internal User Portal are auto-populated when existing, known, and validated data is entered through the Provider Portal or when it comes through real-time and batch data transaction feeds.
PMNT25	The Contractor's solution shall allow internal users to add and view free-form and structure notes on or associated with individual provider files.	DyP provides note fields within each provider's record available to view and edit in the Internal User Portal. This is an open-text field that enables users to type in free form text or paste comments/notes. DyP also provides the ability to select structured content (values from a drop down list box) and associate it with individual provider files.
PMNT26	The Contractor's solution shall allow authorized internal users to link and unlink individual practitioners from and to billing providers with the ability to link an individual provider to multiple billing providers. Each relationship shall include an effective date when initiated and an end date associated with the termination of the affiliation.	DyP Internal User Portal enables provider specialists the ability to link/unlink individual providers to multiple billing providers. Each relationship uses DyP's effective dated capabilities that include an effective date or an end date based on initiation or termination of the affiliation.
PMNT27	The Contractor's solution shall collect, store and maintain multiple provider contacts, including the contact name, title, contact type, telephone number, email address and location.	DyP provides ability to capture multiple provider contacts including the contact name, title, contact type and location. DyP also provides the ability to capture multiple telephone numbers, telephone number types and email addresses based on location.

Req. ID	Requirement Language	Response
PMNT28	The Contractor's solution shall have the capability to indicate providers who are suspended or under review or investigation and a method for indicating the reason for the suspension or in review status.	DyP Internal User Portal and Provider Portal enables appropriate users to view the dashboard of providers who are suspended or under investigation. The dashboards will also provide the reason for the suspension or review. DyP's Provider Portal will also provide similar information to the provider.
PMNT29	The Contractor's solution shall allow authorized users to enter, view and update provider data (e.g., demographic data, taxonomy, banking information).	DyP supports role-based permissions that can be configured per state. This will ensure only authorized, permissioned users enter, view, and/or update data as appropriate.
PMNT30	The Contractor's solution shall allow authorized users to retroactively update provider data.	Provider data can be updated through the Internal User Portal after the application has been moved to Accepted status. This is adjustable to be limited to only certain roles. DyP is configured for auto screening based on certain changes to the provider information.
PMNT31	The Contractor's solution shall store and display geographic codes for provider locations.	Geographic codes for identifying provider locations per state can be supported in the system. Additionally, the GIS codes will be used by analytics to ensure a wide network of coverage, with ample provider choice among Medicaid beneficiaries. DyP will also use these GIS codes to support 'Find My Provider' functionality.
PMNT32	The Contractor's solution shall have configurable event based	The DyP Internal User Portal is designed to support the

Req. ID	Requirement Language	Response
	workflow to instantiate information requests, correspondence or electronic notifications throughout the provider lifecycle.	administrative workflow, from processing and responding to information requests, sending provider notifications, and more. All end user workflows are configurable to accommodate specific needs.
PMNT33	The Contractor's solution shall auto-populate fields with valid data where required.	Data fields in the Internal User Portal are auto-populated when existing, known, and validated data is entered through the Provider Portal or when it comes through real-time and batch data transaction feeds.
PMNT34	The Contractor's solution shall have the ability to suspend the provider record for providers that fail to respond to requests (e.g., revalidation, recertification, and updated licensure) in compliance with all federal and State policies and regulations.	DyP workflow will auto notify administrators where providers have failed to respond to requests such as revalidation, recertification, updating licensure, etc. Administrators can suspend a given provider record once it has reached the pre-determined number of attempts to make contact/outreach and/or other process steps/measures have failed.
PMNT35	The Contractor's solution shall allow for mass updates to provider status based on criteria defined by the department (e.g., group practice changes) and initiate notification to the providers and appropriate programs.	Internal users will use the DyP Portal to issue a mass update request such as group practice change. The DyP Internal Portal also provides the user the list of providers impacted by the change. The mass update request can be initiated as a batch or real-time update.
PMNT36	The Contractor's solution shall have the ability to end date provider participation in specific programs while maintaining participation in other programs and	DyP Internal User Portal enables provider specialists the ability to end date provider participation in specific programs while maintaining participation in other

Req. ID	Requirement Language	Response
	initiate notification(s) to the provider, agency staff, and modules.	programs. DyP Alerts and Notification module will notify provider staff and agency staff of the changes. Each relationship uses DyP 's effective dated capabilities that include an effective date or an end date based on initiation or termination of the program participation.
PMNT38	The Contractor's solution shall validate email addresses associated with the provider account through a confirmation and/or activation email process that requires the user to respond to activate the email account for agency communication.	DyP provides email verification during the account activation process. As part of the registration process, the provider will provide DyP a valid email address. DyP will send an email verification notification to the provider with a verification link. Upon clicking on the verification link, DyP will mark that email address as verified. Once the email address has been verified, the provider can complete the registration process.
PMNT39	The Contractor's solution shall collect and maintain provider data necessary to support other module functions (e.g. claims processing, service authorizations, and reporting functions).	DyP will collect and maintain provider data necessary to support other MMIS functions such as claims adjudication, payment service authorization and reporting.
PMNT40	The Contractor's solution shall provide the ability to interface with external systems to automate verification and validation of provider information and credentials for enrollment, screening and monthly monitoring (e.g., CMS data matching, licensure, Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS)), and provide	DyP uses LexisNexis to support screening, monitoring and credentialing to validate and verify the provider information. LexisNexis interfaces with several federal and state agencies, repositories such as CMS data matching, licensure, Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System

Req. ID	Requirement Language	Response
	online alerts or notifications via workflow when adverse results or mismatches occur.	(EPLS). DyP will also alert the forensic analyst regarding any anomalies or adverse results or mismatches as part of the screening process. The forensic analyst can log onto the DyP Screening and Monitoring portal to view the results and conduct the investigation.
PMNT41	The Contractor's solution shall require and capture termination reasons for all provider terminations.	As part of terminating a provider, DyP requires the provider specialist to enter or select a valid reason for termination.
PMNT42	The Contractor's solution shall collect, process and maintain the data elements necessary to enroll trading partners with the department to support HIPAA X12 transactions.	DyP supports the enrollment for trading partners. As part of the enrollment, DyP will capture the HIPAA X12 transactions that the trading partner will support. DyP captures all the necessary data to support these transactions.
PMNT43	The Contractor's solution shall provide the ability to capture and store electronic payment information e.g., (credit card, bank account).	Electronic payment information received will be securely stored and housed in alignment with all Payment Card Industry (PCI) compliance standards.
PMNT44	The Contractor's solution shall provide the ability to display payment information (e.g., provider administrative fees).	Payment information, including applicable fees, can be displayed through both the Provider Portal and the Internal User Portal.
PMNT45	The Contractor's solution shall provide the ability to automatically and manually unlink provider records determined to be unrelated.	DyP processes provides automatic link/unlink of provider records based on defined criteria. If DyP identifies records that are related or unrelated and cannot be automatically linked/unlinked, the DyP Alerts and Notification module will notify a user for manual intervention. The user can use the DyP Internal User Portal to

Req. ID	Requirement Language	Response
		link/unlink the record.
PMNT46	The Contractor's solution shall have the ability to assign classifications (e.g., provider type and specialty) to all providers including atypical providers.	As part of the enrollment process, provider type and specialty are required for all providers including atypical providers.
PMNT47	The Contractor's solution shall provide the ability to collect and maintain bed data (e.g. nursing home, hospital).	To ensure a sufficient provider network is able to be maintained and continually in place across all regions, DyP will collect and store bed data as part of the enrollment process for particular provider types, such as a hospital, Skilled Nursing Facility (SNF), or Assisted Living Facility (ALF).
PMNT48	The Contractor's solution shall provide the ability to collect conditional enrollment and maintenance data that is configurable by provider role (e.g., ORP, Rendering, Attending and Billing/Pay to Providers) and provider classification (e.g., case manager, physician, home health agency) and displays indicators on the provider record to distinguish the provider role(s) and classifications.	As part of the enrollment process DyP will capture conditional enrollment and maintenance data based on provider role such as ORP, Rendering, Attending and Billing/Pay to Providers and provider classification such as case manager, physician, home health agency. DyP Internal User Portal and Provider Portal will provide explicit indicators to distinguish the provider role and classifications.
PMNT49	The Contractor's solution shall automate the identification of providers due to revalidate their enrollment information and initiate notification(s) to the provider, agency staff, and modules.	DyP's time tracking capabilities will be configured to automatically identify providers who are due for revalidation of enrollment, expiration of licensure, etc. DyP Alerts and Notification module will initiates notifications to the provider, agency staff and modules.

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PMNT50	The Contractor's solution shall support the ability to compare provider enrollment and revalidation information with PECOS if the provider is enrolled with Medicare. Depending on provider risk category, the solution shall verify completion of the fingerprint background check (if required), payment of application fee (if required) and verify Medicare ownership information matches the provider record in the provider module. If a mismatch is found, create an alert to the designated work group.	DyP will provide an API to validate the provider enrollment record and the revalidation data in PECOS if the provider is enrolled with Medicare. Based on the risk category assigned by PECOS, DyP will request additional verification information (as required) such as fingerprint background check, payment of application fee, and verify Medicare ownership information, etc. If a mismatch is found between DyP and PECOS, the DyP Alerts and Notification module will notify the provider specialist or the forensic analyst to further investigate the case.
PMNT52	The Contractor's solution shall collect, validate and maintain Clinical Laboratory Improvement Amendments (CLIA) certification information including the level of certification, the specific procedures each laboratory is authorized to perform, effective and end dates, and location of the certification for use in claims adjudication.	DyP captures and collects all CLIA information through the CLIA batch interface.
PMNT53	The Contractor's solution shall have the ability to indicate providers using electronic funds transfer (EFT) and submitting claims electronically.	During the application process, fields will collect whether the provider accepts EFT and whether they are able to submit claims electronically. This information collected during the enrollment process from the providers and will be available to backend processes for claims receipt and payment processing.
PMNT54	The Contractor's solution shall support communications (e.g.,	DyP supports email, online notifications, SMS (text), and chat

Req. ID	Requirement Language	Response
	email, SMS, correspondence) to and from providers, track and monitor responses to department communications.	correspondence. Communications to providers are available through the DyP secured message center on the Provider Portal. Internal users can communicate with the provider via the secured message center on the Internal User Portal. All communications / correspondence between the provider and internal user is stored as a correspondence record associated with the provider.
PMNT55	The Contractor shall ensure information exchanges are documented in trading partner agreements as specified in 45 CFR 162.915.	All information exchanges with trading partners will be in full compliance with the 45 CFR 162.915 rule, including standards for data elements and codes.
PMNT56	The Contractor's solution shall have the ability to assign an individual provider an unlimited number of valid provider classifications (e.g., physician-family practice, physician-oncologist, hospital-acute care, registered nurse-pediatrics).	The select pick option within the portal will have the ability to select more than one provider classification on screen. The list of provider classifications can be adjusted and expanded as needed.
PMNT57	The system shall allow a single provider to have more than one electronic submitter associated with their provider file, and designate one biller to receive 835 files.	As part of the enrollment process, DyP captures the information regarding the electronic submitter and biller. DyP allows a provider to have multiple submitters and allows a designated biller to receive the 835 files.
PMNT58	The Contractor's solution shall have the ability to automatically and manually link the unique provider number to other provider IDs used throughout the State enterprise (e.g. SABHRS or State Eligibility Systems IDs). The solution shall display all provider	DyP captures different identifiers used by providers in multiple systems like SABHRS or State Eligibility Systems IDs as part of the enrollment process or through external batch interfaces from the different systems. DyP Internal User Portal and

Req. ID	Requirement Language	Response
	IDs.	Provider Portal displays these alternate identifiers for the provider.
PMNT60	The Contractor's solution shall be configurable to allow users to indicate the method of how required documentation will be submitted (e.g., mail and facsimile).	To promote the electronic sending of information and to streamline the application process, documentation upload through the portal is supported for a wide range of various file types (JPEG, PNG, PDF, Excel, CSV, Word, and more). This saves the provider time and eliminates additional work on the part of administrators in tracking down incomplete applications where providers omitted sending required documentation. When unable to submit documents online at the current time, a selection will still be available to indicate whether they intend to submit the missing information via hard mail, fax, or through the system at a later time.
PMNT61	The Contractor's solution shall have configurable workflow to present for validation, updates submitted online/electronically by specific criteria (e.g., program type, data type, risk level).	DyP has workflows to support is data submitted electronically or via mail for change of circumstance requests such as change of address, licensure, program type, provider type, etc. Manual workflows are available to support the risk scores that do not meet the automatic acceptance of the changes.
PMNT62	The Contractors solution shall support manual and automatic classification of a provider risk level status (limited to moderate to high) which shall trigger additional steps and screening as applicable.	DyP Screening and Monitoring module establishes provider risk scores and risk levels. Based on the scores and the risk levels, DyP will trigger additional manual or automated steps required to resolve the anomaly or

Req. ID	Requirement Language	Response
		discrepancy. Forensic analysts can log onto the DyP Screening and Monitoring portal to determine the status and investigate the discrepancy.
PMNT63	The Contractor's solution shall provide the capability for users to review enrollment and revalidation information prior to final submission of the enrollment or revalidated information.	DyP provides providers the ability to review the enrollment application prior to submission or review the change of circumstance request prior to submission. DyP provides similar functionality to the internal users also.
PMNT64	The Contractors solution shall support manual and automatic classification of a provider risk level status (limited to moderate to high) which shall trigger additional steps and screening as applicable.	DyP Screening and Monitoring module establishes provider risk scores and risk levels. Based on the scores and the risk levels, DyP will trigger additional manual or automated steps required to resolve the anomaly or discrepancy. Forensic analysts can log onto the DyP Screening and Monitoring portal to determine the status and investigate the discrepancy.
PMNT65	The Contractor's solution shall capture and maintain at a minimum, the data set defined in Part 11 of the State Medicaid Manual and provider related TMSIS required fields.	DyP captures all the fields required for the provider segment of the TMSIS interface to CMS.
PMNT66	The Contractor shall collect and maintain certifications by specific industry standard or state policy (e.g., NCQA Certification and NCQA Certification Level).	All specific National Committee for Quality Assurance (NCQA) certifications achieved by providers will be documented and stored for viewing through the Internal User Portal for verification as needed.

The **DyP** solution is built to support all critical needs for the maintenance and administrative support of the Provider Services Module. Specific integrations, workflows, and business rules will be configured during implementation, including



state-specific adjustments where needed in order to streamline and consolidate your current application screening, validation, and associated credentialing practices today.

3.10.12 Self-Service Portal

This section addresses self-service portal requirements. The Provider Services module must support self-service provider enrollment and maintenance activities in addition to other self-service functions necessary to support day to day business functions including but not limited to; a provider inbox, interactive chat functionality, and a provider locator for both public and authenticated users to find actively enrolled providers based on specified criteria. The Offeror must describe their approach to meet each of the Self-Service Portal requirements defined in Attachment F, Requirements Matrix.

Apart from the **DyP** supported enrollment and maintenance functions discussed in the previous sections, the **DyP** Provider Services Module also supports a number of other enhanced, self-service functions. Both our Provider Portal and our Internal User Portal support self-service, promoting the ability on the part of the provider, and the administrator alike, to complete applicable tasks related to their job function through easy, streamlined user interfaces that both support and promote ease of use to foster technology adoption and minimize any necessary learning curve in moving to a new modular solution.

Part of the many features that will be discussed in this section include our out-of-the-box chat functionality supported, expansive Message Center with inbox capabilities, and more. As required, we have addressed each core Self-Service Portal requirements as described in *Attachment F* below and on the following pages.

Provider inquiry

ID Type Provider ID Provider Name Specialty **Dentist**

Zip State County **Fulton** City

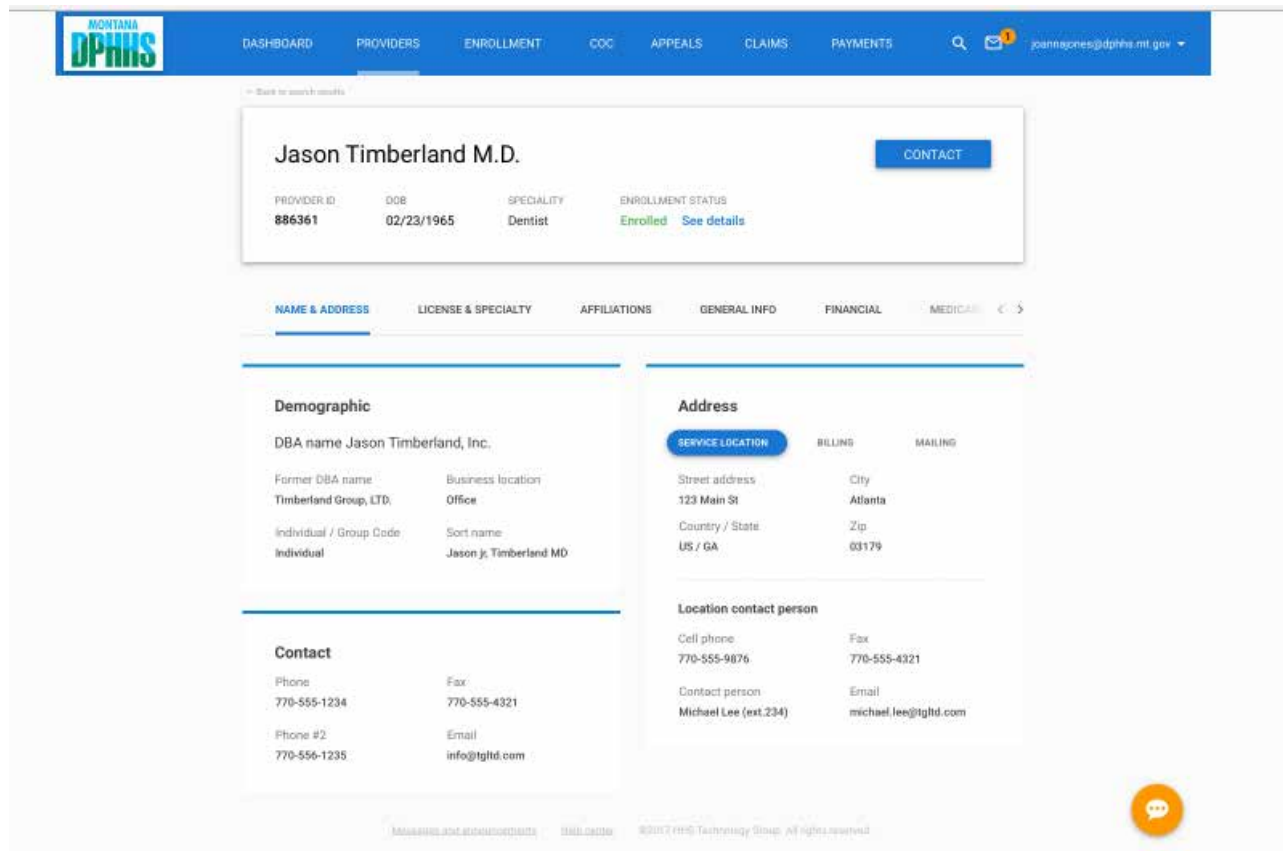
[Advanced search](#)

Provider ID	Provider name	Specialty	City	State	Zip	County	Status
806361	Jason Timberland	Dentist	Atlanta	GA	03179	Fulton	Enrolled
464747	Ran Bummer	Dentist	Atlanta	GA	30350	Fulton	Enrolled
353546	Dr. Sam Stance	Dentist	Atlanta	GA	30350	Fulton	Enrolled
555340	Monica Bele	Dentist	Atlanta	GA	30350	Fulton	Enrolled
765450	Jeff Cruet	Dentist	Atlanta	GA	30350	Fulton	Enrolled

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Figure 68: Provider Inquiry; The DyP Self Service module provides the capability to search for a provider using several search criteria such as NPI, city, state, zip, provider location, language spoken, provider type and provider specialty.



The screenshot shows the Montana DPHHS Provider Inquiry Results page for Jason Timberland M.D. The page has a blue header with navigation links: DASHBOARD, PROVIDERS, ENROLLMENT, COC, APPEALS, CLAIMS, PAYMENTS, and a search icon. The user's name, joannagones@dphhs.mt.gov, is displayed in the top right. Below the header, the provider's name "Jason Timberland M.D." is shown with a "CONTACT" button. A table displays the provider's details: PROVIDER ID (886361), DOB (02/23/1965), SPECIALITY (Dentist), and ENROLLMENT STATUS (Enrolled, with a "See details" link). Below this, there are tabs for NAME & ADDRESS, LICENSE & SPECIALTY, AFFILIATIONS, GENERAL INFO, FINANCIAL, and MEDICAL. The "NAME & ADDRESS" tab is active, showing Demographic and Address information. The Demographic section includes DBA name (Jason Timberland, Inc.), Former DBA name (Timberland Group, LTD), Individual / Group Code (Individual), Business location (Office), Sort name (Jason J. Timberland MD), and Contact information (Phone: 770-555-1234, Fax: 770-555-4321, Email: info@tgltld.com). The Address section includes SERVICE LOCATION, BILLING, and MAILING, with Street address (123 Main St), City (Atlanta), Country / State (US / GA), and Zip (03179). The Location contact person section includes Cell phone (770-555-9876), Fax (770-555-4321), Contact person (Michael Lee (ext.234)), and Email (michael.lee@tgltld.com). At the bottom, there is a footer with "MONTANA DPHHS", "HHS Tech Group", and "©2017 HHS Technology Group. All rights reserved." and a chat icon.

Figure 69: Provider Inquiry Results; DyP Self Service Module provides the capability a public provider search feature using several search criteria such as NPI, city, state, zip, provider location, language spoken, provider type, provider specialty etc. DyP uses elastic search functions to narrow the search results. Upon selecting a provider from the search results, the DyP will render at a minimum, provider name, locations, phone numbers, provider classification(s), provider role, network(s), all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), office hours, accessibility, etc.

Table 3: Self-Service Portal Requirements: Attachment F – Requirements Matrix

Req. ID	Requirement Language	Response

Req. ID	Requirement Language	Response
PSER01	The Contractor's solution shall provide a self-service tool that will allow authenticated users to search by provider name (including phonetic search), NPI/API, network(s), location(s) (including city, state and zip code), provider classification(s), provider role, all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), accessibility, gender, and whether or not a provider is accepting new patients. At a minimum the results display shall include; provider name, locations, phone numbers, provider classification(s), provider role, network(s), all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), office hours, accessibility, whether or not a provider is accepting new patients, and any restrictions on the freedom of choice among providers in the public provider locator (e.g., ages served, gender).	DyP Self Service Module provides the capability to search for a provider using several search criteria such as NPI, city, state, zip, provider location, language spoken, provider type, provider specialty etc. DyP uses elastic search functions to narrow the search results. Upon selecting a provider from the search results, the DyP will render at a minimum, provider name, locations, phone numbers, provider classification(s), provider role, network(s), all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), office hours, accessibility, etc.
PSER08	The Contractor's solution shall provide an online self-service tool for providers to access a provider inbox for messages and notices. The solution shall provide the ability to send, receive, and respond to messages.	The DyP Provider Portal includes a secure Message Center area for notifications within the portal, providing full inbox message functionality. Abilities include, but are not limited to: · Notifications within an easy to access inbox · Ability to assign priorities to messages including low, medium, and critical - o Critical-labeled messages are automatically displayed in red

Req. ID	Requirement Language	Response
		- Support for sending/receiving messages in real-time - Alert notifications feature, including a message alert at the top of the UI - Support for archiving messages - Ability to save drafts for sending at a later time Please see <i>Exhibit X. Discover Your Provider (DyP) – Provider Portal: Message Center</i> for a screenshot of our Notifications area.
PSER09	The Contractor's solution shall provide an online self-service tool for providers to add or remove provider account users and change user roles for all self-service functions.	DyP provides the org administrator of the provider organization (Super Admin) the ability to add/delete users, change user roles/privileges as self serve functions.
PSER10	The Contractor's solution shall allow individual practitioners to submit a request to link or unlink an affiliation with a billing provider. Each relationship shall include an effective date when initiated and an end date when the affiliation is terminated.	DyP Provider Portal enables provider to submit a change of circumstance request (link/unlink/affiliation with the billing provider). This request will initiate the DyP Alerts and Notification Module to trigger a notification to the provider specialist to review and approve the change of circumstance request. The effective dating capability of DyP will ensure that each relationship will include an effective or termination date for initiation/termination of an affiliation.
PSER11	The Contractor's solution shall accept, validate and store new and updated provider information	DyP Provider Portal enables the providers to submit changes in their enrollment via a change of

Req. ID	Requirement Language	Response
	entered through the Provider Self Service tool.	circumstance request. Certain change of circumstance requests can update the provider record without review and approval of the internal user. Certain change of circumstance requests like, change of licensure, change of bank account information and change of provider specialty would require review and approval of the internal user. Upon approval, the provider record is updated.
PSER12	The Contractor's solution shall allow authorized billing providers to link and unlink individual practitioners from and to billing providers with the ability to link an individual provider to multiple billing providers. Each relationship shall include an effective date when initiated and an end date associated with the termination of the affiliation.	DyP Provider Portal enables the billing provider to submit a change of circumstance request (link/unlink/affiliation with the billing provider). This request will initiate the DyP Alerts and Notification Module to trigger a notification to the provider specialist to review and approve the change of circumstance request. The effective dating capability of DyP will ensure that each relationship includes an effective or termination date for initiation/termination of an affiliation.
PSER15	The Contractor's solution shall provide online interactive chat functionality as a reliable transaction channel that allows enrolled and authenticated users to chat directly with a customer care representative. The chat session shall be recorded, stored, and	Fully integrated chat functionality is supported in the DyP Provider Services Module solution. As the end user moves through the portal, each screen is configured to display an orange chat symbol in the bottom right hand portion of the screen (as 

Req. ID	Requirement Language	Response
	accessible to internal staff for reference.	shown on the right). All chat sessions are recorded and archived, with accessibility to recorded sessions enabled for administrative staff as required. The chat sessions will also be associated with the provider record as correspondence/communication history.
PSER16	The Contractor's solution shall include a configurable self-service tool that allows active and inactive providers to update and validate their provider record through direct data entry via the web, based on selected criteria.	DyP Provider Portal enables the providers to submit changes to their provider record. Certain change of circumstance requests can update the provider record without review and approval of the internal user. Certain change of circumstance requests like, change of licensure, change of bank account information and change of provider specialty would require review and approval of the internal user. Upon approval, the provider record is updated.
PSER17	The Contractor's solution shall a provide public provider search feature that will allow users to search by provider name (including phonetic search), network, location(s) (including city, state and zip code), provider classification(s), all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), accessibility, gender, and whether or not a provider is accepting new patients. At a minimum the results display shall include; provider	DyP Self Service Module provides the capability a public provider search feature using several search criteria such as NPI, city, state, zip, provider location, language spoken, provider type, provider specialty etc. DyP uses elastic search functions to narrow the search results. Upon selecting a provider from the search results, the DyP will render at a minimum, provider name,

Req. ID	Requirement Language	Response
	name, network(s) location(s), phone numbers, provider classifications, all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), office hours, accessibility, whether or not a provider is accepting new patients, and any restrictions on the freedom of choice among providers in the public provider locator (e.g., ages served, gender).	locations, phone numbers, provider classification(s), provider role, network(s), all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), office hours, accessibility, etc. DyP will provide a list view or map view of the results.
PSER22	The Contractor's solution shall provide online key contact information at a minimum by program type and business process.	This information will be prominently displayed on the portal, including the Quick Links area as well as at the footer and/or sidebar areas of the UI as desired. Specific contacts for each Medicaid program along with connected address link navigation can also be provided, enabling users to get directions quickly as needed.
PSER23	The Contractor's solution shall provide an online self-service Frequently Asked Questions (FAQ) tool that is easily navigable and searchable. The FAQ shall be updated quarterly or as directed by the State.	DyP Internal Portal and External Portal has FAQs included in the Quick Links area before/after login and on the landing page. FAQs can also be provided on existing Medicaid websites to answer preliminary questions providers may have before they are routed to the Provider Portal. FAQs will have sort and search functionality enabled. DyP will support quarterly updates to the FAQs as required by the State.
PSER24	The Contractor's solution shall allow users to view, download and/or print current and historical	DyP Internal User Portal and Provider Portal allows users or providers to view, download and/or

Req. ID	Requirement Language	Response
	provider information (e.g., manuals, instructions, bulletins, program descriptions, eligibility criteria and forms).	print enrollment instructions, bulletins, enrollment forms, eligibility criteria, etc.
PSER25	The Contractor's solution shall provide links to relevant web resources (e.g., State and Federal websites, and other entities determined by the State to be appropriate for the self-service portal).	DyP Portals include the Quick Links sections which provide helpful links to relevant State and federal websites and other entities determined by the State to be appropriate for the DyP Portals.
PSER26	The Contractor's solution shall allow enrolled providers, enrolled trading partners, State users, and other users designated by the State, access to the secure areas of the self-service portal following successful authentication through single sign-on.	To access secure areas of the Self-Service Portal, enrolled/registered providers are required to login to the portal as shown in <i>Exhibit X. Discover Your Provider (DyP) – Provider Portal: Landing Page</i> . Upon login, the providers will have access to all data available on the Self-Service Portal. For example, last payment date, last payment amount, claims history, change of circumstance requests, appeals, etc.
PSER27	The Contractor's solution shall provide access for users to view current and historical fee schedules.	Current and historical fee schedules will be readily available to view and download on demand, directly from the Provider Portal. The HHS Tech Implementation Team will work with DPHHS and all other states during implementation to ensure prominent placement in the portal for providers to quickly obtain the latest fee schedule information.
PSER28	The Contractors solution shall create and present a tracking or confirmation number when provider information is updated via the self-service portal.	DyP provides barcode or a tracking id for enrollment application or change of circumstance request as the confirmation number for the request.

Req. ID	Requirement Language	Response
		The provider can use this confirmation number in any form of correspondence with the helpdesk or internal user.

3.10.13 Option A Provider Services

In addition to the primary scope of the Provider Services module, states may procure additional provider self-service portal components and services for activities not categorized in Section 3.10.1 through 3.10.12. These services are integral to the provider's ability to complete necessary activities in order to participate in one or more of State healthcare programs. Option A Provider Services requirements provide flexibility to State's or Agencies who may desire to procure the components or services outlined in Option A as a part of this procurement versus a separate procurement. The Offeror is not required to include Option A in their proposal. If the Offeror chooses to include these services in their proposal the Offeror must describe in their response, their approach to meet the Option A requirements detailed Attachment F, Requirements Matrix.

To support the needs of DPHHS and other states through the NASPO ValuePoint initiative, HHS Tech is proposing to provide the optional services and needs as set forth in *Attachment F*. Provided below and on the following pages is a line-by-line response to each of the items noted within Column E of *Attachment F* as being *Option A Provider Services*.

As a modular, flexible, and adaptable solution, the **DyP** solution has been built specifically to adapt to the needs of specific states. Each state is unique in its own set of Medicaid programs and services offered within their state, with specific provider application and credentialing requirements. HHS Tech will work with each state to identify any specific needs, including requirements beyond those noted within the RFP, at the start of each implementation to ensure proper configuration to support each state.

Table 4: Option A Provider Services Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response

Req. ID	Req. Language	Response
OMC22	The Contractor shall provide 500 system enhancement pool hours for the duration of the DDI phase of the contract. The cost of these 500 system enhancement pool hours are included in the offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort. The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.	HHS Tech agrees will provide 500 system enhancement pool hours for the duration of the DDI phase of the contract. HHS Tech will ensure appropriate resources are on hand and available throughout the life of the contract, including a ramp up of support staff during the design, development, and implementation (DDI) phase. As required, the unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.
OMC23	The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 100 system enhancement pool hours are included in the Offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System	To control costs, 100 resource hours for any enhancements needed to the system will be included as part of the final contract. This enables DPHHS to account for Change Requests (CRs) and other modifications and/or enhancements needed to the system up front for

Req. ID	Req. Language	Response
	Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort. Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedule, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.	budgeting purposes. Any hours necessary beyond the initial lot of 100 hours must be discussed and approved in advance by DPHHS. Any unused hours will continually roll onto the next year throughout the life of the contract.
PSER23	The Contractor's solution shall provide an online self-service Frequently Asked Questions (FAQ) tool that is easily navigable and searchable. The FAQ shall be updated quarterly or as directed by the State.	DyP Internal Portal and Provider Portals have FAQs included in the Quick Links area before/after login and on the landing page. FAQs can also be provided on existing Medicaid websites to answer preliminary questions providers may have before they are routed to the Provider Portal. FAQs will have sort and search functionality enabled. DyP will support quarterly updates to the FAQs as required by the State.
PSER24	The Contractor's solution shall allow users to view, download and/or print	DyP Internal User Portal and Provider Portal allows users or

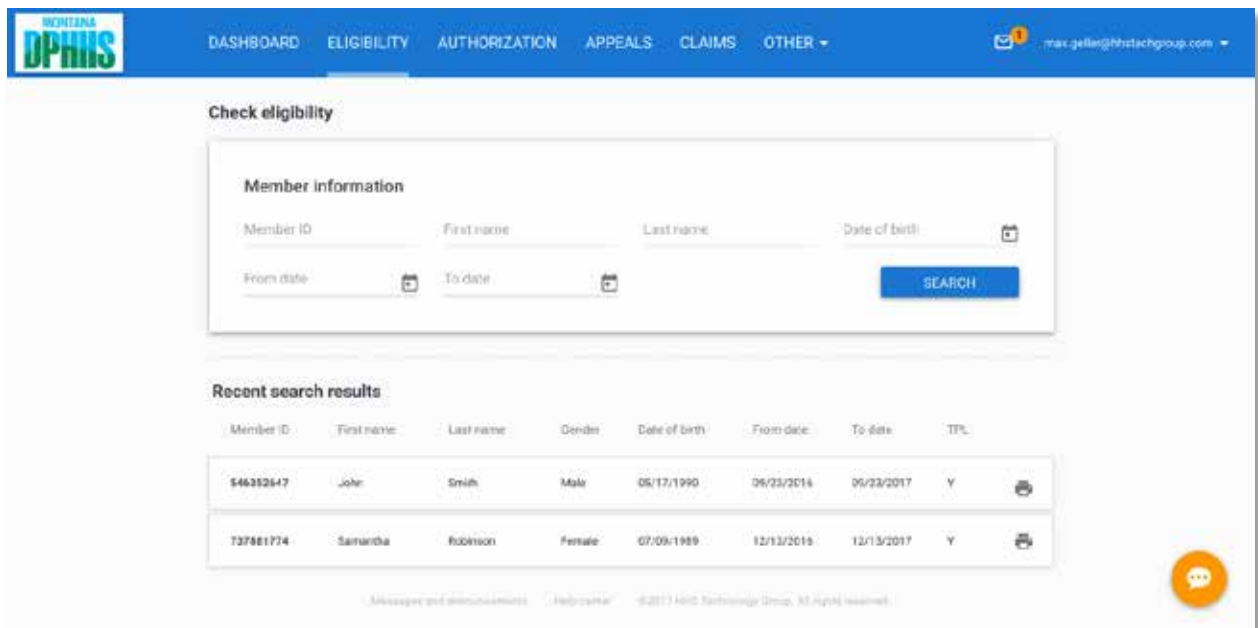
Req. ID	Req. Language	Response
	current and historical provider information (e.g., manuals, instructions, bulletins, program descriptions, eligibility criteria and forms).	providers to view, download and/or print enrollment instructions, bulletins, enrollment forms, eligibility criteria, etc.
PSER27	The Contractor's solution shall provide access for users to view current and historical fee schedules.	Current and historical fee schedules will be readily available to view and download on demand, directly from the Provider Portal. The HHS Tech Implementation Team will work with DPHHS and all other states during implementation to ensure prominent placement in the portal for providers to quickly obtain the latest fee schedule information.
PSER44	The Contractor's solution shall allow authenticated users to download or print member registries in Excel and PDF.	Using the DyP Provider Portal, as with other information displayed in the system, member registries can be downloaded for offline reference and printing.
TRN16	The Contractor's solution shall provide web-based video instruction.	DyP is a self-guided, intuitive and easy to use web application. DyP provides field level help, page level help, user-guides, training videos to support the learning of the provider or user. In addition, HHS Tech can also provide train the trainer classroom instruction.

3.10.13.1 Self-Service Member Eligibility Inquiry

This section outlines the requirements for Self-Service Member Eligibility Inquiry. The Offeror's proposed Option A solutions and services shall include real time verification of eligibility through the Self-Service Portal and provide eligibility information including benefit plan enrollment, care management enrollment, waiver program information, program limits, service limits, and TPL information on the self-service portal to providers and other users authorized by the State. The Offeror must describe their approach to meet each of the self-service eligibility requirements defined in Attachment F, Requirements Matrix.

The **DyP** Provider Portal supports real-time eligibility inquiries. This enables providers to obtain all available current and historical known information on a member, including the member's current eligibility for the full range of Medicaid programs and services, and historical participation in programs. This information is critical for a provider to be assured the member's eligibility to receive the services they provide and to be aware of known information that may impact the services rendered, such as knowing the member's enrollment in Care Management prompting a provider to review their Individualized Care Plan in place.

Provided below and on the following page are screenshots of our Eligibility area within the Provider Portal followed by our responses to the specific Self-Service Member Eligibility requirements as noted in *Attachment F*.



Check eligibility

Member information

Member ID: First name: Last name: Date of birth:

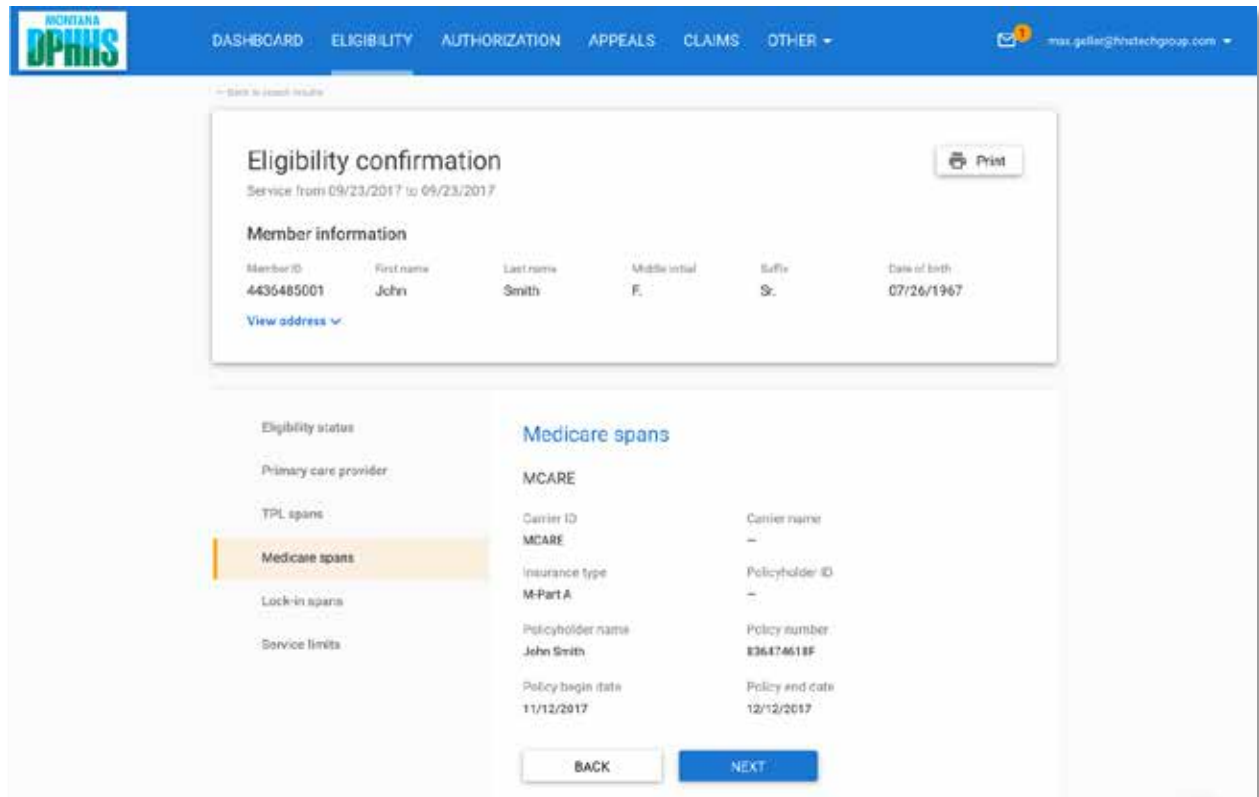
From date: To date: **SEARCH**

Recent search results

Member ID	First name	Last name	Gender	Date of birth	From date	To date	TPS
546352647	John	Smith	Male	05/12/1990	06/23/2016	06/23/2017	Y
737861774	Sarahtha	Robinson	Female	07/09/1989	12/13/2016	12/13/2017	Y

Messages and announcements Help center ©2017 HHS Technology Group, All Rights Reserved

Figure 70: Discover Your Provider (DyP) – Provider Portal: Eligibility. Within the Provider Portal, providers can quickly search for a particular member to view their eligibility across applicable Medicaid programs. All known information on each member is securely stored in accordance with HIPAA requirements.



Eligibility confirmation
Service from 09/23/2017 to 09/23/2017

Member information

Member ID	First name	Last name	Middle initial	Suffix	Date of birth
4436485001	John	Smith	F.	St.	07/26/1967

[View address](#)

Eligibility status

Primary care provider

TPL spans

Medicare spans

Lock-in spans

Service limits

Medicare spans

MCARE

Carrier ID	Carrier name
MCARE	—

Insurance type	Policyholder ID
M-Part A	—

Policyholder name	Policy number
John Smith	E36474618F

Policy begin date	Policy end date
11/12/2017	12/12/2017

[BACK](#) [NEXT](#)

Table 5: Discover Your Provider (DyP) – Provider Portal: Eligibility Confirmation. Providers can view the status of their eligibility inquiries in real-time along with the full range of available information received on a given member.

Table 6: Self-Service Member Eligibility Inquiry Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PSER04	The Contractor's solution shall provide an online self-service tool for authorized users to perform real-time member eligibility inquiries. Eligibility inquiry responses will include at a minimum, eligibility dates, eligibility for one or more benefit plans, care management enrollment information, waiver program information, program limits, TPL	DyP's Provider Portal allows eligible providers to perform eligibility inquiries for members. Eligibility inquiry responses will display at a minimum: eligibility dates, eligibility for one or more benefit plans, care management enrollment information, waiver

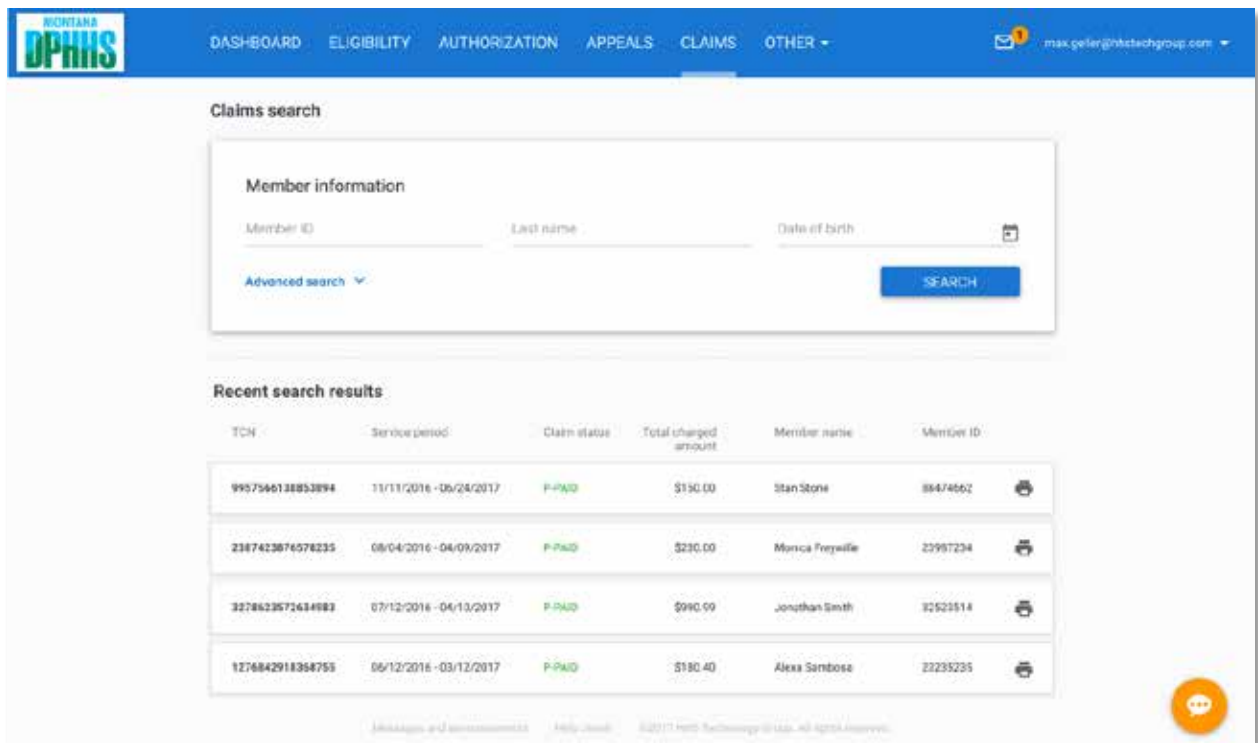


Req. ID	Req. Language	Response
	information, and other member information necessary for the provider to determine if the member is eligible for services.	program information, program limits, TPL information, and other member information necessary for the provider to determine if the member is eligible for services.
PSER38	The Contractor's solution shall allow an external user to print member eligibility responses or download in PDF format.	DyP Provider Portal supports the ability for users to download (PDF) and print member eligibility information as needed.

3.10.13.2 Self-Service Claim Status Inquiry

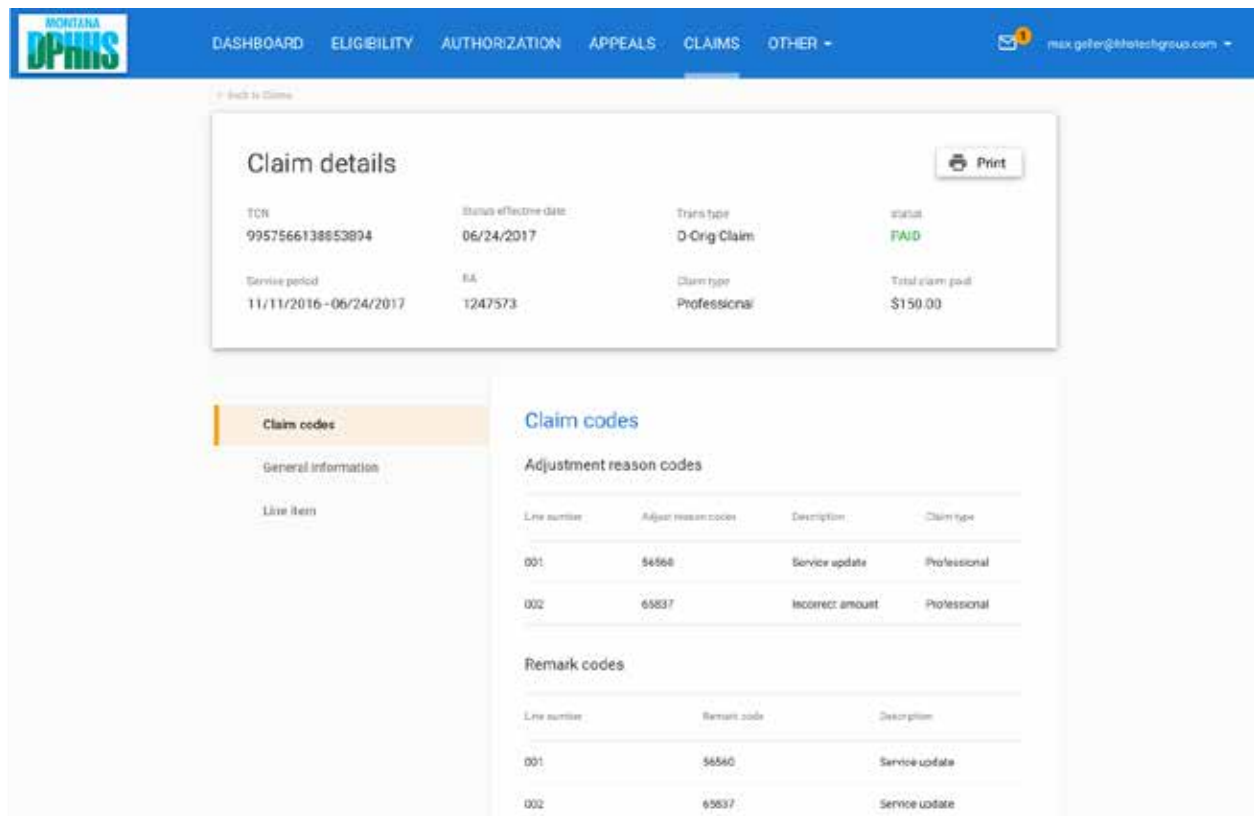
This section outlines the requirements for Self-Service Claim Status Inquiry. The Offeror's proposed Option A solutions and services shall include real time claims status inquiry to allow providers to check the status of their claims. The Offeror must describe their approach to meet each of the self-service claim status inquiry requirements defined in Attachment F, Requirements Matrix

The Provider Portal includes a full-featured Claims section within the user interface, providing the ability to check on the status of claims a given provider have submitted to DPHHS for each of their patients. Providers have the ability to drill down to individual patient details, including any claim edits/adjustments made, denial reasons, claim status, amount, and more. Provided are screenshots of our Claims area functionality followed by our responses to the specific requirements for Self-Service Claim Status Inquiry as noted in Attachment F.



TCN	Service period	Claim status	Total charged amount	Member name	Member ID
9957566138853894	11/11/2016 - 06/24/2017	P-PAID	\$190.00	Stan Stone	88474662
2387423876578235	08/04/2016 - 04/09/2017	P-PAID	\$230.00	Marica Freyette	22987234
3278623572434983	07/12/2016 - 04/13/2017	P-PAID	\$990.09	Jonathan Smith	32523514
1274842918364755	06/12/2016 - 03/12/2017	P-PAID	\$180.40	Alexa Sambosa	22235235

Figure 71: Discover Your Provider (DyP) – Provider Portal: Claims. *The Provider Portal provides a ‘one-stop-shop’ for providers to conduct a range of self-service activities, from completing their initial application to running eligibility checks, viewing updates on claims submitted, and more. As shown in the screenshot above, providers can quickly look up the status on a submitted claim.*



Claim details

TCN: 9957566138853894 | Status effective date: 06/24/2017 | Trans type: D-Orig Claim | Status: PAID

Service period: 11/11/2016 - 06/24/2017 | RA: 1247573 | Claim type: Professional | Total claim paid: \$150.00

Claim codes

General information

Like item

Adjustment reason codes

Line number	Adjust reason codes	Description	Claim type
001	56566	Service update	Professional
002	65837	Incorrect amount	Professional

Remark codes

Line number	Remark code	Description
001	56566	Service update
002	65837	Service update

Figure 72: Discover Your Provider (DyP) – Provider Portal: Claim Details.
Providers can not only look up the latest status on a submitted claim, but can also drill down to the individual member details and associated actions made on a given claim, as shown.

Table 7: Self-Service Claim Status Inquiry Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PSER06	The Contractor's solution shall provide an online self-service tool for providers to view claim status.	Like Eligibility, our Provider Portal also includes a claims area for providers to look up claim information and view the latest status on each submitted claim.
PSER43	The Contractor's solution shall allow authenticated users to download or print a claim status report in Excel and PDF.	Using the DyP Provider Portal, providers can view the latest status of their claims from within the Provider Portal. If desired, this information can be downloaded by the end user for offline reference and/or printing,

Req. ID	Req. Language	Response
		as needed.

3.10.13.3 Self-Service Warrant and Remittance Advice Inquiry

This section outlines the requirements for self-service warrant and remittance advice access. The Offeror's proposed Option A solutions and services shall provide access to remittance advice and warrant information through self-service portal for the provider and other users authorized by the State. The Offeror must describe their approach to meet each of the requirements for self-service warrant and remittance advice access defined in Attachment F, Requirements Matrix.

As claims are received and adjudicated by the State, remittance advice EDI transactions will be supported in the system to receive information back from the State which will be published in the **DyP** Provider Portal. This will enable the provider to see the real-time status of their claims and the corresponding action taken (paid, denied, etc.).

All information within the EDI transaction set will be parsed out and displayed through the UI data fields in a user-friendly, readable format. Information displayed will also include the warrant (check) information, warrant number, bank name, etc. Provided in the following table are responses to the specific warrant and remittance advice requirements as described in *Attachment F*.

Table 8: Self-Service Warrant and Remittance Advice Inquiry Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PSER02	The Contractor's solution shall include an online self-service tool allowing authenticated users to view current and all previous warrants.	DyP Internal User and Provider Portals allows authenticated users to view all warrants, both the warrant (check) itself and the corresponding remittance advice (RA).
PSER07	The Contractor's solution shall provide an online self-service tool that allows authenticated users to access and view current and previous remittance advice that can be sorted by various parameters (EFT, date, NPI, etc.).	DyP Provider Portal allows authenticated users to view current and previous RAs. To search for RAs, providers can use various parameters like EFT, date, NPI, etc.
PSER40	The Contractor's solution shall allow authenticated users to download warrants and remittance advice in multiple formats (e.g., Excel or PDF) as directed by the State.	DyP Provider Portal allows the user the ability to download information For example, warrants and its corresponding remittance advice, claims, appeals, etc., will be able to be downloaded in a user-friendly,



Req. ID	Req. Language	Response
		readable format (Excel/PDF).

3.10.13.4 Self-Service Claims Based Medical History

This section outlines the requirements for Claims Based Medical History. The Offeror's proposed Option A solutions and services shall include member medical history access on the Self-Service Portal to allow providers with the authorized roles to access a member's medical histories interactively. The Offeror must describe their approach to meet each of the claims based medical history requirements defined in Attachment F, Requirements Matrix.

The **DyP** Provider Portal will support the ability for providers to both search and view member medical history and associated historical claims data from within the **DyP** Provider Portal. This functionality is critical to ensure providers have the full scope of their patient's medical history and related claims data to form a holistic picture of their health. This will enable providers to make better decisions on how to best treat their patients to improve their health and overall wellbeing. Provided below is our response to the corresponding requirement from *Attachment F*.

Table 9: Self-Service Claims Based Medical History Requirement: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PSER21	The Contractor's solution shall allow authorized users to search and view Claims Based Medical History.	DyP Provider Portal allows authorized users to view the claims submitted by the same provider (Note: Provider A cannot see Provider B's claims). Claims search function allows providers to search by various parameters such as claim date, procedure code, Member ID, amount, etc.

3.10.13.5 View, Upload and Download HIPAA Compliant Healthcare Transactions

This section outlines the requirements to View, Upload and Download HIPAA Compliant Healthcare Transactions. The Offeror's proposed Option A solutions and services shall allow authorized users to view, upload and download HIPAA compliant healthcare transactions (e.g., 270/271 batch eligibility status inquiry and response, 837 batch claims submission, and 276/277 Claim Status request and response) on the Self-Service Portal. The Offeror must describe their approach to meet each of the requirements to view, upload and download HIPAA compliant healthcare transaction requirements defined in Attachment F, Requirements Matrix.

As a complete Provider Services solution, **DyP** has been built to transmit, accept, receive, and parse out data from a full range of HIPAA-compliant X12 EDI transaction sets. All standard EDI transactions will be supported, enabling search and display functionality from within the Provider Portal and the Internal User Portal. As required, provided in the table below is our response to the single requirement noted for this section within *Attachment F*.

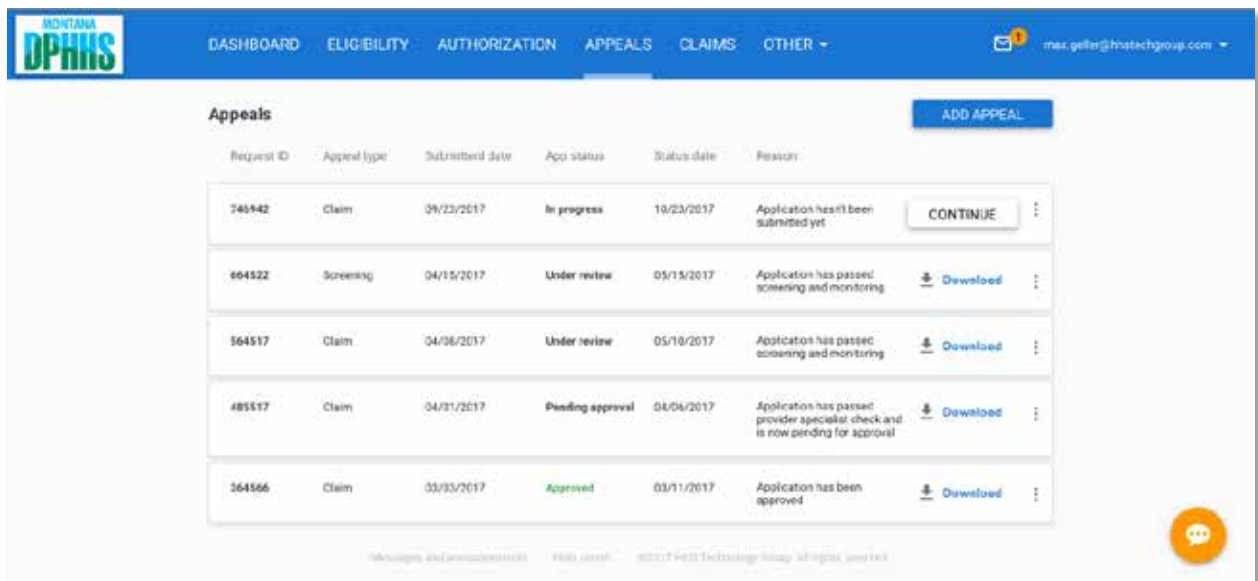
Table 10: Table X. View, Upload, and Download HIPAA Compliant Healthcare Transactions Requirement: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PSER39	The Contractor's solution shall allow authorized user to view, upload and download HIPAA compliant healthcare transactions (e.g., 270/271 batch eligibility status inquiry and response, 837 batch claims submission, and 276/277 Claim Status request and response) on the Self-Service Portal.	DyP Provider Portal allows the user to transmit, accept, process, and display HIPAA X12 EDI compliant transactions. All transactions sent/received from DyP Provider Portal will be searchable and viewable from both the Provider Portal and the Internal User Portal.

3.10.13.6 Self-Service Online Provider Appeal Request

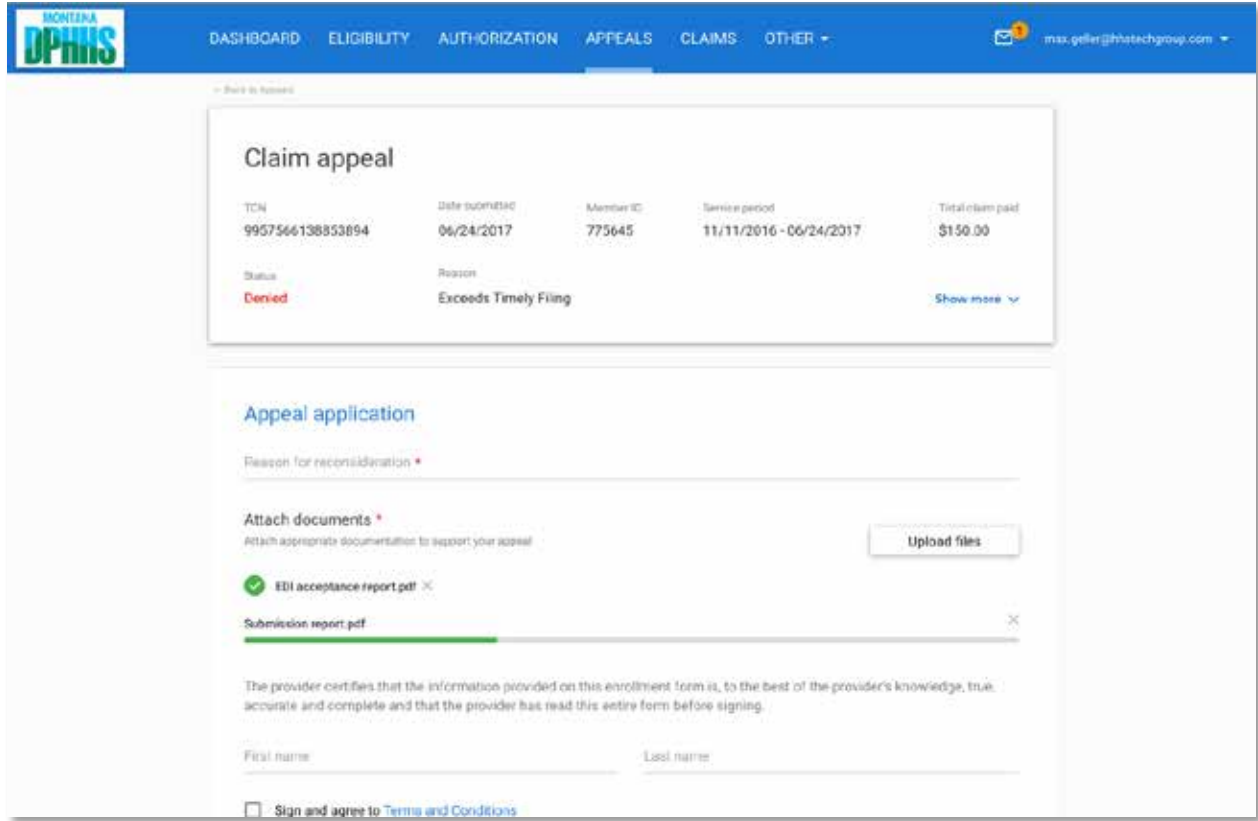
This section outlines the requirements for Online Provider Appeal Requests. The Offeror's proposed Option A solutions and services shall provide the functionality for providers to request appeals. Automated workflow integration will route appeals to the appropriate work unit or user. The Offeror must describe their approach to meet each of the online provider appeal request requirements defined in Attachment F, Requirements Matrix.

An Appeals section is included within the **DyP** Provider Portal for providers to create, submit, and track appeals. Appeals can be made for an application, claim, and/or other item as approved and acceptable for each state. All appeals can be submitted and tracked within the same area of the UI, with self-service abilities to drill down to each individual appeal, add evidence/documentation, download information for offline storage and printing, and more. Provided below and on the following page are screenshots of our Appeals section followed by our responses to the specific requirements as noted in *Attachment F*.



Request ID	Appeal type	Submitted date	App status	Status date	Reason	
745942	Claim	04/23/2017	In progress	10/23/2017	Application hasn't been submitted yet	CONTINUE
604522	Screening	04/15/2017	Under review	05/15/2017	Application has passed screening and monitoring	Download
564517	Claim	04/06/2017	Under review	05/10/2017	Application has passed screening and monitoring	Download
485517	Claim	04/31/2017	Pending approval	04/06/2017	Application has passed provider specialist check and is now pending for approval	Download
364566	Claim	03/30/2017	Approved	03/31/2017	Application has been approved	Download

Figure 73: Discover Your Provider (DyP) – Provider Portal: Appeals. Within the Provider Portal is an Appeals section, providing a dedicated area where providers can submit, view, and track all their appeals.



The screenshot shows the 'Appeals' section of the Montana DPHHS Provider Portal. The top navigation bar includes links for DASHBOARD, ELIGIBILITY, AUTHORIZATION, APPEALS, CLAIMS, and OTHER. The user is logged in as mss.geller@hhs-techgroup.com. The main content area is titled 'Claim appeal' and displays the following details:

TCN	Date submitted	Member ID	Service period	Total claim paid
9957566138853894	06/24/2017	775645	11/11/2016 - 06/24/2017	\$150.00

Below the table, the status is 'Denied' and the reason is 'Exceeds Timely Filing'. A 'Show more' link is available. The 'Appeal application' section includes a 'Reason for reconsideration' field, an 'Attach documents' section with an 'Upload files' button, and a list of attached documents: 'EDI acceptance report.pdf' and 'Submission report.pdf'. A checkbox for 'Sign and agree to Terms and Conditions' is at the bottom.

Figure 74: Discover Your Provider (DyP) – Provider Portal: Appeals Drill Down. Within the Appeals section, providers have the ability to drill down to the specific details of their appeal, view the latest status, upload evidence/ documentation, and provide attestations, among many other self-service functions.

Table 11: Table X. Self-Service Online Provider Appeal Request Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PSER03	The Contractor's solution shall support on-line self-service tool for all providers to request an appeal.	DyP supports this function in the Provider Portal, both through a dedicated Appeals section and when it relates to a provider's application. For example, on an application, once a provider has been denied an option will appear on the screen for them to make an appeal. Claim appeals are also supported. For all appeal types, providers can create, submit, view, and track all appeals.
PSER41	The Contractor's solution shall allow users to view the status of	DyP Provider Portal allows the providers to submit and check on the status of an



Req. ID	Req. Language	Response
	their appeal request.	appeal in real-time.

3.10.13.7 Self-Service PCCM Member Inquiry

This section outlines the requirements for Self-Service PCCM Member Display. The Offeror's proposed Option A solutions and services shall include display and download functionality to allow providers enrolled in care management programs to view their caseload and download their member registries. The Offeror must describe their approach to meet each of the self-service PCCM member inquiry requirements defined in Attachment F, Requirements Matrix.

To provide a 'one-stop-shop' for providers to gain access to member information, our Provider Portal will load and publish confidential listings of members in Medicaid Primary Care Case Management (PCCM) and/or alternative Care/Case Management Programs. This will enable providers that are participating in Care Management Programs to quickly view enrolled members and their corresponding caseload. Providers will then be able to ensure proper case management and care coordination of services applicable to that member's personalized Care Plan are provided.

Table 12: Self-Service Registry (PCCM Member Inquiry) Requirement: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PSER14	The Contractor's solution shall allow authorized users to view registries for PCCM and other care management programs.	The DyP Provider Portal will load and publish registries for beneficiaries that are part of Medicaid Primary Care Case Management (PCCM) or are being managed by a separate Care Management program. These lists will be searchable and confidential to those providers enrolled in Care Management Programs with appropriate role-based permission to view their caseload. Having this information accessible from within the Provider Portal is critical to ensure providers can properly manage and support each patient's Individualized Care Plan.

3.10.13.8 Self-Service Online Claims Entry

This section outlines the requirements for Online Claims Entry. The Offeror's proposed Option A solutions and services shall include a real-time direct data entry claims solution for all claim types, corrections, void and replacement claims via the self-service portal and reject claims that fail front-end edits. The Offeror must describe their approach to meet each of the online claims entry requirements defined in Attachment F, Requirements Matrix.

As part of our dedicated Claims section within the **DyP** Provider Portal, providers will be able to perform a range of self-service claims functions such as claims entry, claim inquiry, claim correction – suspend/edit/void/adjust. Front-end claim edits associated with backend business rules will ensure “clean claims” are submitted to the State for claims adjudication and payment. Providers will receive error alerts when incorrect or incomplete claims data is entered and will not be allowed to submit the claim until the errors found are resolved.

Provided in the following table are responses to each of the claims entry requirements as laid out in *Attachment F*.

Table 13: Self-Service Online Claims Entry Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PSER13	The Contractor's solution shall include a self-service tool for providers to directly and efficiently enter claims.	DyP Provider Portal allows authenticated users with claim entry role the ability to enter/submit claims. This will help providers to move away from submitting paper-based claims, with technology support that enables the user-friendly submission of claims to DPHHS.
PSER29	The Contractor's online self-service claims entry tool shall accommodate and accept all claim types including Professional, Institutional, Dental, Encounter claims, Adjustments, Roster billing, claim corrections, and the ability to void and replace claims.	DyP Provider Portal allows providers to view all claim types including Professional, Institutional, Dental, Encounter claims, etc. In addition to viewing the claims submitted/received, the providers can also correct/void/adjust claims using the claim correction feature.

Req. ID	Req. Language	Response
PSER30	The Contractor's online self-service claims entry tool shall include a validation feature that performs real-time front end editing prior to claim submission, not allowing submission of claims that fail the front end edits. Edits will include, but are not limited to, active provider enrollment, member eligibility, valid revenue codes, procedure codes, and diagnosis codes. Front end edit(s) shall be displayed to the user for review and correction. The validation feature will not display pricing information.	DyP Provider Portal's claim entry feature will perform all front-end claim edit checks prior to submitting for adjudication. The front-end edits include active provider enrollment, member eligibility, valid revenue codes, procedure codes, and diagnosis codes, etc. During claim entry, DyP will notify the user of any data entry errors and prompt the user for review and correction. This will enable only "clean claims" to pass through to DPHHS for adjudication and payment.
PSER31	The Contractor's online self-service claims entry tool shall allow an authenticated user to upload an attachment to associate with a specific claim or multiple claims.	DyP's intelligent upload feature allows providers to upload attachments associated to a specific claim or multiple claims (header or line item). The DyP Provider Portal accepts a large number of file types, including .jpg, .jpeg, .png, .pdf, .txt, .csv, .doc, .docx, .xls, and .xlsx. File upload size is configurable.
PSER32	The Contractor's online self-service claims entry tool shall instruct users to include a claim confirmation number on any paper attachment when users indicate that an attachment is being mailed or faxed in order to allow for efficient association between a claim and an attachment.	DyP Provider Portal allows the provider to print the cover page with the claim confirmation number or Transaction Control Number (TCN) or the barcode as desired by DPHHS. The provider can use the cover page to fax or mail any documents associated to the claim. This enables the mailroom to scan the attachments and attach to the claim.
PSER33	The Contractor's online self-service claims entry tool shall allow users to	DyP Provider Portal claim entry allows users to indicate paper

Req. ID	Req. Language	Response
	indicate paper attachments will be mailed and/or faxed.	attachments will be mailed or faxed for the claim being submitted. This indicator prints a cover page for with the claim confirmation number or Transaction Control Number (TCN) or the barcode as desired by DPHHS. The provider can use the cover page to fax or mail any documents associated to the claim. This enables the mailroom to scan the attachments and attach to the claim.
PSER34	The Contractor's online self-service claims entry tool shall provide an tracking or control number to the user upon successful completion of the transaction.	DyP Provider Portal claim entry assigns a claim confirmation number or Transaction Control Number (TCN) to every claim submitted. The provider can use the claim inquiry screen and use the TCN as a search parameter to search for the claim submitted.
PSER35	The Contractor's online self-service claims entry tool shall provide a configurable auto populate feature for appropriate fields for each claim type (e.g., provider information, submission date, member associated information).	DyP Provider Portal's claim entry enables the auto-population of known information the provider has previously entered in the system and/or which is already known to the system through historical or transactional data such as provider information, submission date, member associated information, etc.
PSER36	The Contractor's online self-service claims entry tool shall include a claim template feature that allows users to create a template to be stored and used in the online claims entry tool.	DyP Provider Portal claims entry providers a feature for templating of claims. This feature allows the user to use templates for specific claims

Req. ID	Req. Language	Response
		entry either by provider (type/specialty) or claim type (Institutional, Dental, Professional (I/D/P)).
PSER37	The Contractor's solution shall provide search capabilities for users entering data in the online claims entry tool. The search tool will include provider information and provider associated service authorization information.	DyP Provider Portal claims entry enables providers to search for service authorizations for the claim being submitted. In addition to service authorization search, the provider can search for other provider information required to be associated to the claim as needed.
PSER42	The Contractor's online self-service claims entry tool shall convert all entered claims into an X12 837 format.	DyP Provider Portal claim entry will convert the claim to the X12 837 format and submit the claim to the MMIS for claims adjudication and payment.

3.10.14 Option B Provider Services

In addition to the primary scope of the Provider Services module, states may procure components and services not categorized in Section 3.10.1 through 3.10.13. Option B Provider Services requirements provide flexibility to States or Agencies who may desire to procure the components or services outlined in Option B as a part of this procurement versus a separate procurement. The Offeror is not required to include Option B in their proposal. If the Contractor chooses to include these services in their proposal the Contractor must describe in their response, their approach to meet the Option B requirements detailed in Attachment F, Requirements Matrix.

To support the needs of DPHHS and the other states involved in this procurement process, HHS Tech proposes to provide all associated Option B Provider Services as noted within *Attachment F*. This includes providing the following tools and/or services:

- Customer Relationship Management (CRM) Tool
- Necessary Interfaces
- Interactive Voice Response (IVR) System
- Operations, Maintenance, and Configuration
- Provider Call Center
- Provider Site Visits
- Reference Documentation
- Financial Information Management
- Performance/Service Level Agreement (SLA) Tracking and Adherence
- Staffing Support
- Training Services

Provided in the following table is an item-by-item response to each of the requirements noted in Column E of *Attachment F* as relating to *Option B Provider Services*. Following this section, we have provided additional narratives to further address each main area of these requirements.

Table 14: Option B Provider Services Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
INR13	The Contractor shall provide an extract of Agency defined data to the Agency data warehouse, at a minimum, weekly.	DyP provides APIs to extract data from its data model. These APIs will be used to transfer the data to the data warehouse based on the defined schedule. If additional APIs need to be built, HHS Tech will work with the Agency to identify the gaps.

Req. ID	Req. Language	Response
OMC24	The Contractor will provide 250 system enhancement pool hours for the duration of the DDI phase of the contract. The cost of these 250 system enhancement pool hours are included in the offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort. The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.	To control costs, 250 resource hours for any enhancements needed to the system will be included as part of the final contract. This enables DPHHS to account for Change Requests (CRs) and other modifications and/or enhancements needed to the system up front for budgeting purposes. Any hours necessary beyond the initial lot of 250 hours must be discussed and approved in advance by DPHHS. Any unused hours will continually roll onto the next year throughout the life of the contract.

Req. ID	Req. Language	Response
OMC25	The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 100 system enhancement pool hours are included in the Offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort. Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedule, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.	To control costs, 100 resource hours for any enhancements needed to the system will be included as part of the final contract. This enables DPHHS to account for Change Requests (CRs) and other modifications and/or enhancements needed to the system up front for budgeting purposes. Any hours necessary beyond the initial lot of 100 hours must be discussed and approved in advance by DPHHS. Any unused hours will continually roll onto the next year throughout the life of the contract.

Req. ID	Req. Language	Response
PSV01	The Contractor shall conduct pre- and post-enrollment onsite screening of moderate and high-risk providers according to Agency onsite screening protocols and federal onsite screening regulations, including at a minimum: -Conducting the initial assessment to verify the facility location, hours and personnel; -Verifying operational status; and -Confirming final determination of provider enrollment status.	HHS Tech will ensure DPHHS has the services support and associated technology necessary to thoroughly vet each provider on their ability to provide quality services to Montanans. As such, HHS Tech staff personnel will provide 'boots on the ground' activity support throughout the State as stated in the requirements.
RFDC01	The Contractor's solution shall provide external and internal users access to current and historical provider manuals (e.g., CMS1500, Dental Claims Manual, Institutional Claims manual, Pharmacy Claims Manual and other Agency manuals or provider bulletins related to Medicaid policy and claims processing. NOTE: Contractor shall not be responsible to create the content of the manuals.	DyP Internal User and Provider Portals has appropriate sections to upload current and historical provider manuals such as CMS1500, Dental Claims Manual, Institutional Claims manual, Pharmacy Claims Manual and other Agency manuals or provider bulletins related to Medicaid policy and claims processing. It is important that DPHHS technical writing staff alert HHS Tech when an updated manual, policy, or other material has been finalized and approved. This ensures our portal content retains the latest, most up to date material for providers' reference.
TRN15	The Contractor shall conduct training for identified system/component users on the system relative to their use initially and upon updated functionality prior to the initial production deployment and within 45 days of each major release into the Production environment.	DyP is a self-guided, intuitive and easy to use web application. DyP provides field level help, page level help, user-guides, training videos to support the learning of the provider or user. In addition, HHS Tech can also provide train the trainer classroom instruction. HHS Tech will provide the proper support to train the trainer within 45 days of each major release into the Production environment.

3.10.14.1 Conduct Provider and Maintain Site Visits

This section outlines the requirements necessary for conducting and maintaining provider site visit information. During the provider enrollment screening process for moderate and high risk providers, there is a mandated requirement for the Agency to conduct an on-site evaluation of the provider. The Offeror's Proposed Option B solutions and services shall include providing staff to act on behalf of the Agency in order to conduct the on-site evaluation of the provider. The Contractor will upload the results of the site visit evaluation into the provider's profile within the Provider Services module. Site visits can include but are not limited to: verification that the information submitted to the Agency is accurate and in compliance with federal and state enrollment requirements, accurate business hours, checking personnel at the business location, etcetera. The Offeror must describe their approach to meet each of the Site Visit requirements defined in Attachment F, Requirements Matrix.

In addition to the **DyP** solution proposed, HHS Tech will facilitate necessary provider-facing activities to support the overall application review and credentialing process. All staff conducting site visits will be extensively trained and will ensure 100% of all required documentation is completed at or immediately after the visit has concluded.

Site visits will be conducted for all identified moderate and high-risk providers. Any referred provider to our team by DPHHS will be assigned to an applicable staff member to go onsite to inspect the provider's facility and personnel. Support will be provided statewide. Continual monitoring of staffing levels will be provided to send in additional support staff on an as needed basis. As required, please see our response to this requirement as detailed in *Attachment F* in the table below.

Table 15: Conduct Provider and Maintain Site Visits Requirement: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PSV01	The Contractor shall conduct pre- and post-enrollment onsite screening of moderate and high-risk providers according to Agency onsite screening protocols and federal onsite screening regulations, including at a minimum: -Conducting the initial assessment to verify the facility location, hours and personnel; -Verifying operational status; and -Confirming final determination	DyP Internal User Portal provides site inspectors the tools needed to conduct pre-and post enrollment site visits. DyP Internal User Portal provides specific pages for the site inspector to capture and update the findings of the site visit. DyP will provide a list of high risk providers based on specific criteria for the site inspectors to prioritize and conduct their site visits.

Req. ID	Req. Language	Response
	of provider enrollment status.	

3.10.14.2 Include Reference Documents

This section outlines the requirements necessary to include reference documents in the provider portal. The Offeror's Proposed Option B solutions and services shall include providing access to current and historical provider manuals and other reference documentation, as necessary, within the portal. The Contractor will not be responsible for creating or maintaining manuals. The Offeror must describe their approach to meet each of the Current and Historical Reference Document requirements defined in Attachment F, Requirements Matrix.

The **DyP** solution has inherent capabilities to support the upload and posting of manuals and associated reference materials. As such, during the implementation all provider manuals and other materials for providers and associated users to reference will need to be provided by DPHHS for upload and end user testing within the portal. For more information, please see our response below to this requirement as identified in *Attachment F*.

Table 16: Table X. Option B Provider Services Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
RFDC01	The Contractor's solution shall provide external and internal users access to current and historical provider manuals (e.g., CMS1500, Dental Claims Manual, Institutional Claims manual, Pharmacy Claims Manual and other Agency manuals or provider bulletins related to Medicaid policy and claims processing. NOTE: Contractor shall not be responsible to create the content of the manuals.	DyP Internal User and Provider Portals has appropriate sections to upload current and historical provider manuals such as CMS1500, Dental Claims Manual, Institutional Claims manual, Pharmacy Claims Manual and other Agency manuals or provider bulletins related to Medicaid policy and claims processing. It is important that DPHHS technical writing staff alert HHS Tech when an updated manual, policy, or other material has been finalized and approved. This ensures our portal content retains the latest, most up to

Req. ID	Req. Language	Response
		date material for providers' reference.

3.10.14.3 Customer Relationship Management

This section outlines the requirements for a Customer Relationship Management Tool. The Offeror's Proposed Option B solutions and services will include providing and utilizing a Customer Relationship Management (CRM) tool in order to manage correspondence with providers. The CRM tool will be able to capture interactions with providers through free-form text, pre-defined data elements, and be capable of searching logged correspondence on command. The CRM tool will support attachments; linking of documents and information within the tool; and routing of correspondence and captured information through the workflow to specific individuals. The Offeror must describe their approach to meet each of the Customer Relationship Management tool requirements defined in Attachment F, Requirements Matrix.

The **DyP** solution includes CSR-facing support through the **DyP** Internal User Portal (based on identified role). Our CRM solution tracks all inbound, outbound, and missed calls along with associated SLA metrics and established goals for customer service and call performance.

A range of other features and functionality are included such as online chat tracking, individual case tracking through resolution (includes the tracking of any escalations needed), analytics with both real-time dashboard and reporting functionality, and more. Provided below is a screenshot of the CSR landing page which adjusts to each specific end user to display their applicable tasks and related activities. Following our screenshot is an item-by-item recap of our CRM responses provided.

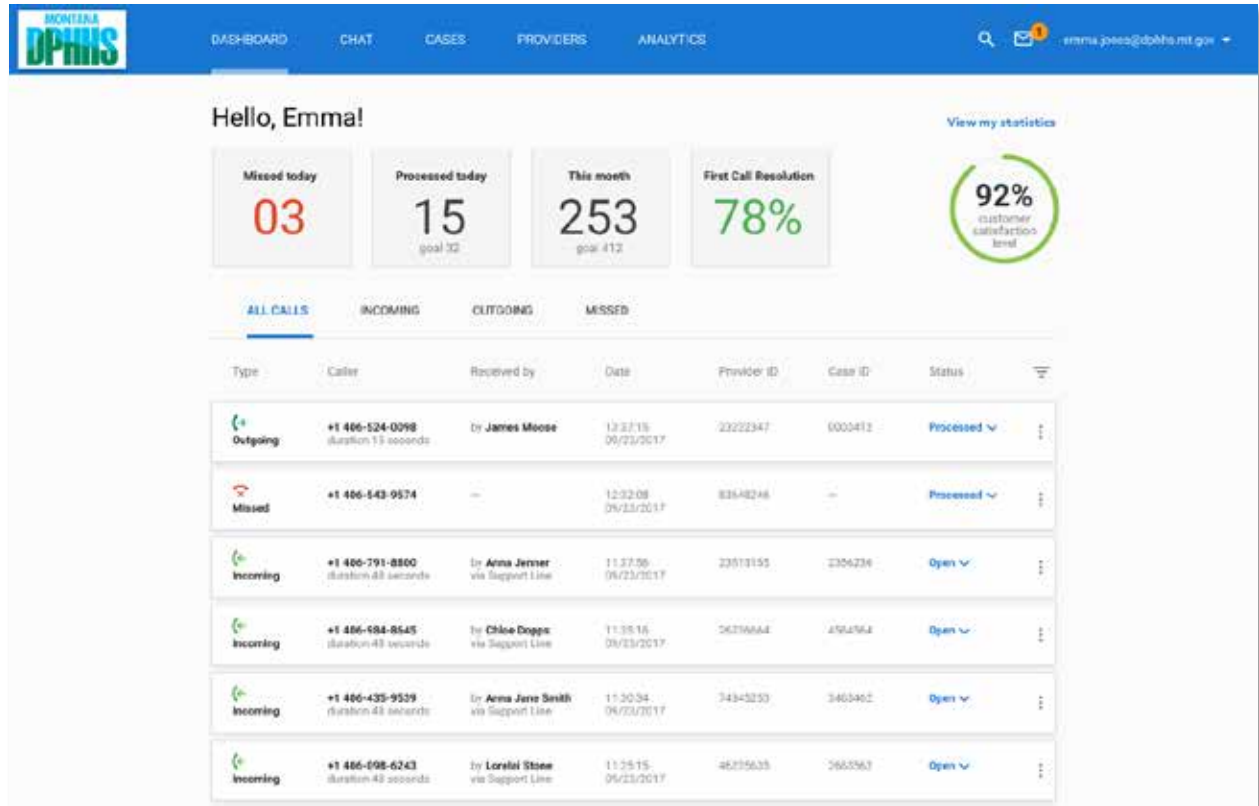


Figure 75: Discover Your Provider (DyP) – Internal User Portal: Call Tracking. All calls, inbound or outbound, will be 100% tracked, documented, and reported upon through the online portal.

Table 17: Customer Relationship Management Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
CRM01	The Contractor's solution shall provide the capability to automatically alert external entities (e.g., managed care companies and financial management companies for self-directed care) and other Agency users about their providers' enrollment status and enrollment status changes.	DyP's Alert and Notification module will automatically send either notifications or alerts to external agencies (MCOs, or financial management companies for self-directed care) and internal users regarding changes to enrollment status or other activities that need notification. Internal users will also see these alerts and notifications in their secure message center. If the external agencies are also registered on the DyP Provider Portal, DyP's Alerts and Notifications module will send them an email on their registered, verified email with a link for them to log into the DyP Provider Portal to check these alerts and notifications in their secure message center.
CRM02	The Contractor shall provide a voice messaging system for after-hours callers indicating the hours of operation and provide options for leaving messages.	During the implementation, a 24/7/365 answering system will be set up to support messages received off of the normal business hours established. The message recording and instructions provided for callers dialing in off hours will be adjusted to align to DPHHS' requirements.
CRM03	The Contractor shall establish and maintain a toll-free telephone number for the call center.	A toll-free number, customizable based on availability and the State's preference, will be established and maintained for call center purposes throughout the life of the contract.
CRM04	The Contractor shall use Computer Telephone Integration (CTI) to provide personalized routing and work-object handling based upon identifiers received from the caller regarding language, inquiry area, and ability to produce reports on both electronic and voice transactions.	During the implementation, CTI technology will be implemented as part of our overall Call Center technology services support. Our CTI solution will enable Customer Service Representatives (CSRs) to never miss a call, even if a call was received after hours and no message was left. This is due to call logging which provides staff with a complete listing of all calls received, duration, location (Google integration services available), and other details.

Req. ID	Req. Language	Response
		Staff will be able to directly dial callers back with a single click on a computer, eliminating human error that often comes with dialing by hand. Reports can also be generated based on the calls logged, including those which occurred via standard phone and through the online chat technology.
CRM05	The Contractor shall provide, configure and maintain an automated call and contact tracking system (CRM tool) for all calls and correspondence received.	The DyP Contact Management module (CRM) provides the CSR the ability to capture and document the contact/correspondence with the customer (provider). DyP CRM will capture all the relevant information and route the request appropriately for resolution if unresolved by the CSR.
CRM06	The CRM tool must log and track information for each call that includes at a minimum the following elements: a. time of call b. date of call c. identifying information on caller d. representative ID e. call type f. call category g. inquiry description h. ticket status i. response description j. call reference number	All elements noted will be supported, including any additional State-specific fields desired. During the implementation, our team will work with DPHHS to finalize the call fields, including identifying any fields which will be mandatory for CSR entry. This ensures calls can be appropriately tracked and monitored from Go Live.
CRM07	The Contractor's CRM tool shall have the ability to link the CRM record and the workflow tool to automatically route appropriate tickets to the State for review.	DyP CRM module will capture all the relevant information and route the request appropriately (using the work allocation algorithm) for resolution if unresolved by the CSR.
CRM08	The Contractor's CRM tool shall have the ability to link related CRM tickets.	DyP CRM module provides a set data field within each ticket created to enable the end user to link a related ticket to the new entry. This brings awareness and attention on related/associated issues/inquiries received.

Req. ID	Req. Language	Response
CRM09	The Contractor's CRM tool shall have the ability to include a free form text field for each CRM ticket for comments and/or resolution.	DyP CRM module provides a freeform rich text editor to capture or document notes, comments, etc. on the CRM ticket.
CRM10	The Contractor's CRM tool shall have the ability to provide for online display, inquiry, and updating of call records with access, including, but not limited to, call type, API or NPI number, inquirer's name, representatives ID or name, provider name, or a combination of these data elements.	DyP CRM module tracks all call records and associated data. This includes call records post-resolution so historical call data can be retrieved at any time. To ensure call records stored contain the information desired, new fields and/or modifications to existing fields to make them required will be adjusted during implementation.
CRM11	The Contractor's CRM tool shall have the ability to provide State resources or designated resources local and remote access to the CRM system.	State or designed users will have access to DyP CRM module based on the State's accessibility requirements. DyP CRM is a web-based application and supports remote access via VPN or through internet access as determined by the State.
CRM12	The Contractor's CRM tool shall have the ability to utilize CTI to auto-populate CRM screens with caller's basic information and access to contact history.	DyP supports call pop-up capabilities, which auto-populates the CRM screens with the caller's basic information prior to the call being transferred to the CSR.
CRM13	The Contractor's CRM tool shall have the ability to navigate from or between CRM screens to other data relevant to the call within the Provider Services module allowing multiple screens to display at one time.	Navigation between screens is seamless for CSRs from the Internal User Portal. Based on their assigned role (role-based permission access), CSRs will be able to view other information within the DyP Provider Services Module in order to assist callers and provide prompt resolution to inquiries.
CRM14	The Contractor's CRM tool shall have the ability to store the caller's preferred method of communication, including need for deaf or foreign language interpretation.	Data fields within the portal enable CSRs to denote a caller's preferred language they are most comfortable speaking and whether they require text telephone or a telecommunications device for the deaf (TTY/TDD) support.
CRM15	The Contractor's CRM tool shall allow users to view related correspondence records from a	This is supported through an additional field within each caller record that enables a related ticket to be associated and

Req. ID	Req. Language	Response
	single correspondence record.	tagged to it, enabling CSRs to quickly pull up the related ticket for viewing.
CRM16	The Contractor's CRM tool shall have the ability to upload or associate attachments to correspondence records.	The DyP 's Smart Upload feature will be used to upload associated attachments and documents to the communication/correspondence record (ticket) of corresponding attachments and files is supported within the system.
CRM17	The Contractor's CRM tool shall have the ability to present the contacts authorized to perform business functions with the State's healthcare programs on behalf of the provider or entity.	As part of the enrollment process, DyP has captured all the contacts who can perform business functions for the provider. DyP CRM module will have access to all contacts that can do business on behalf of the provider available on the CRM screen for the CSR.
CRM18	The Contractor's CRM tool shall have the ability to accommodate searches on call center records by characteristics such as call type, category, CRM number, name of provider, provider number, contact name, other entity names, service authorization number, category of service, user ID, and any combinations thereof.	DyP CRM module has the ability to search across call records is supported within the system. CSRs or state users can search for call center records using the following search criteria - call type, category, CRM number, name of provider, provider number, contact name, other entity names, service authorization number, category of service, user ID, and any combinations thereof.

3.10.14.4 Provider Call Center

This section outlines the requirements for a Provider Call Center. The Offeror's proposed Option B services must include a provider call center for new and revalidation applications and enrollments. The Contractor will also provide enrollment support for providers during the enrollment process. Typically, this support includes responding to provider's questions about their responses to the application questions. The base provider solution will include context sensitive help throughout the enrollment process, which is intended to reduce the number of help desk solicitations. In addition to fielding questions related to enrollment and re-enrollment, the Contractor will also be responsible for additional activities (e.g., fielding questions related to changes in provider information, financial information, provider suspension for administrative reasons, or for other reasons such as IRS "B" Notices). The Offeror must describe their approach to meet each of the Provider Call Center requirements defined in Attachment F, Requirements Matrix.

HHS Tech will provide full support for the setup and ongoing operation of a Call Center to support providers throughout the duration of the contract. Staffing volumes will be continually monitored to ramp up staff as needed, particularly during the application and re-application process.

To effectively minimize call volumes up front, various forms of help and support will be provided within each screen of the Provider Portal. Various forms of help supported include quick tips, embedded tool tips (fields that display additional information when hovering a mouse over them), FAQs, searchable help materials, eLearning videos, and more. Both Adobe RoboHelp and Captivate will be leveraged as needed to create associated context sensitive help materials in the portal. HHS Tech is committed to working with DPHHS during the implementation to ensure a user-friendly application process for your providers.

For additional information, please see our responses below to the Provider Call Center requirements as set forth in *Attachment F*.

Table 18: Provider Call Center Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
PRCC01	The Contractor shall provide a provider enrollment Call Center to support and instruct providers in the application process, renewal process, provider management, and recertification process. The Call Center shall also support the financial enrollment process into the State financial system.	HHS Tech will ensure proper support is provided to appropriately set up the Call Center for operations, including all technology required, in order to receive inbound provider inquiries and calls. Should DPHHS or any particular State desire for HHS Tech to staff and self-operate the Call Center (full service support) this can also be further discussed to meet your needs prior to Go Live.
PRCC02	The Contractor shall research and provide documentation for administrative hearings, appeals and court cases; and participate in these activities upon direction from the State.	HHS Tech will ensure extensive documentation and recording of all activity throughout the DyP Provider Services Module. Data extracts can be quickly pulled to support court hearings, appeals, and other legal circumstances. We will ensure our team remains available during these cases to provide documentation and support, as needed.

3.10.14.5 Interactive Voice Response System

This section outlines the requirements for an Interactive Voice Response System. The Offeror's proposed Option B solution shall include an Interactive Voice Response (IVR) System in order to welcome and route incoming provider calls; convey educational alerts during hold times; and intelligently queue providers until Contractor staff is available. The IVR system will include the ability for the provider to leave a message, during or outside, normal business hours. The Offeror must

describe their approach to meet each of the Interactive Voice Response System requirements defined in Attachment F, Requirements Matrix.

The **DyP** solution proposed includes support for IVR system integration, set up, and ongoing operations and maintenance. HHS Tech will ensure all IVR requirements are tracked and implemented prior to the start of Call Center operations. Specific call scripts and hold messages/information provided during wait times will be revised to adapt to State-specific script needs. Provided in the following table is additional information on how we will support all IVR requirements as noted in *Attachment F*.

Table 19: Table X. Interactive Voice Response System Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
IVR01	The Contractor shall provide and maintain secure and user friendly interactive voice response (IVR) system with scripts approved by the State to respond to inquiries using a telephone menu and response system.	IVR technology will be set up and established during the implementation. HHS Tech will share canned scripts with DPHHS which can then be further modified to meet your needs. Further, the IVR will undergo extensive testing prior to launch to ensure calls are appropriately routed to the correct queue.
IVR02	The Contractor's IVR system shall have the ability to use educational scripts for callers on hold or waiting in the queue.	There are multiple options available in the IVR technology for DPHHS to select from to use for callers who are waiting. Options include tailored messages (which can be educational in nature), music, marketing content, and more.
IVR03	The Contractor's IVR system shall provide quality monitoring tools and processes to enable a continuous improvement cycle for toll-free call center services that includes: a. Plug-in/double-jack monitoring, b. Silent monitoring, c. Record and review d. Voice and screen/multi-media monitoring, for call center supervisors, State resources or	Call monitoring and recording is essential to continually improve the overall Call Center operations and its effectiveness is resolving inquiries and issues. Monitoring technology will be implemented to provide support to Call Center Supervisors to monitor CSRs on a routine basis. Designated, permissioned State resources can also have access to listen in to call recordings, as desired.

Req. ID	Req. Language	Response
	designated resources.	

3.10.14.6 Staffing

This section addresses requirements for Provider Call Center staffing. The Offeror's proposed Option B services must include staffing to review provider information, maintenance requests and all supporting materials, in order to verify provider changes, prior to updating the provider records. The Contractor will review and approve or deny low risk, high volume enrollments per Agency criteria. Moderate and high-risk enrollments will be routed to and reviewed by Agency internal staff before a final enrollment decision is made. The Offeror must describe their approach to meet each of the staffing requirements defined in Attachment F, Requirements Matrix.

HHS Tech will maintain appropriate staffing levels throughout the duration of the contract, including staffing to support administrative and provider-facing activities. For all applications received, our team will follow a pre-approved intake workflow to process all provider applications across all provider types. Provided in the following table are our detailed responses to the requirements set forth in *Attachment F*, indicating how we plan to meet State-specific staffing needs.

Table 20: Table X. Staffing Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
STF01	The Contractor shall provide staffing to perform provider enrollment tasks defined by the Agency to include at a minimum: -Receive, review and verify provider information submitted to the screening process; -Verify provider data against Provider databases and the NPPEs; -Notify providers to request additional documentation as needed; -Determine provider status; -Update provider record with all	In addition to using the DyP solution to verify and validate data submitted, HHS Tech's assumes there will be a transition of usage to the self-service capabilities offered by DyP and the HHS Tech's proposed staff has take this into account. HHS Tech's proposed staff will perform the provider enrollment tasks identified in the requirements. These tasks will include at a minimum: -Receive, review and verify provider information submitted to the

Req. ID	Req. Language	Response
	necessary enrollment data; -Process and store provider agreements; -Send financial enrollment data to State's financial system; -Activate provider enrollment for benefits/claims transactions in the Benefits Management system; -Review provider information maintenance requests and all supporting materials; and -Verify provider changes prior to updating the provider records. Staffing levels shall be maintained to meet enrollment process SLA's for timeliness and accuracy.	screening process; -Verify provider data against Provider databases and the NPPES; -Notify providers to request additional documentation as needed; -Determine provider status; -Update provider record with all necessary enrollment data; -Process and store provider agreements; -Send financial enrollment data to State's financial system; -Activate provider enrollment for benefits/claims transactions in the Benefits Management system; -Review provider information maintenance requests and all supporting materials; and -Verify provider changes prior to updating the provider records.
STF02	The Contractor shall provide Provider Enrollment Call Center staffing sufficient to maintain services that meet or exceed the Service Level Agreements for the Call Center productivity. The Contractor shall describe its staffing model that includes the ratio of staffing to Call Center operation volume (including, for example: total Call Center volume, average call wait time, rate of abandoned calls, length of call, open vs. closed trouble tickets).	As with all customer-facing activities performed, staffing levels for the Call Center will be continually monitored by HHS Tech to ensure proactive anticipation of changes/fluctuations in volume demands. HHS Tech's assumes there will be a transition of usage to the self-service capabilities offered by DyP and the HHS Tech's proposed staff has take this into account.
STF03	The Contractor shall designate at least one (1) in-state staff position to conduct site visits. This position is considered to be a key staff position. Other staff will need to be available as necessary to meet SLAs for site	HHS Tech proposes one staff member to provide onsite visits at provider facilities as part of the application review and credentialing process. Should changes in demand occur, additional staff can be deployed on an as needed basis to meet SLA

Req. ID	Req. Language	Response
	visits. Please describe how you can meet the requirement with at least two (2) staff positions for site visit coordination.	requirements.
STF04	The Contractor shall designate a Business Operations Manager to lead the Contractor's Business Operations for Provider Screening, Enrollment and Monitoring, including: -Document Management and Workflow Performance -Provider Data Management -Provider Support Services (training and site visits) -Provider Enrollment Call Center -Financial Enrollment Process coordination with State Auditor's Office (SAO) This position is considered to be a key specific management position.	HHS Tech will ensure an appropriate Business Operations Manager is in place throughout the contract term as part of our core team. The Manager will bring specific experience and knowledge in provider enrollment, management, and support services.

3.10.14.7 Collect and Enter Provider Financial Information in State Financial Systems

This section outlines the requirements for the collection of provider financial information and data entry requirements into the State's financial system. The Offeror's proposed Option B services must include the services to support the collection of financial packet/information from providers and enter the information into a state financial system. The Contractor services will include following up with the provider in the event discrepancies are identified by State auditors. Activities would also entail subsequent work from the provider's submission of initial financial information and includes essential updates to financial information. The Offeror must describe their approach to meet each of the requirements to collect and enter provider financial information in state financial systems defined in Attachment F, Requirements Matrix.

In addition to application intake, screening, and instate site visit activities, HHS Tech will also provide all necessary financial information support, including any data entry required. During the implementation, appropriate integrations with the State's financial system will be made and thoroughly tested. Requirements and current data formats will be reviewed to provide automatic uploading and transmission of

data wherever possible to minimize human error that can naturally occur with manual data entry tasks. Once available technology support is finalized, any remaining needs for data entry support will be appropriately staffed and provided throughout the contract term. Please see the following table for further details on our support we will bring to meet State-specific needs.

Table 21: Financial Information Management Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
SFMS01	The Contractor shall research and resolve all TIN Mismatch Reports which show all Tax ID's that have returned a mismatch error from the TIN Matching process.	As part of DyP 's Screening and Monitoring process, any TIN mismatches will be identified and reported. Provider specialists will be assigned these mismatches in the work queue for resolution.
SFMS02	The Contractor's staff will follow-up with providers regarding any discrepancies identified by the state auditor and the IRS regarding Backup Withholding "B" notices, 1099s, including FEINs. Enter any corrections needed in the applicable state financial system.	DyP and other systems (MMIS, state financial system, etc.) will be used to research the discrepancies identified by the state auditor and the IRS regarding Backup Withholding "B" notices, 1099s, including FEINs. Any corrections to be made will be confirmed and entered into the applicable state financial system.

3.10.14.8 Option B Performance Requirements

This section outlines the service level agreement requirements for Option B services. The Contractor shall detail in their response their approach to meet each of the Performance Requirements defined in Attachment F, Requirements Matrix. SLAs are also found separately in Attachment J, Service Level Agreements

HHS Tech has fully reviewed all SLAs as identified in *Attachment F*, including those specific to Option B as noted in the following table. HHS Tech looks forward to reviewing all SLAs with DPHHS legal staff to ensure they are appropriately mapped and accounted for within the final contract. HHS Tech will ensure 100% tracking, monitoring, and reporting on all agreed upon SLAs throughout the lifetime of the contract.

Table 22:. Option B Performance Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
SLA70	Contractor shall ensure that the Agency-defined data extract is supplied accurately to the Data Warehouse. The Contractor shall supply the response file(s) in the format requested by the Agency by the date and time (weekly) agreed upon.	HHS Tech agrees to ensure that the Agency-defined data extract is supplied accurately to the Data Warehouse. HHS Tech will supply the response file(s) in the format requested by the Agency by the date and time (weekly) agreed upon.
SLA71	Contractor shall staff the provider enrollment Call Center toll-free phone lines from 8:00 a.m. to 5:00 p.m., Mountain Time, on all State business days, Monday through Friday (excluding State holidays). The Contractor shall generate a report which includes, at a minimum, the time and date stamp phone lines were open and when phone lines were turned off.	Upon award of Option B, HHS Tech agrees to staff the provider enrollment Call Center toll-free phone lines from 8:00 a.m. to 5:00 p.m., Mountain Time, on all State business days, Monday through Friday (excluding State holidays).
SLA72	Contractor shall respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry within two (2) business days. This SLA covers the 25% of telephone inquiries that are not able to be resolved during first contact. The Contractor shall generate a report to track request date against the response date. The Agency will perform monitoring of the accuracy and consider document availability factors.	HHS Tech agrees to respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry within two (2) business days. Most calls will be resolved during the first call. Should the issue require further investigation, thorough documentation will be entered by the CSR and appropriate escalation will occur to resolve and/or provide information discovered on the issue as quickly as possible, but no later than two business days, from the initial call.
SLA73	Contractor shall respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry with at least ninety-seven percent (97%) accuracy. This SLA covers the 25% of telephone inquiries that are not able to be resolved during first contact. The Contractor shall generate a report to track request date against the response date. The Agency will	CSRs will be extensively trained across a number of different call types. HHS Tech agrees to respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry with at least ninety-seven percent (97%) accuracy.

Req. ID	Req. Language	Response
	perform monitoring of the accuracy and consider document availability factors.	Routine reporting and associated documentation will be provided to show evidence of meeting established SLAs. Reports can be pulled and submitted on a given frequency for submission as needed in accordance with SLA and State-specific requirements.
SLA74	Contractor shall process to completion all approved provider enrollment financial information documents into the applicable state financial system e.g., the Wyoming Online Financial System (WOLFS), with at least ninety-nine percent (99%) accuracy. The Agency will conduct monitoring of the accuracy of keyed financial information within the applicable financial system, e.g., WOLFS.	HHS Tech agrees to process to completion all approved provider enrollment financial information documents into the applicable state financial system with at least ninety-nine percent (99%) accuracy.
SLA75	Contractor shall process to completion 100% of all approved provider enrollment financial information documents into the applicable state financial system e.g., the Wyoming Online Financial System (WOLFS), within two (2) business days of provider approval. The Contractor shall generate a report to track received financial information to process against actual processed documents.	HHS Tech agrees to process to completion 100% of all approved provider enrollment financial information documents into the applicable state financial system, within two (2) business days of provider approval.
SLA76	Contractor shall ensure that less than one percent (1%) of total monthly calls should be escalated to the Agency for resolution that are clearly within the scope of work of the Contractor. This does not apply to subject areas where the Agency and the Contractor have agreed in advance require Agency determination. The Contractor shall track at a minimum: percentage of calls escalated to the Agency, reason for escalation, and outcome. This	HHS Tech will ensure that less than one percent (1%) of total monthly calls should be escalated to the Agency for resolution that are clearly within HHS Tech's scope of work.

Req. ID	Req. Language	Response
	Operational Report will be provided to the Agency monthly.	
SLA77	Contractor shall complete one hundred percent (100%) of all moderate and high-risk provider pre- and post-enrollment onsite screenings within seven (7) business days. The Contractor shall generate a report to track moderate and high-risk providers ready for a site visit against the number of site visits actually performed within the seven (7) business day window.	HHS Tech agrees to complete one hundred percent (100%) of all moderate and high-risk provider pre- and post-enrollment onsite screenings within seven (7) business days. HHS Tech will generate a report to track moderate and high-risk providers ready for a site visit against the number of site visits actually performed within the seven (7) business day window.
SLA78	Contractor shall ensure the onsite screening checklist will be completed and keyed into the applicable provider profile within the solution with ninety-seven percent (97%) accuracy. The Agency will perform monitoring of the accuracy of entry and completeness of the checklist.	HHS Tech will ensure the onsite screening checklist will be completed and keyed into the applicable provider profile within the DyP with ninety-seven percent (97%) accuracy.
SLA80	Contractor shall ensure researched and resolved TIN Mismatch Reports will be corrected in the solution with ninety-nine percent (99%) accuracy. The Contractor shall generate a report to track resolved provider TIN against the original TIN mismatched report. The report will include time and date stamps.	HHS Tech will ensure researched and resolved TIN Mismatch Reports will be corrected in the DyP within ninety-nine percent (99%) accuracy. TIN Mismatch Reports and other reports needed will be created during the implementation process. Further, reports have embedded date/time stamps to show when the report was pulled/generated.
SLA81	Contractor shall ensure the total number of busy signals, disconnected calls, and abandoned calls measured against the total inbound calls shall not exceed five percent (5%) per day. The Contractor shall generate a report to track all inbound calls against answered calls, including	HHS Tech agrees to ensure that the total number of busy signals, disconnected calls, and abandoned calls measured against the total inbound calls shall not exceed five percent (5%) per day.

Req. ID	Req. Language	Response
	abandonment rate, hold time before initial answer, time placed on hold after call is answered, average talk time, and speed to answer--at a minimum, and for each phone line	
SLA82	Contractor shall ensure the average speed to answer must be less than or equal to sixty (60) seconds, after the caller makes a selection in the IVR. The Contractor shall generate a report to track all inbound calls against answered calls, including abandonment rate, hold time before initial answer, time placed on hold after call is answered, average talk time, and speed to answer--at a minimum, and for each phone line.	HHS Tech agrees to ensure the average speed to answer will be less than or equal to sixty (60) seconds, after the caller makes a selection in the IVR. Once a call leaves the queue and goes live, the time clock for the call duration begins. All call times and associated metrics required will be tracked and reported upon to adhere to SLA requirements.
SLA83	Contractor shall be able to pull specific phone call recordings (inbound and outbound calls) when given the date and time, and provide them to the Agency upon request.	Call recordings will be provided and submitted to the requesting Agency on demand. HHS Tech will ensure prompt response to any requests received.
SLA84	Contractor shall ensure provider questions and concerns are resolved seventy-five percent (75%) of the time upon first contact with the Call Center. The Contractor shall supply the metrics to the Agency, monthly (at a minimum) to demonstrate first call resolution.	HHS Tech agrees to ensure provider questions and concerns are resolved seventy-five percent (75%) of the time upon first contact with the Call Center. All CSRs will be extensively coached and trained and will be provided with a mentor to guide them through resolving provider issues. This works to ensure they possess the right level of knowledge to resolve a wide range of calls promptly. All associated metrics required will be tracked and reported upon to adhere to SLA requirements.
SLA85	Contractor's Call Center staff will document, in Customer Relationship Management (CRM) system, all the information they	Using DyP CRM module, agency level staff have secure access in order to document all the information they

Req. ID	Req. Language	Response
	provide to callers during first contact, and any subsequent follow-ups, one hundred percent (100%) of the time. The Contractor shall make available to the Agency view access into the CRM (expected: three (3) view-only seats).	provide to callers during first contact, and any subsequent follow-ups, one hundred percent (100%) of the time HHS Tech agrees to make available to the Agency view access into the CRM (expected: three (3) view-only seats).
SLA86	Contractor shall survey no less than every 10th caller to rate the quality, timeliness, and other service delivery elements carried out by the Call Center. Callers shall report Call Center satisfaction at or above eighty percent (80%). The Contractor shall combine caller satisfaction scores to determine the average satisfaction percentage score. Score and surveys will be provided to the Agency, monthly.	HHS Tech agrees to survey no less than every 10th caller to rate the quality, timeliness, and other service delivery elements carried out by the Call Center. HHS Tech will retain a Call Center satisfaction at or above eighty percent (80%). Score and surveys will be provided to the Agency, monthly.
SLA87	Contractor's staff will perform provider enrollment duties including, but not limited to tasks within requirement STF01. Duties and tasks will be completed with ninety-seven percent (97%) accuracy. The Contractor shall generate a workflow report that tracks tasks and duties against completed work. Report will be provided to the Agency, monthly. The Agency will perform monitoring for accuracy of completed tasks.	HHS Tech agrees to perform provider enrollment duties including, but not limited to tasks within requirement STF01. Duties and tasks will be completed with ninety-seven percent (97%) accuracy. HHS Tech agrees to generate a workflow report that tracks tasks and duties against completed work on a monthly basis.
SLA88	Contractor's staff will perform provider enrollment duties including, but not limited to tasks within requirement SFT01. Duties and tasks will be completed within two (2) business days unless specifically stated in a separate SLA. The Contractor shall generate a workflow report that tracks tasks and duties against completed work. Report will be provided to the Agency, monthly. The Agency will perform monitoring for	HHS Tech agrees to perform provider enrollment duties including, but not limited to tasks within requirement SFT01. Duties and tasks will be completed within two (2) business days unless specifically stated in a separate SLA. All agreed upon, specific tasks for service support will be documented and tracked to ensure SLA adherence. Any assigned tasks will be mapped to

Req. ID	Req. Language	Response
	accuracy of completed tasks.	individual staff members with notice given of their deadlines for completing specific tasks. Any reports required will be generated and submitted on time to the Agency for review.
SLA89	Contractor shall ensure ninety-five percent (95%) of all incoming documents received, staff site visit documentation, and/or other applicable documentation must be scanned into the system within two (2) business days. The remaining five percent (5%) of documents must be scanned within three (3) business days. The Contractor shall generate a report to track all incoming documents. The report will include time and date stamps for when a document was received and when a document was scanned. The Contractor shall conduct internal quality checks on the documents scanned.	HHS Tech intends to use the Department's existing mailroom and scanning capabilities. HHS Tech will work with the Department to ensure ninety-five percent (95%) of all incoming documents received; staff site visit documentation, and/or other applicable documentation must be scanned into the system within two (2) business days. The remaining five percent (5%) of documents must be scanned within three (3) business days. HHS Tech agrees to generate a report to track all incoming documents. All reports have embedded date/time stamps to show when the document was received/scanned. Quality checks on documents scanned will be included in the process.
SLA90	Contractor shall staff the provider enrollment Call Center and maintain staff for site visits at the level agreed upon in the contract. Staffing includes all key and non-key staff. The Contractor and Agency shall agree to the number of FTE within the contract. A FTE is measured as two thousand and eighty (2,080) hours.	HHS Tech agrees to staff the provider enrollment Call Center (with key and non-key staff) and maintain staff for site visits at the level agreed upon in the contract. HHS Tech will work with the Agency to agree to the number of FTE with the contract.
SLA91	Contractor will have forty-five (45) days to fill an appropriate staff position or key staff position with a permanent resource even when a qualified substitute is in place. The Contractor shall notify the Agency when management and key	HHS Tech agrees to notify the Agency when management and key positions are vacated, subsequently filled by a qualified replacement, and finally filled by qualified permanent staff.

Req. ID	Req. Language	Response
	positions are vacated, subsequently filled by a qualified replacement, and finally filled by qualified permanent staff.	HHS Tech agrees to fill within 45 days, an appropriate staff position or key staff position with a permanent resource even when a qualified substitute is in place.
SLA92	Contractor's Call Center staff will notify the provider of discrepancies within one (1) business day of any discrepancies identified regarding the Backup Withholding "B" notices, 1099s, including FEINs. Staff will attempt to notify the provider via phone call. If the provider was not reached by phone, Call Center staff will perform a second attempt to rectify the discrepancy through email. Upon resolution, Call Center staff will correct the discrepancy within the applicable state financial system, such as the Wyoming Online Financial System (WOLFS), with ninety-nine percent (99%) accuracy within two (2) business days of receipt of the resolved discrepancy. The Contractor shall generate a workflow report that tracks tasks and duties associated with discrepancies identified by the SAO and IRS regarding Backup Withholding "B" Notices, 1099s, including FEINs, against completed work. Report will be provided to the Agency, monthly. The Agency will perform monitoring for accuracy and timeliness of completed tasks.	HHS Tech agrees to notify the provider of discrepancies within one (1) business day of any discrepancies identified regarding the Backup Withholding "B" notices, 1099s, including FEINs. Upon resolution, Call Center staff will correct the discrepancy within the applicable state financial system, with ninety-nine percent (99%) accuracy within two (2) business days of receipt of the resolved discrepancy. HHS Tech's workflow will include key steps required by the Agency and in compliance with SLA. Additionally, a monthly workflow report that tracks tasks and duties associated with discrepancies identified by the SAO and IRS regarding Backup Withholding "B" Notices, 1099s, including FEINs, against completed work report will be generated and provided to the Agency monthly..

3.10.15 Reporting

This section addresses reporting requirements. The Contractor's solution shall provide an established library of standardized operational reports as well as the ability to create a wide array of configurable

detail level and summary level reports, dashboards and queries. The Offeror must describe in their response their approach to meet the Reporting requirements defined in Attachment F, Requirements Matrix.



The **DyP** Provider Services Module is integrated with Sisense, an industry-leading commercial off-the-shelf (COTS) product for business intelligence (BI). This integrated technology enables us to deliver immediate, powerful, and user-friendly analytics from dashboards to comprehensive reports.

Sisense is an intuitive, easy-to-use, web-based platform, which both our Provider Portal and Internal User Portal leverage. Through our integration with Sisense, the **DyP** solution supports:

- Full transparency into all activity across the module
- Configurable end user dashboards
- Standard operational and performance reports
- Ad hoc querying and reporting
- Multi-dimensional analysis of data
- Scorecards and progress/goal tracking
- 24/7/365 available data, with real-time dashboards and reports

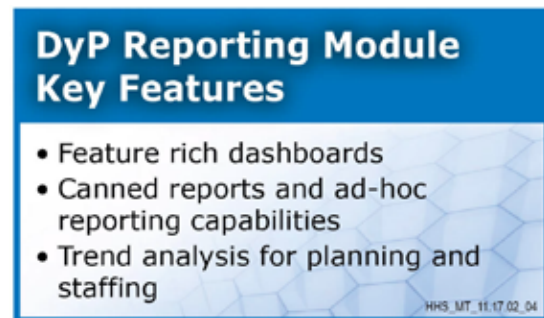


Figure 76: DyP Reporting Module Key Features



With our extensive, built-in reporting/dashboarding capabilities, DPHHS administrators will be able to have improved quality and goal-oriented focus, streamline business processes, and improve overall monitoring capabilities. Further, DPHHS will have an increased ability to proactively plan for volume changes and adjust staffing levels by analyzing data trends through our enhanced reports.

To provided additional insight into our reporting capabilities, please see our screenshot provided on the following page followed by a table that addresses all reporting requirements, as noted in *Attachment F*.

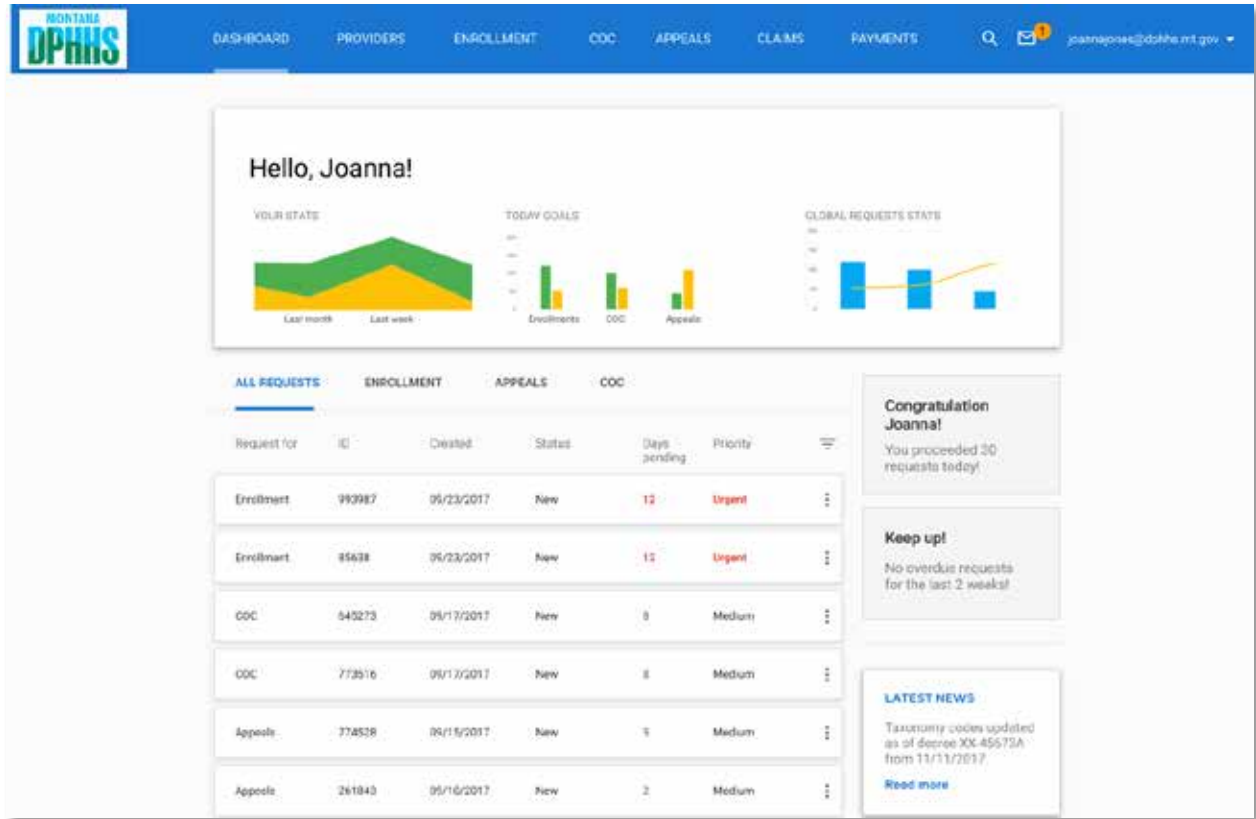


Figure 77: Discover Your Provider (DyP) – Internal User Portal: Dashboard.
Configurable dashboards are provided through both the Internal User Portal (as shown) and through the Provider Portal. These dashboards provide a 360° view of all activity across the system, with a focus on displaying established goals and metrics for individual administrators and system-wide, enhanced graphical views for ‘Super Users’ and managers.

Table 23: Reporting Requirements: Attachment F – Requirements Matrix

Req. ID	Req. Language	Response
REP23	The Contractor's solution shall maintain reporting services that are backward compatible, and the reports functionality is preserved over major or minor releases or the contractor will provide migration support to move reports forward.	DyP's dashboard and reporting capabilities are provided through our integration with Sisense. All reporting is inherently backward compatible and is not impacted through unassociated major and minor releases to other areas of the solution. Furthermore, prior to any release, tests are conducted throughout the system by the Quality Assurance (QA) Team to ensure there is no unplanned impact and any updates are working properly.
REP01	The Contractor's solution shall include a query tool that allows users to easily query data necessary to support state healthcare programs business needs.	DyP reporting module provides several online search capabilities with different search criteria. In addition to these screens, DyPs Reporting module enables users with "ad hoc reporting capabilities" to create their own queries, save them and use them as need. The Search screens and the ad hoc reporting capability also provides export function to either excel or PDF.
REP07	The Contractor's reporting tool shall provide the ability to design and execute a queries using one or more wild cards (e.g., %, *,?) and operators (e.g. =, , >, >=, <, <=, IN, BETWEEN, LIKE, IS NULL or IS NOT NULL) to provide data when searching or reporting.	DyPs ad hoc reporting tool allows users to create queries using wild card characters and various operators as outlined in the requirement..
REP103	The Contractor's solution shall have the capability to display data in a variety of formats (e.g., standard reports, graphs, charts, maps, dashboards) without the need to export data to another tool.	DyPs reporting engine provides capabilities to create dashboards with different types of charting capabilities - Line, bar, pie, graph, area, polar chart, maps, tree map etc and drill down capabilities on the chart.

Req. ID	Req. Language	Response
REP104	The Contractor's solution shall have the ability for authorized users to selectively retrieve, view, export, and print reports (or portions of reports).	DyPs export capabilities on the search screens or the reporting module allows authorized users to print or export portions of the data needed.
REP107	The Contractor's solution shall have the capability to allow authorized users to view query parameters along with query results.	DyP reporting module provides several online search capabilities with different search criteria. In addition to these screens, DyPs Reporting module enables users with "ad hoc reporting capabilities" to create their own queries, save them and use them as need. These Search screens or Ad hoc queries display the search parameters along with the results of the search or the ad hoc query.
REP110	The Contractor shall update dashboards in real-time or on a schedule approved by the State.	All dashboards in DyP (Help desk User, Supervisor, Provider Specialist, Provider) will be realtime and will fetch data and provide realtime results. Any dashboard that is not updated in realtime will be identified and the update timelines will be provided.
REP111	The Contractor's solution shall allow authorized users to design, save and share configurable dashboards and reports.	DyPs reporting module powered by SiSense provides ability for few authorized super users to create new dashboards and reports.
REP112	The Contractor's solution shall provide report, dashboard and query templates for authorized users to modify and reuse.	DyPs reporting module powered by SiSense provides ability for few authorized super users to create templates for dashboards, reports and ad hoc queries which can be reused by other users.

Req. ID	Req. Language	Response
REP118	The Contractor's solution shall have the capability to produce reports or display output data by National Provider Identifier (NPI), proprietary ID, or by a subset of the provider's practice or taxonomy.	DyP provides a Provider Registry report that can be created based on NPI, or Provider ID or by Taxonomy /speciality.
REP128	The Contractor's solution shall provide ad hoc query capability for retrieval of data relevant to specific operational and program business units.	DyP reporting module provides several online search capabilities with different search criteria. In addition to these screens, DyPs Reporting module enables users with "ad hoc reporting capabilities" to create their own queries, save them and use them for retrieval of data for specific operational and program business units.. The Search screens and the ad hoc reporting capability also provides export function to either excel or PDF.
REP129	The Contractor's solution shall provide an online ad hoc reporting tool that allows authorized users access to provider and trading partner data (e.g., provider enrollment status, alphabetic and numeric provider listing, re-certification listing, revalidation listing, group affiliation listing, provider classification listing, and category of service listing).	DyP provides a several ad hoc provider reports to access Provider and Trading Partner data - For example provider enrollment status, alphabetic and numeric provider listing, re-certification listing, revalidation listing, group affiliation listing, provider classification listing, and category of service listing.

Req. ID	Req. Language	Response
REP130	The Contractor's reporting tool shall provide current and historical information about user access. The report shall include both standardized data in addition to allowing user input of run criteria such as user IDs, roles/privileges/authorizations, and configurable from and to dates.	DyPs Auditing module provides details about users access - who saw what when and where and who did what when and where. This tracking / reporting is available using UI to search actions done by a user based on different search criteria. These search results can be exported into a report format as well. The search criteria would include user id, page id, from date, to date, Key data elements searched like claim id, member id etc. In addition to this report, DyP also provides a user report that shows the roles and privileges and other attributes of a user.
REP131	The Contractor's solution shall track and have the capability to report both summary and detail level information pertaining to provider enrollment, disenrollment, termination, re-enrollment, revalidation, and recertification.	DyPs Reporting module provides standard reports and dashboards at summary and detail level for the number of Provider enrollments, disenrollments, terminations, re-enrollment, re-validation and recertification.
REP132	The Contractor's solution shall provide the functionality to identify, track and report the number and type of individuals associated with a provider or trading partner application (e.g., provider, facility, owner, managing employee and/or board member) including screening and monitoring results.	DyP as part of the enrollment process captures and tracks all the information about the ownership of the provider, facilities, managing or board employees/members. The screening and monitoring portal will provide the appropriate dashboards and reports as needed regarding the employees, trading partner association, facility information etc.
REP133	The Contractor's solution must provide Provider Transaction Error Reporting that includes the error, the date and time the error was identified, and the provider file(s) effected.	DyPs Auditing module captures all the events associated to the providers including system errors or application errors around any Provider transaction. DyPs reporting module via the Audit Search functions provides DPHHS the reporting needed to identify errors or failures as they occur get a historical view of the error rates.

Req. ID	Req. Language	Response
REP134	The Contractor's solution shall have the ability for users to query using date and/or date ranges for scheduled and ad-hoc reporting.	DyP's Adhoc Reporting tool allows authorized users several criteria including data ranges for scheduled and realtime searches/reports.
REP135	The Contractor's solution shall provide the ability to report on electronic payments received through the Provider Services module (i.e., provider application fees).	DyPs reporting module provides DPHHS and the State Financial system reports regarding the payments received from the providers (e.g. enrollment fees.)
REP136	The Contractor's solution shall provide the capability to archive and discontinue. The solution shall be capable of purging reports in compliance with the Federal and State retention policies.	DyPs Archiving / Restore/Purge functions are configurable to support the State and Federal Archival and restoration timelines. The purge criteria can also be configured to meet the State and Federal purge requirements
REP31	The Contractor's reporting solution shall support initiation of reports through various methods including on-demand, scheduled requests (including non-business hours), and event-driven requests with distribution of the report results to specified secure locations.	Dyps Reporting module will support batch (scheduled report generation, realtime / on-demand/ event driven report generation capabilities. The reports generated will be available on the reporting Portal. Authorized users will have access to certain reports and can log on the the reporting portal and will have access to view/download the rports that they are authorized to view. Hence we do not see a need to distribute reports to a secure loaction - the folders can be secured and authorized users can be granted permnissions to those folders.
REP32	The Contractor's reporting solution shall allow users to search on criteria including report names, report filters, and data elements included in the report in a library or repository of reports.	DyPs Reporting module allows users to search on reports by Reprt Names, certain report filters , date ranges etc.

Req. ID	Req. Language	Response
REP36	The Contractor's reporting solution must display standard report header and footer information (e.g., report number, report title, page number, date) on all reports.	DyPs standard reports provide the standards header/footers, report title/name, date run, page numbers on all reports generated.
REP37	The Contractor's reporting solution shall provide the ability to store system generated reports in the Enterprise Content Management (ECM).	All reports (standard / On Demand) will be stored in the ECM. Adhoc queries can be saved and the output of the query can be configured to save to ECM as well.
REP38	The Contractor's reporting solution shall allow a user to manually save report output to the ECM.	All reports (standard / On Demand) will be stored in the ECM. Adhoc queries can be saved and the output of the query can be configured to save to ECM as well.
REP39	The Contractor's solution shall provide efficient navigation (e.g., the ability to move forward and backward in the solution).	DyPs Reporting module enables users the ability to easily navigate between folders/reports the users have access to. In addition to that, the users can also navigate through the reports using standard navigation controls of Page Up/Page Down, arrow keys, search functions etc.
REP42	The Contractor's reporting solution shall allow authorized users to view, sort, export and print dashboard and report data in a variety of formats (e.g., HTML, Excel, TXT, CSV, PDF, or character delimited).	DyPs Reporting module or search results functions across the solution allows users to export the reports or search results to various formats like HTML, Excel, TXT, CSV, PDF, etc.
REP64	The Contractor's solution shall provide the ability to access and use all current and historical data for reporting purposes.	DyP's data (OLTP and ORR (Online reporting repository)) is available to the Reporting module to generate reports as needed.

Req. ID	Req. Language	Response
REP129	The Contractor's solution shall provide an online adhoc reporting tool that allows authorized users access to provider and trading partner data (e.g., provider enrollment status, alphabetic and numeric provider listing, re-certification listing, revalidation listing, group affiliation listing, provider classification listing, and category of service listing).	DyP provides a several adhoc provider reports to access Provider and Trading Partner data - For example provider enrollment status, alphabetic and numeric provider listing, re-certification listing, revalidation listing, group affiliation listing, provider classification listing, and category of service listing.

Req. ID	Req. Language	Response
REP116	The Contractor's solution shall provide an established library of standardized operational reports as well as the ability to create a wide array of configurable detail level and summary level reports, dashboards and queries.	Fully-featured, real-time reporting and dashboards functions are provided through both the Provider Portal and the Internal User Portal. Our integration with Sisense enables us to provide a configurable dashboard that supports the showcase of all activity across the system (360° view). Dashboards are configurable within each portal to adjust to that individual's role and data view permission levels. For example, an individual administrator may need to view their tasks completed, open, and in progress for the day and work week along with specific goals, while a manager may need to see information across all administrators they oversee, including how many total applications are still pending, and more. In addition to dashboards, standardized/canned reports are also available out of the box. Certain user roles will be given ad-hoc reporting capability using DyP's ad-hoc reporting capability. During the implementation, HHS Tech will review all standardized reporting needs with DPHHS and ensure these are configured and available to permissioned end users prior to launch. Once launched, end users with ad hoc report needs will be able to use self-service functionality to perform queries across data fields and to download subsequent results for further analysis. Each report is downloadable in .xlsx and PDF formats and is available for print. Reports can also be set to run on a scheduler to ensure required reports are auto-generated and submitted within established timeframes. Only authorized users with corresponding, role-based permissions will have access to reports generation functionality. Finally, in addition to ad hoc report generation, standardized reports can also be adjusted (based on established permissions) within the portal as necessary.

