Colorado Department of Health Care Policy and Financing

Solicitation #:

HCPFRFPCW14BIDM2

Business Intelligence and Data Management Services (BIDM)

RFP Body

Modification 1 – Modifications are shown in red.

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SECTION 1.0 INTRODUCTION

1.1. GENERAL INFORMATION

1.1.1. The State of Colorado, Department of Health Care Policy and Financing (hereafter referred to as "the Department") is soliciting proposals to obtain a state-of-the-art, certifiable Medicaid Management Information System (MMIS) to support Colorado's Medicaid, Children's Health Plan Plus (CHP+) programs, and other health benefit programs (jointly referred to as the Colorado Medical Assistance program). The Business Intelligence and Data Management Services (BIDM) Request for Proposal (RFP) and the Pharmacy Benefit Management System (PBMS) are separate components of the above effort, but are part of the overall replacement project. For purposes of the RFP, activities related to the three component procurements will be referred to as the COMMIT (Colorado Medicaid Management Innovation and Transformation) project.

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

1.1.3. The Department is seeking a flexible solution that will enhance its business intelligence infrastructure by maximizing the use of cost-effective, industry-related and application-ready Commercial Off-The-Shelf (COTS) technologies to support the existing Colorado Medical Assistance program and future expansions and changes as directed by the Department's Medicaid Director. The scope of the BIDM is not limited to any specific program administered by the Department, and the Department reserves the right to seek additional services via sole source or competitive procurement for any service required by the Department beyond those anticipated in this procurement. The Department encourages Offerors to propose creative, innovative solutions for a suite of applications or components to support a "best of breed" BIDM that will advance the Department from a transactional data store to a dynamic, predictive data management solution.

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

1.1.5. The Department is not requiring proposed solutions to be previously certified by the Centers for Medicare & Medicaid Services (CMS). However, all proposed solutions are expected to meet CMS certification requirements within a reasonable period following the completion of system development. Where practical, proposed

solutions should leverage existing components and/or components that can be transferred from an existing system that has been certified by CMS. The Department expects Offerors to propose a solution that leverages technology and resources previously developed/deployed in other states and/or commercial environments to reduce implementation and operating costs, where appropriate. The proposed solution should provide a benefit to the Department and other states as future changes in technology and federal regulations can be shared across all partners. Further, the proposed solution should include technology refreshes that allow the System and BIDM Operations to remain up-to-date and continue to incorporate new industry best practices. Any updates or changes to the technology should be handled thru a Change Management Process to allow for the assessment of price and impact to the System and operations.

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

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

1.1.7.1. COMMIT Core MMIS and Supporting Services.

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

1.1.7.3. COMMIT Pharmacy Benefits Management System (PBMS).

1.1.8. The scope of this RFP includes:

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

1.1.8.2. The Department seeks a modern approach to data management and System Tools to support the statistical analytical needs of the Colorado Medical Assistance program and other supporting programs. The Department's vision for the data management and System Tools is based on:

1.1.8.2.1. Strong data governance.

1.1.8.2.2. A robust data warehouse that can collect, consolidate and organize data from multiple data sources for reporting and analysis business processes.

1.1.8.2.3. A Sandbox will allow direct SQL or equivalent query access to the underlying data.

1.1.8.2.4. A variety of impressive System Tools that will allow authorized System users to evaluate programs, Health Benefit Plans, and establish provider rates through predicting/forecasting utilization, cost, and caseload and modeling scenarios.

1.1.8.2.5. Reporting components will include user-defined reporting and federally required reports and dashboards.

1.1.8.3. The Department seeks a Contractor to not only provide the System and System Tools to the Department, but to also provide skilled staff that will perform system operations, program operations, and detailed analysis in collaboration with the Department staff. To manage this process the Contractor will need a robust, but flexible program management strategy to provide quality Deliverables and documentation. Furthermore, the Contractor will need to provide training and support to various authorized System users ranging from the advanced users, causal users, to limited users, such as providers.

1.1.9. This RFP also includes "optional" functionality, intended to enhance the Department's ability to meet its technical and business strategy. Where possible, pricing should be provided when the optional requirement(s) cannot be met within the proposed base price. The pricing will be used for informational purposes. The Department will evaluate optional requirements that can be met within the proposed base price. Optional requirements that cannot be met within the proposed base price will not be evaluated. Pricing for optional requirements is described and is included in Appendix E – BIDM Pricing Schedules.

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

1.1.10.1. COMMIT Core MMIS and Supporting Services.

1.1.10.2. COMMIT Pharmacy Benefit Management System (PBMS).

1.1.10.3. These Statements of Work will be released by the Department through separate RFPs on a different schedule from the COMMIT BIDM RFP.

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

1.1.12. The content for Section 1.0 through Section 3.0 and the language in Section 10.0 through Section 12.0 are intentionally similar for the COMMIT Core MMIS and Supporting Services RFP, the COMMIT BIDM RFP, and the COMMIT PBMS RFP. This is to re-iterate the overarching procurement strategy and emphasize the integration among the RFPs.

1.1.13. Through the RFP development process, the Department has required feedback from vendors on draft RFPs and help pre-bidder conferences to demonstrate the Department's current analytical ability and silicate further vendor input. The Department thanks all vendors who participated in the process. Further, the Department hopes that the process generated an open and transparent process, which encouraged vendors to response to this RFP and demonstrated that the Department is not seeking a traditional data warehouse. The Department wants to fundamentally change the way it does business by leveraging its information assets to become the best public-sector health care analytics entity and a pacesetter for the nation. The Department seeks a vendor who understand this goal and truly desires to join the Department on this journey to take health care analytics to the next level.

1.2. ORGANIZATION OF THE RFP

1.2.1. RFP Package Description

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

1.2.2. For comprehensive understanding of the BIDM requirements provided by the Department, Offerors will reference the documents listed in 1.2.2.1 – 1.2.2.5 concurrently for their initial review:

1.2.2.1. BIDM RFP Body (this document).

1.2.2.2. Appendix A – BIDM Requirements and Performance Standards Matrix.

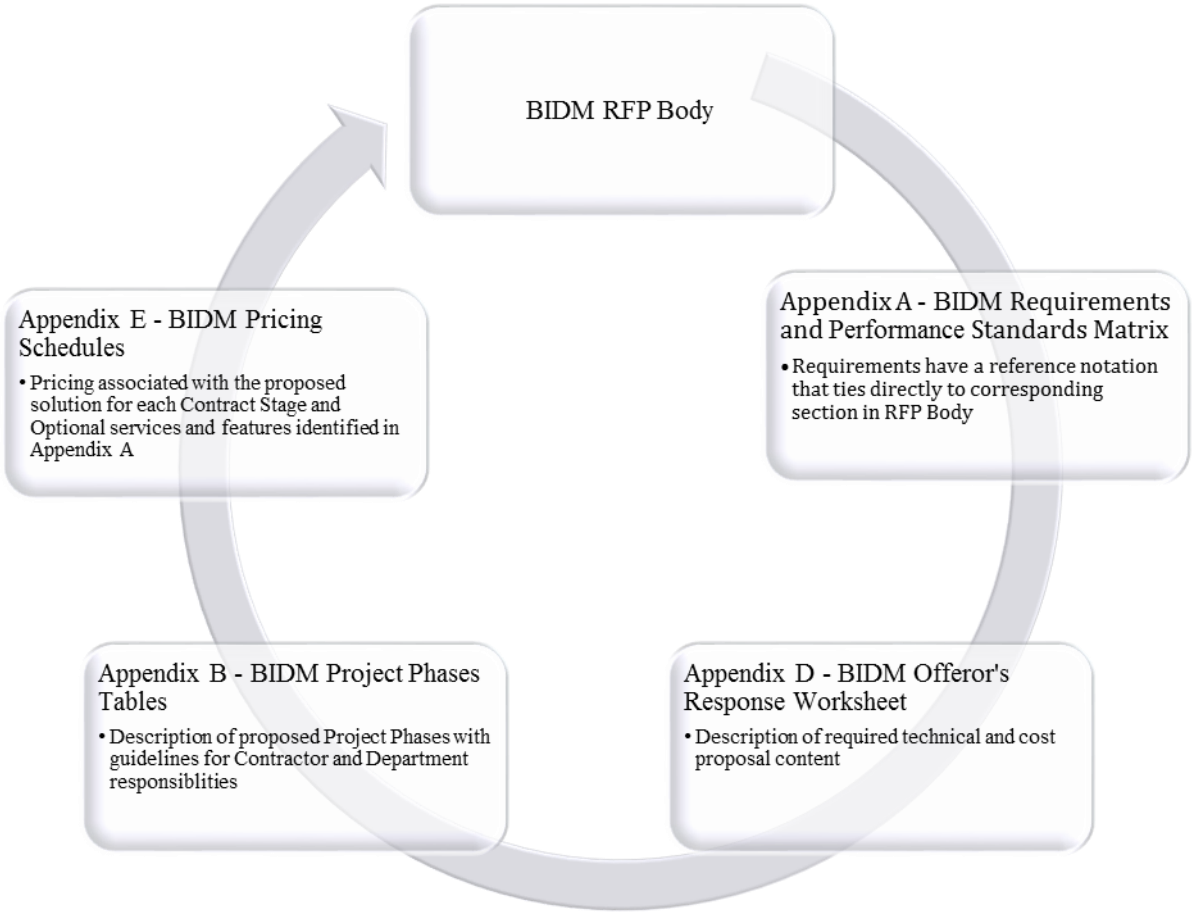
1.2.2.3. Appendix B – BIDM Project Phases Tables.

1.2.2.4. Appendix D – BIDM Offeror's Response Worksheet.

1.2.2.5. Appendix E – BIDM Pricing Schedules.

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

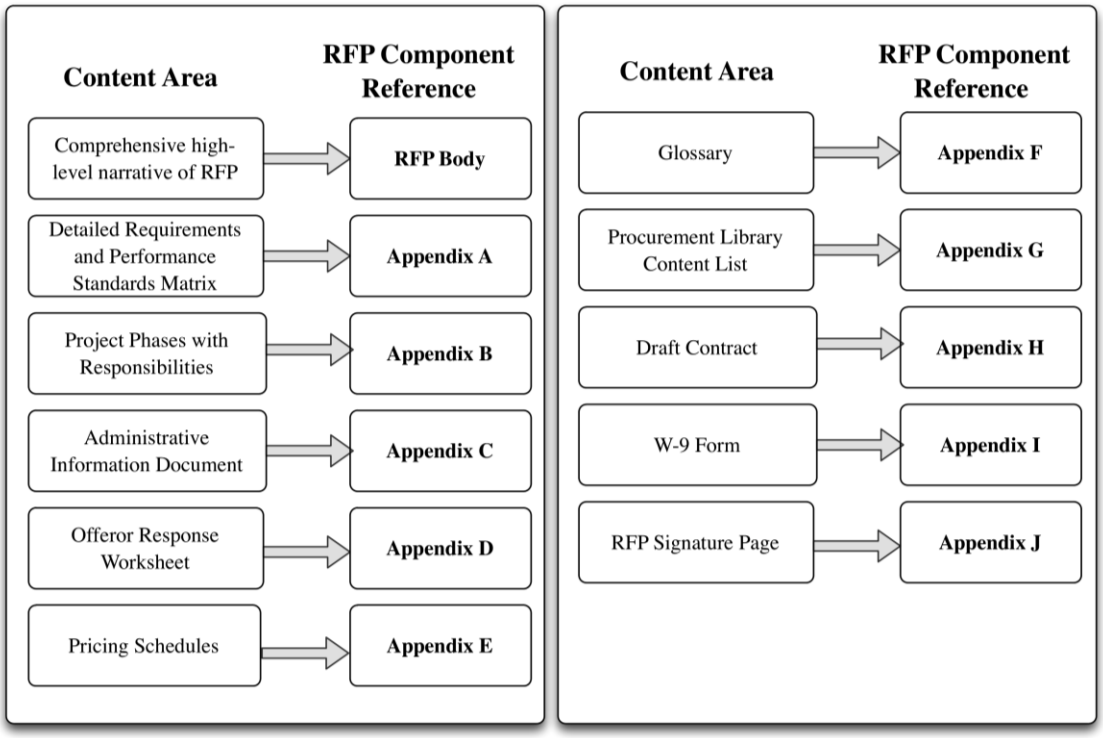
Figure 1.2.3 How to Read This RFP



1.2.4. RFP Component Navigation

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

Figure 1.2.4.1: Organization of RFP Package



1.2.5. RFP Component Description

1.2.5.1. BIDM RFP Body: This document (referred to as the "BIDM RFP Body") provides a high-level, comprehensive description of the BIDM required by the Department. It provides project background information, an overview of the Statement of Objectives (SOO), project goals and strategy, management and organization overview, Contract personnel requirements, general Contractor requirements, BIDM Statement of Work, BIDM Operations Statement of Work, compensation and invoicing, and the proposal evaluation criteria. Although it includes some general guidance in terms of design, overall functionality, and technical implementation, this document does not include specific requirements; these are found in Appendix A – BIDM Requirements and Performance Standards Matrix. The intent is to provide a comprehensive narrative that reflects the COMMIT project guiding principles, while providing Offerors an opportunity to respond with creative, innovative solutions. This design is part of the Department's objectives-based procurement approach.

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

1.2.5.2.1. The Department has attempted to structure Appendix A into three major Sections. Within each Section are Subsections that are provided to group related requirements by topic. The Department has organized the requirements into sorted groups, but due to the high number of requirements not all requirements may be sorted in sequential order, or with all applicable groups.

1.2.5.2.2. Offerors may find that some requirements fit into other Sections or Subsections. However, Offerors shall not move their response for a requirement to another Section or Subsection, since scoring criteria have been allocated by Section, Subsection, and requirements in each. If Offerors believe that a requirement should be placed in another Section or Subsection that should be brought to the attention of the Department through the official questions to this RFP and the Department will respond.

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

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

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

1.2.5.6. **Appendix E – BIDM Pricing Schedules**: This component includes detailed information and instructions for Twelve (12) different pricing schedules required for Offerors Price Proposals. It shall include pricing information for the Offeror's proposed solution and operations, and any pricing associated with modifications to the Offeror's base solution and operations to satisfy detailed requirements in Appendix A – BIDM Requirements and Performance Standards Matrix. In addition, the pricing information will include any costs associated with travel related to the design, development, and implementation of the Offeror's proposed solution and operations.

1.2.5.7. **Appendix F – BIDM Glossary of Terms and Abbreviations**: This component contains definitions for terms and acronyms that are used throughout the Core MMIS and Supporting Services RFP, this BIDM RFP, and the PBMS RFP.

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

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

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

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

1.3. MANDATORY OFFEROR REQUIREMENTS

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

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

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

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

1.4. TERMINOLOGY

1.4.1. Acronyms and abbreviations are defined at their first occurrence in this RFP. Definitions for acronyms, abbreviations, and other terminology used in this RFP, as well as associated requirements in Appendix A – BIDM Requirements and Performance Standards Matrix, are contained in Appendix F – BIDM Glossary of Terms and Abbreviations.

SECTION 2.0 OVERVIEW STATEMENT OF OBJECTIVES

2.1. OVERVIEW

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

2.1.2. This SOO is not inclusive of every possible duty, task, or deliverable necessary to achieve success on this Contract. Therefore, Offerors should not assume that any perceived lack of detail in a specific area indicates that the Contractor will have no duties in that area; however, any additional duties outside the scope identified in Appendix A – BIDM Requirements and Performance Standards Matrix will be handled through the Change Management Process. Offerors shall develop a solution that fulfills the Department's goals and requirements in a cost effective manner, which may include details not specifically outlined in this RFP.

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

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

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

2.2. PROCUREMENT GOALS

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

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

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

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

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

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

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

2.2.3.5. **Information Sharing**: Implement a solution that provides an easy to access and comprehensive 'one-stop shop' for providers and other authorized System users.

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

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

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

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

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

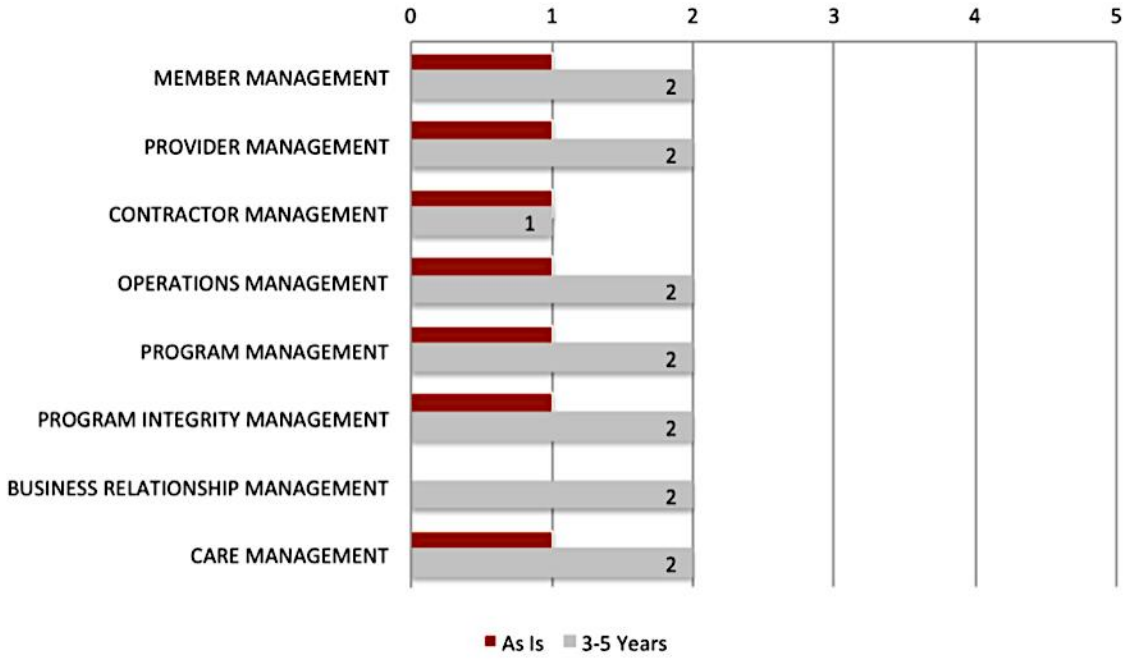
2.2.4.4. **Integrate with Statewide IT Systems**: Ensure that the BIDM is designed for integration with the State's Medicaid eligibility system (CBMS), Health Information Exchange, and Health Insurance Exchange, as envisioned through the Affordable Care Act, and subsequent federal policies and regulations.

2.3. PROJECT GOALS

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

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

Figure 2.3.2: Level of Business Capability



2.3.3. The Department is pursuing solutions that combine excellence and innovation in technology, business operations, and system implementation. Table 2.3.3 provides a description of the overall COMMIT project goals. Not all outcomes associated with project goals apply to the BIDM; some goals will be achieved via the Core MMIS and Supporting Services and/or PBMS RFPs. Specific goals that apply solely, or in part, to the BIDM will be addressed by the requirements specified in Appendix A – BIDM Requirements and Performance Standards Matrix. The Department expects proposed solutions to provide capabilities that will enable higher MITA maturity levels over time.

Table 2.3.3: Summary of COMMIT Project Goals

Goal	Description
Audit trail and access to history	Provide access to data changes and viewing history within the MMIS, BIDM, and PBMS to allow the Department to understand the history of data changes, and to ensure HIPAA compliance. The online, human-readable audit trail should identify the effective and termination date for the data; identify who made the changes (e.g., individual or automated process); and the value of the data element for the identified data range.
Workflow management	Implement automated solutions that support the establishment of work queues allowing in process documents to flow from one worker's queue to another.
Access to Data	Provide, as close to real-time as possible, centralized access to all data.
Client Management	Create an online, electronic client system component and Web Portal that improves the Department's ability to manage client information and client related processes. Colorado Benefits Management System (CBMS) will continue to be the master data source for eligibility determination, while the Core MMIS and Supporting Services will rely upon the eligibility determination to determine enrollment in the appropriate Health Benefit Plan, as well as for claims payment and associated reporting. The electronic client system component would interface with both systems to support determination of eligibility as well as Health Benefit Plan assignment. This functionality is optional for proposed solutions.

Goal	Description
Provider Management	Create an online, electronic provider enrollment application through a Web Portal that will collect required information to support decisions regarding approval/denial of a provider's request to supply Medical Assistance. The online application would allow the electronic attachment of supporting documentation to allow efficient decision-making. The solution would leverage an automated workflow so that data and documentation could be routed to appropriate units responsible for decisions on provider enrollment applications. In addition, providers could use a Web Portal to submit updates to their information (e.g., address changes, or updated licensing information).
Financial Management	Improve financial management processes by leveraging information available electronically to support more efficient budgeting and financial forecasting. Electronic financial management will leverage solutions used to support centralized data access and policy/utilization modeling. Modify system data that will be required for the BIDM to produce federally required reports through Configuration rather than modifying programming code.
Health Benefit Plan Management	Through a rules-driven design, obtain the flexibility to create and modify Health Benefit Plans within the system, such that Department users can easily configure services, service limitations, Prior Authorizations, provider rates, and client cost sharing amounts within a Health Benefit Plan. This will allow the Department to define Health Benefit Plans unique to specific populations, as well as different payment methodologies and provider payments (or rates) for Health Benefit Plans. For example, payments to inpatient hospital providers under one Health Benefit Plan can be made on a per diem basis, while others can be made under a prospective diagnosis-related group (DRG) basis. In addition, the payment methodology could be the same across Health Benefit Plans, while provider rates of services differ between the Health Benefit Plans.

Goal	Description
Utilization Tracking and Forecasting	Track utilization trends to support improved decision-making on where to allocate program resources. The information collected and tracked over time will support forecasting and allow the Department to make more timely changes to policy to improve healthcare and financial outcomes. This goal will leverage solutions used to achieve centralized data access and policy/utilization modeling goals.
Electronic Communication Capabilities	Improve, standardize, and automate communications with clients, providers, contractors, and other agencies. The standardization of communications would allow the Department to move to electronic options for communications including a Web Portal and electronic messaging. In addition, standardization should support the ability to provide messaging in multi-language and multi-literate formats. These capabilities may result in timely communications that would lead to improved outcomes.
Electronic Case Management	Implement an online, electronic care management solution within the Core MMIS and Supporting Services. The Case Management solution will replace the existing Benefits Utilization System (BUS) and DDDweb functionality. The solution will integrate with the Core MMIS and Supporting Services, but is not required to be native functionality.

Goal	Description
Reporting Capabilities	Via the BIDM Contract, obtain a robust reporting solution that will leverage centralized access to data to improve reporting results. The Department expects that a solution would provide flexible reporting and business intelligence tools that provide a variety of graphical and data formats. The variety of formats will allow the Department to communicate data in a view appropriate for each audience. The solution will also provide options to automate reporting, including the ability of users to designate reports for generation at specific intervals, and the ability to set parameters for ad hoc reports. This also includes the ability to search on user-defined data elements.
Key Performance Indicators (KPI) for Improved Health Outcomes	Via the BIDM, identify opportunities for transformation of health care delivery and patient outcomes with actionable measurement and reporting. As programs mature and policies evolve, and new data sources become available, the need for new and better performance metrics will grow. The proposed solution should address identification and implementation of new KPIs and associated actionable reporting mechanisms.

Goal	Description
System Flexibility	Create a solution that provides greater automation and is easily and quickly Configurable based on changing business requirements. The system should focus on Configuration changes rather than custom code development for business requirements (or Customization). The Contractor will need to be intimately familiar with its solution in order to make recommendations to best incorporate business requirement changes. This goal may also require an evaluation of the process to communicate the Department's requirements for a change. Making this process more efficient in achieving Department approval for changes will reduce the amount of time to get business requirements implemented in the system and increase accuracy of system transactions. Examples include the ability to make payments through benefit plans/services created or the ability to add new data fields to the system that can drive workflow and/or reporting capabilities.
Reusability	Obtain a solution that, where practical, leverages existing technology and resources, and/or system components that can be transferred from an existing, CMS certified system across states, or from an existing commercial solution, to reduce implementation and operating costs. The solution implemented should provide a benefit to the Department and other states as future changes in technology and federal regulations can be shared across all partners via a "Software as a Service" delivery model. The system is not required to be previously CMS certified; however, all proposed solutions are expected to meet CMS certification requirements, as specified in the agreed upon project schedule, as defined and maintained under this Contract.

2.4. CONTRACTOR RELATIONSHIP EXPECTATIONS

2.4.1. Prime Contractor

2.4.1.1. The BIDM Contractor shall be the Prime Contractor for this Contract, and shall be solely responsible for integration of all Work to be performed under this Contract, regardless if any other role is subcontracted.

2.4.1.2. The BIDM Contractor shall work solely with the Department to perform all contract administration activities for this Contract, including tasks for which a Subcontractor may be responsible.

2.4.1.3. The relationship with the Department and other Subcontractors shall be based on trust, confidentiality, objectivity, transparency, and integrity at all times. Nothing contained within this document or any Contract documents created as a result of any Contract awards derived from this RFP shall create any contractual relationships between any Subcontractor and the Department. All subcontracting relationships not specified in the accepted proposal for this Contract require the consent and approval of the Department prior to start of Work under the Contract.

2.4.2. Given the COMMIT project's scope and breadth, the Department acknowledges the numerous dependencies on other stakeholders and implementation activities. The Department, in conjunction with all other COMMIT project contractors (i.e., Core MMIS and Supporting Services Contractor, PBMS Contractor) will develop a formal agreement that specifies the roles and responsibilities of each Contractor as it relates to the COMMIT project. The Department will address, as needed, project coordination and/or scheduling needs that relate to dependencies that may be delayed by these other entities.

2.4.3. BIDM Contactor relationship with Core MMIS and Supporting Services Contractor

2.4.3.1. The Core MMIS and Supporting Services Contractor shall be the System Integrator and shall be solely responsible for integration of all Work to be performed under the COMMIT project.

2.4.3.2. BIDM Contractor staff shall have an ongoing relationship with Core MMIS and Supporting Services Contractor staff throughout the duration of the Contract. The BIDM Contractor shall ensure that BIDM Contractor staff works cooperatively with key Core MMIS and Supporting Services Contractor staff to ensure, to the extent within its control, the success of the project as it relates to BIDM Contractor provided services. The BIDM Contractor shall be responsible for activities related to the integration of BIDM functionality and services as it applies to the COMMIT project.

2.4.3.3. The BIDM Contractor shall also ensure data synchronization between the Core MMIS and Supporting Services and BIDM, where applicable, to the greatest extent possible. The Core MMIS and Supporting Services RFP can be referenced in Appendix G – BIDM Procurement Library Content List.

2.4.4. BIDM Contractor relationship with Pharmacy Benefits Management System (PBMS) Contractor

2.4.4.1. BIDM Contractor staff will have an ongoing relationship with PBMS Contractor staff. The BIDM Contractor shall ensure that BIDM Contractor staff work cooperatively with key PBMS Contractor staff to ensure, to the extent within its control, the success of the project as it relates to BIDM provided services.

2.4.4.2. The BIDM Contractor shall also ensure that all available data necessary to meet the PBMS analysis and reporting requirements are captured, maintained, and retained. The BIDM Contractor shall ensure data synchronization between the BIDM and PBMS to the greatest extent possible. A draft of the PBMS RFP can be referenced in Appendix G – BIDM Procurement Library Content List.

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

SECTION 3.0 BACKGROUND INFORMATION

3.1. OVERVIEW

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

3.1.2. The Department of Health Care Policy and Financing

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

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

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

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

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

3.2. CURRENT CONTRACT BACKGROUND

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

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

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

3.2.3. Xerox administers the current DSS that supports research, planning, monitoring, and evaluation of the Colorado Medical Assistance program's operation and performance. The current DSS does not provide a comprehensive view or centralized access to all of the data required for reporting purposes or program analysis.

3.2.4. In 2011, the Department selected Treo as its Statewide Data and Analytics Contractor (SDAC) to provide an analytical database to support the Medicaid Accountable Care Collaborative (ACC) Program. This contract expires in June 2014, but the Department is currently negotiating a contract renewal until June 2016, with an option to extend one additional year, if necessary.

3.3. AUTHORIZED SYSTEM USERS

3.3.1. This overview of the current users of the DSS and SDAC is provided to enhance Offerors' understanding of user access to current query and reporting tools. Offerors may propose BIDM solutions that classify System users differently, but proposed BIDM solutions shall generally reflect the skill and access levels outlined in the following descriptions.

3.3.2. Advanced Users have the highest levels of analytical capabilities and use the most sophisticated tools. Advanced Users currently rely on the following software tools listed in Section 3.4.

3.3.2.1. Advanced Users currently include the Department's Rates and Analysis Division, the Health Data Strategy Section, approximately half of the Budget Division, and four (4) members of the Program Integrity Section.

3.3.2.2. The Department currently has approximately eighty (80) Advanced Users. The number of Advanced Users will increase as a result of the BIDM Contract to include select members of the Claims Systems and Operations Division, the Safety Net Programs Section, select business partners/stakeholders (e.g., Colorado Department of Human Services (CDHS) analytical staff) and select contractors' analytical staff (e.g., APS, Health Services Advisory Group (HSAG)).

3.3.3. Business Users have moderate analytical capabilities and access to basic analytical tools. Business Users have a basic understanding of the data used in their areas of expertise. For more sophisticated analysis and reports, Business Users request support from Advanced Users to identify and fulfill their needs. Business Users currently utilize Cognos Query Studio to create basic reports based on DSS data.

3.3.3.1. The Department currently has approximately one hundred fifty (150) Business Users, primarily within the Health Programs Office, the Clinical Services Office, and the Claims Systems and Operations Division. Existing contractors (e.g., Utilization Management Vendor, External Quality Review Organization) with access to the DSS have Business User access levels, as well as other stakeholders within the State system (e.g., CDHS, Medicaid Fraud Control Unit).

3.3.3.2. Some contractor and stakeholder analytical staff will transition to Advanced User status with implementation of the BIDM.

3.3.4. The Department currently has approximately one hundred fifty (150) Data Warehouse Users. Data Warehouse Users only have access to predefined reports and dashboards via Cognos Connection. Some reports are built with prompts so the Data Warehouse User can specify the data being returned (e.g., client ID, dates, procedure codes), enabling controlled ad hoc capabilities.

3.3.5. Authorized providers who currently access analytics and reports via the SDAC functionality are not included in the numbers in this Section, as the Department expects a significant expansion of provider use of the BIDM Web Portal by July 2016. Their access will be transitioned to the BIDM Web Portal with the implementation of the BIDM. Providers, including but not limited to the ACC Providers, will access the System via the BIDM Web Portal.

3.3.6. The Department expects that the System, System Tools, and BIDM Web Portal would perform with no performance degradation when a specified number authorized System users are concurrent accessing the system. Offerors will need to provide optimal performance of the System based on the number of authorized System users provided in this section and then create a Performance Standard(s) related to that performance as stated in Section 5.6.3.

3.3.7. To help develop the vendor's price related to licensing and performance of the System the Department has specified the following number of users:

3.3.7.1. Business Intelligence Tool

3.3.7.1.1. Data Warehouse Users (pre-defined reports, dashboards, prompt-based reports): 150

3.3.7.1.2. Business Users: 150

3.3.7.1.3. Advanced Users: 80

3.3.7.2. SQL Tool

3.3.7.2.1. Advanced Users: 80

3.3.7.3. Statistical Analysis Tool

3.3.7.3.1. Advanced Users: 80

3.3.7.4. Predictive Analytics Tool

3.3.7.4.1. Advanced Users: 80

3.3.7.5. Geospatial Analytics and Mapping Tool

3.3.7.5.1. Business Users: 5 (with an option to increase up to 25)Advanced Users: 10

3.3.7.6. SURS Reporting (or equivalent functionality)

3.3.7.6.1. Business Users: 25

3.3.7.7. Rules Engine (or equivalent functionality)

3.3.7.7.1. Business Users (access to use rules functionality): 80

3.3.7.7.2. Advanced Users (access to develop rules): 5

3.3.7.8. Data Suppression Tool

3.3.7.8.1. Advanced Users: 10 (with an option to increase up to 80)

3.3.7.9. Investigative Case Management Tool

3.3.7.9.1. Business Users: 50

3.3.7.10. BIDM Web Portal

3.3.7.10.1. Number of Providers accessing to retrieve reports and run prompted-based reports: 1,000 (with an option to increase up to 4,000)

3.4. TECHNOLOGY AND SYSTEMS TO BE REPLACED

3.4.1. This section of the RFP describes the COMMIT project components that are currently utilized and will need to be replaced or re-implemented through the BIDM. This section is divided into two subsections to indicate technical and business services that are included under this RFP and those that are not. The Department is providing this information on the current components not as a recommendation that these components be utilized or not utilized in the Offeror's solution. The Department expects Offerors to propose their own combination of software, tools, and/or services to best meet the authorized System user's requirements.

3.4.2. The Department does not directly maintain the licensing for any software listed in this section. Therefore, Offerors shall not assume that existing licenses can be leveraged to satisfy the requirements described throughout the RFP.

3.4.3. Technical and Business Services for replacement under this RFP

3.4.3.1. Decision Support System (DSS)

3.4.3.1.1. The current DSS provides information retrieval and reporting tools via business intelligence and performance management software that supports the Colorado Medical Assistance program's operation and performance. On a weekly basis, the incumbent contractor extracts select data from the MMIS and sends it to the DSS to support various DSS functions. The Department plans to replace the DSS through this BIDM RFP that is separate from the Core MMIS and Supporting Services procurement.

3.4.3.2. Cognos Report Studio: Provides access to the various analytical packages, both GUI interface and direct SQL coding options, for the development of a Cognos report, field creation, and to link queries.

3.4.3.3. Cognos Analysis Studio: Provides Advanced Users capabilities to analyze and create data for reporting based on the pre-aggregated data captured in Cognos cubes. There are currently eight (8) Cognos cubes (8) in the current DSS.

3.4.3.4. SQL coding via TOAD for Data Analysts and Query Analyzer: Provides Advanced Users the capability to directly code SQL against the underlying database via the CORATEP workspace.

3.4.3.4.1. CORATEP is a "sandbox" environment that provides each Advanced User with an assigned schema. Each Advanced User has full read, write, update, and delete capabilities for objects within his or her schema.

3.4.3.4.2. Advanced Users may upload external data to personal schemas for stand-alone analysis or for incorporation with the DSS data. Advanced Users can read and utilize data both in other users' schemas and in the full DSS data schema, but do not have write/update privileges for any objects outside of their personal schemas. The DSS data, which mirrors the underlying tables used to create the Cognos universe, is captured in the full data schema in CORATEP, and is not filtered or otherwise subject to the meta-data layer. All DSS data can be incorporated into any query, but cannot be modified by Advanced Users.

3.4.3.4.3. The incumbent contractor is not responsible for documenting or maintaining objects within individual users' schemas. However, the incumbent contractor is responsible for backing up, restoring, and otherwise supporting all CORATEP schemas as part of standard operations.

3.4.3.4.4. Current, 2.5 GB is allocated to CORATEP. At this time, 1.5 GB is utilized. All users have access to the workspace, and the 2.5 GB is not allocated among users.

3.4.3.4.5. A complex, but not uncommon, sample of the type of SQL code written and run by Advanced Users in the CORATEP environment can be found in Appendix G – BIDM Procurement Library Content List. Offerors shall reference "Pull Underlying data FY1112 _03-25-2013 - Rev for BIDM RFP App G.sql."

3.4.3.5. ESRI ArcGIS: Provides select Advanced Users geospatial analytical and mapping capabilities.

3.4.3.6. SAS: Provides Advanced Users capabilities for sophisticated data management, statistical analysis, econometrics, data mining, forecasting, and other analytical functions. Specific examples of current SAS utilization include development of actuarial sound managed care rates, generation of statistically valid stratified random samples, forecasts of caseload and expenditures, and construction of appropriate survey weights.

3.4.3.6.1. Appendix G – BIDM Procurement Library Content List includes an example of a set of tasks that demonstrates this functionality. Although not technically sophisticated, the example illustrates the magnitude of the datasets routinely accessed by Department staff when using SAS. Offerors shall reference "Example of Resource Intensive Update Queries Used in the Rate Setting Process.docx".

3.4.3.7. Statewide Data Analytics Contractor (SDAC)

3.4.3.7.1. The SDAC is responsible for providing secure electronic access to clinically actionable data to the Regional Care Collaborative Organizations (RCCOs) and Primary Care Medical Providers (PCMPs) to help them meet the goals of the Accountable Care Collaborative (ACC) – to improve client health and reduce costs.

3.4.3.7.2. The Statewide Data and Analytics Contractor (SDAC) is responsible for providing the Department, RCCOs, and PCMPs with actionable data at both the population and client level. Population level data is used to evaluate and improve the program, individual RCCOs, and individual PCMPs. Client level data supports care management activities and help RCCOs and PCMPs improve client health and reduce costs.

3.4.3.7.3. Data is provided to the Department, RCCOs, and PCMPs via an online portal (SDAC Web Portal) with secure, role-based access. Currently, only paid claims data are included. The online Web portal was launched in January of 2012.

3.4.3.7.4. The SDAC tracks four Key Performance Indicators (KPIs). The KPIs include:

3.4.3.7.4.1. Inpatient hospital readmissions.

3.4.3.7.4.2. ER visits.

3.4.3.7.4.3. High-cost imaging services.

3.4.3.7.4.4. Well child visits.

3.4.3.8. SDAC Web Portal

3.4.3.8.1. The SDAC Web Portal is a standalone, browser-based reporting and analytics application available to PCMPs and RCCOs contracted with the Department under the ACC Program and various Department internal users. It is outside of the current MMIS architecture. The SDAC Web Portal provides access to patient-level and aggregate claims data and analytics to satisfy the following functions: care management (for PCMP and RCCOs); population management (for RCCOs and the Department); performance measurement (at all levels); and quality improvement (at all levels). All SDAC Web Portal reporting at the client level or in aggregate is restricted by three (3) tiers of role-based access: PCMP, RCCO, and Department/Statewide. Reports are refreshed monthly and available for download by authorized System users. Examples of SDAC Web Portal reporting include:

3.4.3.8.1.1. PCMP and RCCO Client rosters, including Client demographics and multiple Client risk stratifications based on diagnoses, costs, or utilization.

3.4.3.8.1.2. Client historical spending on a per member per month basis, both in aggregate and at the service category level.

3.4.3.8.1.3. Client historical utilization of hospital emergency department/room (ER) services, inpatient hospital services (including a measure of inpatient hospital readmissions at 7, 30, 60 and 90 days from the initial hospitalization), MRIs, CT Scans, and X-rays.

3.4.3.8.1.4. Clients lacking a routine or well care visit in the prior year, or other period as defined by the National Committee for Quality Assurance, or other nationally recognized standards setting body.

3.4.3.8.1.5. Client-specific historical pharmacy utilization, including alerts for Members with high pill burden, Clients showing utilization suggesting interaction side effects, Clients receiving multiple prescriptions for drugs with risk of abuse, and Clients having utilization that is contraindicated because of age, gender, or other factors.

3.4.3.8.1.6. Client utilization of Ambulatory Care Sensitive Conditions, aggregated to the provider or provider panel.

3.4.3.8.1.7. Client historical 12-month profile of all services utilized, by service category.

3.4.3.8.2. Additionally, the SDAC Web Portal provides for all authorized System users a comprehensive dashboard encompassing provider performance on ACC Program KPI metrics relative to their user role. For Department users, statewide metrics are presented with drill down capability down to the RCCO and PCMP level. For RCCO users, RCCO metrics are presented with drill down to the PCMP level. PCMP users are only able to view metrics at the PCMP level.

3.4.3.8.3. The SDAC Web Portal is available 24 hours a day, 7 days a week with a live Help Desk available Monday-Friday 8:00 am - 6:00 pm.

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

3.4.4.1. MMIS

3.4.4.1.1. The current MMIS was designed and developed from 1996 to 1998. The System was implemented on December 1, 1998. Enhancements and modifications have since been implemented regularly to meet federal and/or State legislative and/or budgetary requirements. Since the initial implementation, subsequent enhancements include offering interactive claims, eligibility inquiry, report/file retrieval through a Web Portal, provider reference information such as provider billing manuals, delivered through a provider services web site, email notification of provider bulletins, and other enhancements to support Fiscal Agent Operations. The Department plans to replace the current MMIS due to the significant changes, resources, and costs required to implement further updates to the current MMIS. Section 7.12 of this BIDM RFP Body provides the BIDM Contractor responsibilities to ensure a successful interface with the Core MMIS and Supporting Services.

3.4.4.2. Benefits Utilization System (BUS)

3.4.4.2.1. The BUS is a Screening and referral Case Management system and Functional Determination services for Home and Community Based and Nursing Facilities ICFIID clients, residents, and applicants developed by the Department. The ULTC 100.2 is for the Level and Care instrument intake case managers' use measuring functional capacity and determining Level of Care (LOC). The Department currently maintains the content of the ULTC 100.2 assessments in the BUS. The BUS also contains Preadmission Screening and Resident Review (PASRR) information, Home Care Allowance and Instrumental Activities of Daily Living (IADL)/basic Activities of Daily Living (ADL) information, Service/Care Planning, and contact notes, Critical Incident Reporting System (CIRS).

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

3.4.4.3. Division for Developmental Disabilities web (DDDweb)

3.4.4.3.1. The DDDweb is a web-based application that is responsible for the direction, funding, and oversight of community services to persons with developmental disabilities within the State of Colorado. DDDweb is managed and maintained within the Colorado Department of Human Services (CDHS) and OIT. DDDweb is the principle source of data regarding person with developmental disabilities who are provided services with State or Medicaid funding through CDHS. DDDweb includes basic identification, client eligibility, disability, service, survey data, wait list, critical incident tracing, program quality, prior authorizations, and other management and planning information. Existing DDDweb functionalities will be incorporated into the Case Management component of the Core MMIS and Supporting Systems solution.

3.4.4.4. Electronic Data Interchange (EDI)

3.4.4.4.1. The EDI provides automated transfer of data in a specific format following specific data content rules between a health care provider, the Department, and CMS. The EDI will be replaced or modified to support the COMMIT project.

3.4.4.5. Pharmacy Benefits Management System (PBMS)

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

3.5. COLORADO MEDICAL ASSISTANCE PROGRAM ENHANCEMENTS

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

3.5.1.1. Enhance the capabilities of the Core MMIS and Supporting Services to improve the interface capabilities to the State's eligibility system, CBMS.

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

3.5.1.3. Centralize access to information including Long Term Care Prior Authorizations, screenings, and claims, and providing all data to the System.

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

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

3.5.1.5.1. Additional information on the ACC Program can be found at: http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1233759745246

3.6. PROJECT AND STATE RESOURCES

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

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

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

3.6.1.3. **Health Data Strategy Section:** Within the Department, under the Finance Office and Provider Operations Division, this Section is primarily focused on implementing a Medicaid data infrastructure that supports strategic uses of Colorado health data. This unit manages the existing Statewide Data and Analytics Contractor (SDAC) contract, as well as consults on the procurement of new contracts by the Department to provide data and analytics. The Section Manager and staff will be primarily responsible for the operations of the BIDM. The unit serves as a primary contact point for external stakeholders outside the Department regarding data integration and interoperability, including entities such as the State Office of Information Technology (OIT), the Center for Value and Improvement in Health Care (CIVHC), Colorado Regional Health Information Exchange (CORHIO), Quality Health Network (QHN), among others. In addition, the Health Data Strategy unit utilizes its technical expertise to evaluate data elements and methods for innovative reform efforts such as the Accountable Care Collaborative (ACC). This section plays an important role in working toward the Department's mission to improve access to cost-effective, quality health care services for Coloradans.

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

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

3.6.2. The project organization is as follows:

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

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

3.6.2.3. **BIDM Project Manager**: Part of the Department's PMO will direct the implementation of the System and will work with the Contractor to provide day-to-day coordination of all project tasks.

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

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

3.6.2.6. Department Responsibilities

3.6.2.6.1. The Department will oversee Contractor activities as described in Appendix B – BIDM Project Phases Tables and Deliverables as described in Appendix A – BIDM Requirements and Performance Standards Matrix throughout the term of the Contract. The Department expects Offerors to design and propose Deliverables that are congruent with both their proposed solution and their SDLC and project management methodologies. The Department will review all Contract Deliverables and provide input into the proposed design and content of each Deliverable. The Department will provide the Contractor with formal approval of each Deliverable, as described in Appendix A – BIDM Requirements and Performance Standards Matrix. The Department will review all deliverables in accordance with a mutually agreed upon deliverable review and acceptance process.

3.6.2.6.2. The Department will act as a liaison between its Contractor(s) and other agencies and stakeholders. The Department will help facilitate communication between the parties to ensure the COMMIT project has a successful transition and implementation. The Department's COMMIT Project Manager will act as the primary contact point for the Contractor's project manager and will escalate necessary issues and risks to the appropriate Department stakeholders. The Department's COMMIT Project Manager will also coordinate the participation of Department, State, and other contractor (e.g., External Quality Review Organization (EQRO), Utilization Management vendor) stakeholders in Contractor sessions and meetings throughout the term of the Contract.

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

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

SECTION 4.0 COMMIT: CONTRACT GOALS AND STRATEGY

4.1. OVERVIEW

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

4.2. CONTRACT GOALS

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

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

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

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

4.3. CONTRACT TERMS

4.3.1. The Department anticipates commencing initial work under this Contract in May 1, 2015. A detailed description of the proposed Contract Stages outlining the phased implementation is described in Section 5.2, Contract Stages. The Department's proposed implementation schedule, which is described later in this section, is moderately flexible, and will be revised as appropriate to align with the Contractor's proposed solution. The anticipated initial term for both DDI and operations of the resulting Contract is from May 1, 2015 to June 2019, contingent upon funds being appropriated, budgeted, or otherwise made available, and other contractual requirements being satisfied. The resulting Contract may be renewed for additional time periods, up to a total of three (3) additional years ending in June 2022, at the sole discretion of the Department and upon mutual agreement of the parties, contingent upon funds being appropriated, budgeted, or otherwise made available, and other contractual requirements, if applicable, being satisfied. The Department requires the BIDM to successfully achieve CMS Certification as specified in the agreed upon project schedule, as defined and maintained under the Contract.

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

4.4. CONTRACT SCOPE

4.4.1. The general scope of this Contract includes the following functionality as outlined in Table 4.4.1:

Table 4.4.1: Scope of Future Solution

Component	Functionality
System Functionality	
Business Intelligence and Analytics	• Evaluate programs and strategies. • Forecast/predict cost and utilization. • Forecast/predict caseload. • Predictive analytics (e.g., fraud and abuse identification). • Report results accurately and timely. • Program/benefits management analytics. • Financial forecasting and analysis. • Ad hoc reporting. • Predefined reporting. • Audit Support. • Analysis and reporting of access, quality, use, and cost of programs incorporating claims/encounters, capitation, client, provider, reference, and other data (e.g., vital statistics, national benchmarks, immunization registry, Census Bureau). • Business intelligence software to create, share, and save queries and reports. • Business intelligence software to identify opportunities for program oversight, benefit plan and provider performance measurement, and payment reform. • Enable the exploration and analysis of structured, semi-structured, and unstructured data. • Ability to combine and structure data from multiple, disparate data sources so that it is optimized for analysis, query, and reporting.

Component	Functionality
Extract, Transform and Load (ETL) Tools	• Data prototyping (sample or model built to test a concept or process). • Cleansing and/or refactoring, and integration of data from the Core MMIS and Supporting Systems and from the PBMS. • Cleansing and/or refactoring, and integration of legacy source data from a variety of internal interfacing systems. • Cleansing and/or refactoring, and integration of data from a variety of non-MMIS and non-PBMS interfacing data sources (e.g., CBMS, vital statistics, immunization registry, CMS data feeds). • Design, development, and implementation of a dedicated data staging layer (DSL). • Design, development, and implementation of operational data store (ODS). • Design, development, and implementation of associated ETL processes.
Enterprise Data Model	• Design, development, and implementation of an enterprise data model designed around the Department's business practices. • The design should include, but not limited to, standardized, reusable data dimensions such as member, provider, organization, diagnosis, geography, time, and accounting.
Data Warehouse	• Design, development, and implementation of the enterprise data warehouse that includes role-based access for various consumers of data. • Design, development, and implementation of data marts. • Data governance.

Component	Functionality
Online Analytical Processing (OLAP)/Modeling	• Predictive modeling and forecasting tools and associated initial and ongoing training. • Predictive analytic tools and associated initial and ongoing training. • Strategic data modeling approach. • Model development, maintenance, version-control, and deployment management.
Geospatial Analytics	• Functionality to capture, store, edit, analyze, share, and display geographic information for Department analysis of data and to support decisions regarding claims/processing volume, client program participation, and provider program participation. • Functionality to allow users to create interactive queries, view/explore data, analyze geographic information systems (GIS) information, create single- and multi-layer maps, transform data, edit data in maps, and present the results of all these operations via flexible reporting tools. • Geocoding functionality. • GIS-related analytics.
Statistical Analytics	• Functionality to access and work with data in the data warehouse and the Sandbox. • Capacity to read, manage, update, and analyze extremely large datasets quickly and easily. • Advanced statistical analysis functionality.
Program Integrity and Audit Tracking functionality	• The design shall include functionality for authorized System users to manage, track, mark or flag records, record actions, and document the complete process within the System.

Component	Functionality
Service-Oriented Architecture	• The design shall enable a variety of applications to access data in a standardized way that ensures data consistency and integrity. • The design shall address the Department's need for: Data Abstraction, Data Source Integration, and Data Integrity and Replicability.
Ad hoc Intelligence and Analytics	
Data Mining	• Design, development, and implementation of data mining functionality and tools, and associated initial and ongoing training.
Sandbox	• Environments with dedicated workspace for authorized System users to directly access all underlying tables and fields via SQL or similar coding capability. • Authorized System users will have complete authority over items within their dedicated work areas (e.g., tables, fields, views).
Derived Data Elements and Analytics	• Provide mechanisms that allow the Contractor and authorized System users to build and incorporate frequently used derived data and analytics into both the data warehouse and Sandbox.
Rate Setting	• Functionality required for Department to develop and calculate actuarially sound managed care rates. • Developing rates for bundled payments and episodes of care • Developing tiered rates for client acuity

Component	Functionality
Integration of External Data	• Capture information from external systems (e.g., vital statistics, CMS, CDHS) to support System functions (e.g., analysis, forecasting, reporting). • Provide data to Department-approved external systems (e.g., immunization registry, CBMS). • Capture Department-identified, publicly available data (e.g., national benchmarks, Census Bureau, Colorado Office of Demography). Make the data available for incorporation into analytics, reporting, forecasting, and mapping, where appropriate. • Capture Department-provided, non-public data (e.g., secure datasets, Department procured datasets). Make the data available for incorporation into analytics, reporting, forecasting, and mapping, where appropriate.
Reporting	
User-Defined Reporting	• Query capabilities (based on user role) for all data fields in the System. • Ability to generate and save ad hoc queries. • Extract capabilities for created reports to be used in other formats/system environments. • Online access to and retrieval of data and report information. • Diverse report delivery format capabilities (e.g., pdf, Excel, csv, tab-delimited text). • Interact and view reports online or schedule and deliver multiple documents independently to multiple destinations (e.g., printers, e-mail, FTP/SFTP).

Component	Functionality
Federal Reporting (MARS, T-MSIS and other required federal reporting)	• Produce, document, maintain, and compile all required federal reports per the most recent federal specifications. • Provide information retrieval and reporting which supports policy planning, program evaluation and decision-making, fiscal planning and control, all federal reporting requirements, and operational planning and control. • Produce, document, maintain, and compile data for all required federal reports.
Surveillance and Utilization Review Subsystem (SURS) Reporting	• Provide information on providers and clients through statistical profiles, peer grouping and outliers, and a methodology to classify providers and clients into profiles based on these peer groups. • Produce, document, maintain, and compile data for all required SURS reports.
Predefined Department and State Reporting	• Provide information retrieval and Configurable reporting which supports policy planning, program evaluation and decision-making, fiscal planning and control, and operational planning and control per Department specifications.
Secure Data Dissemination	• Provide secure methods of disseminating data to comply with federal and State laws, rules, and regulations. • The System must incorporate and maintain all components (e.g., hardware, software, connectivity) necessary to meet Secure Data Dissemination requirements.

Component	Functionality
Operational Services	
Data Management, Maintenance and Updates	• System administration. • System and software maintenance (e.g., loading third party software updates, warranty repairs of software, changes in reference files). • Development of new features for System components. • Necessary modifications as a result of new data sources. • Updates and maintenance of system interfaces.
Documentation	• Documentation for all tables, fields, calculated fields, interfaces and other System components. • Documentation for reports. • Attribution process documentation. • Other documentation as required by Contract.
Attribution and Enrollment Activities	• Develop and implement, in conjunction with the Department, the appropriate methodologies to attribute clients to healthcare providers, clinicians, administrative organizations, or other Department-designated entities. • Submit client attributions to the MMIS for enrollment processing.

Component	Functionality
Secure Data Dissemination	• Electronic dissemination of reports. • Secure report delivery to mobile devices. • Provider access to reports through the BIDM Web Portal. • Electronic transfer of large data files/data dumps (e.g., secure FTP or similar functionality). • Report blinding per Department Safe Harbor protocols. • Transform full Protected Health Information (PHI) into limited data sets. • Data provided in other secure formats as requested (e.g., encrypted CD or DVD). • Role-based access for authorized System users and other consumers of the data.
Data Policy and Governance	• Ensure the quality, availability, integrity, security, and usability of System data and services for the Colorado Medical Assistance program.
Reporting Support for Investigative Case Management Tool	• Capture and integrate legacy source data. • Diverse data entry functionality (e.g., direct data entry, System report based data identification, uploaded data). • Case note and resolution tracking. • Recovery tracking. • Claim and detail level notation, tracking, and association (e.g., header level, line level).

Component	Functionality
Reporting Support for ACC Program Reporting	• Replacement of current SDAC functionality. • Support the ACC Program goals and develop performance metrics. • Full integration with the Business Intelligence and Analytics solution implementation. • Integration of data from existing Department systems and interfaces with the Departments' Benefits Utilization System (BUS). • Attribution of clients to providers based on clients' history of utilization. • Client Selection for ACC Program Enrollment. • Roster Reporting. • Incentive Payments. • Routine Report Maintenance and Support.
System User Support	• Provide the technical support necessary for authorized System users to capitalize on the tools provided, develop a solid understanding of how to access the data, and ensure that authorized System users are able to obtain and utilize necessary information from the System. • Provide the ability for authorized System users to directly contact and obtain assistance from Contractor staff when there are difficulties and/or concerns with the System, tools, and/or data being returned.

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

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

4.4.4. The scope of this Contract does not include:

4.4.4.1. Core MMIS and Supporting Services.

4.4.4.2. Fiscal Agent Operation Services.

4.4.4.3. Online Provider Enrollment.

4.4.4.4. Case Management Tool.

4.4.4.5. Electronic Data Interchange (EDI).

4.4.4.6. Colorado Registration and Attestation.

4.4.4.7. COMMIT Pharmacy Benefit Management System (PBMS) RFP.

4.5. INTERFACING STAKEHOLDERS AND SYSTEMS

4.5.1. Table 4.5.6 identifies the stakeholders and systems that will interface in some capacity with the BIDM. Any given system listed in Table 4.5.6 may send data to, receive data from, or both send data to and receive data from the System. The Department requires that the BIDM have the ability to support BIDM Interfaces and BIDM Data Exchanges, independent of the MMIS and PBMS.

4.5.1.1. For BIDM Interfaces, it is the system or responsible party receiving the data is responsible for defining the data elements that will be sent to the receiving system and for the ETL process for that system.

4.5.1.2. Because BIDM Data Exchanges and numerous, it is not expected that all BIDM Data Exchanges will be established or fully functional during the BIDM Implementation Contract Stages. Establishing BIDM Data Exchanges will need to be prioritized by the Department during the Implementation Contract Stages based on the Offeror's response to this RFP. However, BIDM Data Exchanges included under this RFP that are established during the BIDM Ongoing Operations and Enhancements Contract Stage are expected to be established at no additional cost to the Department.

4.5.2. The description of interfacing systems and data in Table 4.5.6 is not intended to imply that the proposed solution be constructed in any specific manner. Offerors are encouraged to propose solutions that offer a more integrated approach to the Colorado Medical Assistance program than exists today.

4.5.3. Existing processes and functionality for stakeholders and systems listed in Table 4.5.6 will remain independent from the BIDM, unless specifically in Appendix A – BIDM Requirements and Performance Standards Matrix. As such, the BIDM will process the data as received from other systems and/or data sources, and provide output based on the System requirements in this RFP and in Appendix A – BIDM Requirements and Performance Standards Matrix. The requirements, terms, and conditions associated with the stakeholders and systems referenced in Table 4.5.6 are incorporated for reference only, and are not included within the scope of the BIDM RFP.

4.5.4. Publicly available data sources, which are generally free or purchased by the Department (e.g., national benchmarks, Census Bureau data, etc.), will also be integrated into the BIDM, but are not listed in Table 4.5.6 because they will not necessarily require dedicated data interfaces.

4.5.5. Department-provided, non-public data (e.g., secure datasets, Department procured datasets) will also be integrated into the BIDM, but are not listed in table 4.5.6. because they will not necessarily require a dedicated data interface.

4.5.6. The Department has actively pursued opportunities to collaborate with Colorado's Health Insurance Exchange, Connect for Health Colorado. The State's eligibility system (CBMS) will also share data with the Connect for Health Colorado. To ensure accurate MMIS eligibility data, the existing interface between MMIS and CBMS will continue and will be expanded to provide additional information sharing such that some client demographic and financial information will be available through the BIDM Interface with the MMIS. However, the Department will need additional data from CBMS to support members' insurance eligibility and enrollment activities.

Table 4.5.6: BIDM Interfaces and BIDM Data Exchanges

BIDM Interface	
Bi-directional connection(s) between the BIDM and the specified system(s) whereby each system has the ability to send and receive data per the agreements and protocols outlined in the Interface Control Document (ICD). In addition to scheduled (tasks, exchanges, etc.), authorized System users will have the ability to execute inquiries (e.g., queries) and defined transfers on demand (e.g., sending reports via a feedback loop).	
BIDM Interface	**Description**
Core MMIS and Supporting Systems (MMIS or Core MMIS)	The MMIS component is traditionally referred to as the claims payment engine, and defined as the system used to supply claims payment services for the Department. Supporting Services refers to the collection of functions and associated systems within and associated with the MMIS necessary to support the Colorado Medical Assistance program (e.g., case management system, provider enrollment functionality, fiscal agent operations tracking, web portal). Although this system will remain separate, the BIDM will need to interface with it as required. The BIDM will both receive data from and send data to the Core MMIS and Supporting Systems.
Pharmacy Benefit Management System (PBMS)	The PBMS manages pharmacy claims processing, drug utilization review, preferred drug list, drug rebate, and other pharmacy benefit management functionality. Although this system will remain separate, the BIDM will need to interface with it as required, both sending and receiving data.

BIDM Interface	Description
Colorado Financial Reporting System (COFRS)	The State's financial system of record. This current COFRS is being redeveloped. The BIDM will interface with the new COFRS, scheduled for completion in 2014. Although this system will remain separate, the BIDM will receive information from this system both via the MMIS interface and by directly interface with this system, both sending and receiving data.
Health Information Exchange (CORHIO)	The Statewide Health Information Exchange, through Colorado Regional Health Information Organization (CORHIO), offers the Department the opportunity obtain electronic health record data by leveraging a transport protocol and information exchange infrastructure to enhance and augment existing Medicaid initiatives in a scalable, repeatable fashion, facilitating current and future business requirements. Although this system will remain separate, the BIDM will need to interface with it as required, both sending and receiving data. In order to match and integrate records across various databases, The Department plans to utilize a patient identifier and provider identifier developed by CORHIO so the Department does not have to independently develop these identifiers. The data sent to CORHIO from the BIDM are expected to consist of claims/encounters and other administrative level data.
Colorado Benefits Management Systems Decision Support System (CBMS DSS)	The State's integrated eligibility system used to support eligibility determination and benefit calculations for State benefit programs. The BIDM will receive some CBMS information via the Core MMIS and Supporting Systems interface. The BIDM will also directly interface with CBMS Decision Support System (DSS), both sending and receiving data. The Department expects that only basic information would be passed from the BIDM to the CBMS DSS, such as vital statistics (birth and death records).

BIDM Data Exchange

Sending reports and/or data to other entities (BIDM Exports) and receiving reports and/or data from other entities (BIDM Imports). Exchanges may be periodic or ad hoc, but are less frequent than established BIDM Interfaces. Exchanges may be via traditional, established direct interfaces between systems, agreed upon protocols (e.g., transfers via sFTP, web streaming), and, more rarely, physical report and data transfers (e.g., encrypted DVD, encrypted thumb drive).

BIDM Data Exchange	Description
MMIS Decision Support System (DSS) (Xerox)	Beginning in BIDM Contract Stage I and continuing until the current (legacy) MMIS and its associated Decision Support System are retired, the BIDM will obtain data from the MMIS Decision Support System and populating it in the Sandbox. This includes capturing all historical data and updating data with weekly updates. This Data Exchange will consist of a BIDM Import only, data will not be sent from the BIDM to the DSS.
Payment Error Rate Measurement (PERM) (Federal contractors currently Lewin Group and A+ Government Solutions)	The PERM program measures improper payments in Medicaid and CHIP and produces error rates for each program. The error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year (FY) under review. CMS uses a 17-State rotation cycle for PERM. Each State is reviewed once every three years. Additional information: http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/.

BIDM Data Exchange	Description
All Payer Claims Database (APCD)	The State is in the process of implementing an All Payer Claims Database. This system will house fully identified Personal Health Information (PHI) data from dozens of insurance carriers, including Colorado Medicaid. The APCD will use that data to produce reports and create specialized HIPAA-compliant aggregated and raw-data files. The BIDM will send data to and will receive data from the APCD. Files are currently transferred on a monthly to the APCD. Additional information: http://www.civhc.org/ and www.cohealthdata.org.
Colorado Department of Public Health and Environment (CDPHE)	CDPHE is responsible for public health activities including survey certification or licensure, and maintenance of datasets including but not limited to vital statistics, various health registries and select health programs, evaluations, or both. The Department and CDPHE exchange data on an ongoing basis in accordance with multiple Interagency Agreements. Data Exchanges with CDPHE will include both BIDM Imports and BIDM Exports of a variety of data. Depending upon the proposed solution, it *may* be possible to replace denoted (*) data exchanges via role-based authorized System user access by CDPHE staff. • Colorado Immunization Information System (CIIS): The Department currently provides data to the CIIS on a weekly basis via sFTP; these exchanges may be more frequent via the System. The data exchanges include client and immunization-related claims/encounter data. Data obtained from the CIIS will include both client and claims level data for Department clients as well as aggregate data (e.g., statewide immunization rates by geographic area, payer type). • Breast and Cervical Cancer Program (BCCP)*: The Department currently provides client and claims/encounter data with the BCCP on a monthly basis. CDPHE periodically provides client status (e.g. cancer stage) data to the Department. • Colorado Central Cancer Registry*: The Department currently provides client and cancer-related claims/encounter data to the Cancer Registry on a monthly basis. • Colorado Trauma Registry*: The Department currently provides client and trauma-related claims/encounter data to the Trauma Registry on a monthly basis.

BIDM Data Exchange	Description
	• Vaccines for Children (VFC) program*: This data exchange facilitates CDPHE's management of the VFC. The Department currently provides client and provider data on a semi-annual basis. • Sexually Transmitted Infections/HIV (STI/HIV) Program*: The Department currently provides client and STI/HIV-related claims data and reports to CDPHE on a monthly basis. • Birth Defects Registry*: The Department currently provides client and birth defect-related claims/encounter data to the Registry on a monthly basis. • Vital Records Section*: The current Vital Statistics exchange process involves sending Medicaid client data (e.g., name, date of birth, address, SSN) to CDPHE. CDPHE matches the list with birth and death certificate data. CDPHE sends records for matching persons back to the Department. This exchange, based on a manual process at CDPHE, will be at least monthly until an automated process has been established. • Colorado Vital Information System (COVIS): When the BIDM Data Exchange Partners (e.g., Department, Contractor, CDPHE) are able via SDLC to establish an automated process for sending client lists to and obtaining matches from the COVIS, the data exchange will be conducted at least weekly. • Colorado Electronic Disease Reporting System (CEDRS)*: The Department currently provides client and infectious disease-related claims/encounter data to the Registry on at least a monthly basis. • Pregnancy Risk Assessment Monitoring System (PRAMS)*: CDPHE and the Department cooperate on a monthly basis to match records of mothers selected for the PRAMS survey in order to obtain updated contact information such as address and phone numbers. • Tobacco Cessation Program (e.g., Colorado QuitLine): The Department sends client information to the program on a weekly basis. Data will be obtained from the program periodically. • Health Facilities and Emergency Medical Services Division*: Survey and Certification data. A monthly exchange of data that primarily imports certification and licensure information, including aggregate and/or de-identified Medicaid recipient and health provider data from CDPHE.

BIDM Data Exchange	Description
Colorado Department of Human Services (CDHS)	CDHS is responsible for some programs funded by the Department and for populations served by both departments. The Department and DHS exchange data on an ongoing basis to facilitate management and oversight or for each Department's programs in accordance with multiple Interagency Agreements. The BIDM will need to support the exchange of data with CDHS to both receive and send a variety of data. Depending upon the proposed solution, it *may* be possible to replace denoted (*) data exchanges via role-based authorized System user access by CDHS staff. • Colorado Nurse Home Visitor Program (NHVP)*: The NHVP data exchanges are focused on claims/encounters associated with pregnant women and new mothers for each of the NHVP providers. Data exchanges are currently made on a monthly basis (formerly with CDPHE). • DDD Web system and Reporting System. DDDweb is the name of the application that is supported by the Division for Developmental Disabilities (DDD). The Reporting system uses business objects to generate and run reports. These systems contain confidential data and are only accessible by approved Community Centered Boards (CCB), Regional Centers (RC), and the Division for Developmental Disability (DDD) staff. (The Division for Developmental Disabilities is in the process of transferring to the Department.) • Community Contract and Management System (CCMS): CCMS is a statewide automated basic client data and billing system for developmental disabilities programs currently funded through CDHS' Developmental Disabilities Services unit. The CCMS data exchanges comprise client needs and services provided for clients with developmental disabilities. CCMS data exchanges may be daily. Note: CCMS may be incorporated into the Core MMIS and Supporting Services. If that occurs, this data exchange will be obsolete. • Division of Youth Corrections (DYC): DYC is responsible for management and oversight of state-operated and privately contracted residential facilities, and for community alternative programs that serve and treat youth aged 10-21 years who have demonstrated delinquent behavior. The Department and DYC has been piloting a project in which client data from the two systems are compared to identify matching clients in DY facilities and Department programs. • Health Information Management System: This is the Medicare/Medicaid billing system for the Mental Health Institutes, Regional Centers and State Veterans Nursing Homes.

BIDM Data Exchange	Description
	• State Automated Child Welfare Information System (SACWIS, i.e. TRAILS)*: TRAILS is used to provide automated case management reporting tools to child welfare, juvenile justice, Medicaid, child support and child care programs on a statewide basis. • Short Term Intensive Residential Remediation Treatment (STIRRT) program*: STIRTT, which is managed by the Office of Behavioral Health treats clients who have substance abuse problems and are at risk of incarceration.
CDHS Office of Behavioral Health	• Colorado Client Assessment Record (CCAR): Behavioral health providers assess clients using the CCAR tool and provide the data to CDHS' Division of Behavioral Health. CDHS will provide the data to the Contractor annually to load into the System. • Mental Health Statistics Improvement Program (MHSIP): Annual survey of approximately 2,500 to 3,000 clients. CDHS will provide the data to the Contractor annually to load into the System. • Youth Services Survey for Families (YSS-F) Survey Data: Annual survey of approximately 1,000 clients. CDHS will provide the data to the Contractor annually to load into the System. • Drug/Alcohol Coordinated Data System (DACODS) - DACODS is the primary client level data collection instrument used by the Division of Behavioral Health (DBH) of the Colorado Department of Human Services.
Colorado's Health Insurance Exchange, Connect for Health Colorado	The Colorado's Health Insurance Exchange, known as Connect for Health Colorado, launched in October 2013 and established a marketplace for Coloradans to shop for and purchase health insurance based on quality and price.
Early Intervention Services (CDHS, Department of Education, CDPHE, and DORA)	Early Intervention Services: Early Intervention refers to a variety of services for infants and toddlers who have, or are at risk of having, developmental disabilities. The term "early intervention" may also be used to describe services provided to other at-risk populations for the purpose of preventing or ameliorating problems such as substance abuse, domestic violence, or emotional disturbances. Colorado has three state level Memoranda of Understanding between five departments. The purpose of these agreements is to coordinate a statewide, comprehensive, interagency system of early intervention supports and services, for all infants and toddlers with developmental disabilities or delays and their families in accordance with the Colorado Part C application for Part C funding to the Office of Special Education Programs (OSEP), United States Department of Education.

BIDM Data Exchange	Description
	Depending upon the proposed solution, it *may* be possible to replace these exchanges via role-based authorized System user access by the BIDM Exchange Partners.
Colorado Department of Regulatory Affairs (DORA)	DORA is responsible for professional licensing and sanctions. The Department utilizes DORA data for tracking certain professional licensures and for provider fraud and abuse investigations. The BIDM will need to interface with DORA as required by the Department both to receive data and to send data to verify licensure status and disciplinary actions on an ongoing basis *after* the original provider review by the Core MMIS and Supporting Services Fiscal Agent process has been completed.
Colorado Department of Corrections (CDOC)	CDOC maintains information related to persons incarcerated in the Colorado prison system. Incarcerated persons are not eligible for Department services. Persons being released who will be eligible for Department services, however, must be identified and enrolled. This data exchange is currently accomplished via a manual pilot program. The BIDM Data Exchange will be comprised of sending adult client information to CDOC and obtaining incarceration and parole-related information in return. The data exchanges may also include medical record information via the Correctional Health Partners Interface.
Federal Department of Corrections (DOC) / Federal Bureau of Prisons	DOC and the Federal Bureau of Prisons maintain information related to persons incarcerated in the federal prison system. Incarcerated persons are not eligible for Department services. Persons being released who will be eligible for Department services, however, must be identified and enrolled. This data exchange is currently being addressed via a manual pilot program. The BIDM Data Exchange will be comprised of sending adult client information and obtaining incarceration and parole-related information in return.
Public Assistance Reporting Information System (PARIS)	The Public Assistance Reporting Information System (PARIS) is an information exchange system designed by the Administration for Children and Families to provide State Public Assistance Agencies (SPAAs) with client data as a result of state and federal computer matching. The resulting matches are used by participating SPAAs to validate client reported circumstances and identify possible candidates for erroneous payments. Information related to PARIS may be obtained from: http://www.acf.hhs.gov/programs/paris. Data related to PARIS data exchanges are also included in Appendix G. There are currently four data cycles per year.

BIDM Data Exchange	Description
Nurse Advice Line	The Nurse Advice Line provides Medicaid clients with access to registered nurses 24 hours a day, 7 days a week, to answer questions and give advice. Xerox currently supplies client data to the advice line. The System will also obtain information from the advice line (e.g. client call information, frequency, call resolution (e.g. referral to ER, referral to PCP) etc.). Information related to the Nurse Advice Line may be obtained from: http://www.coloradohealthpartnerships.com/news/nurse_advice_line.htm.
Centers for Medicare and Medicaid Services (CMS)	CMS data exchange requires BIDM system capability to import and export data for information sharing in accordance with federal data use requirements. • Medicare Enrollment Database (EDB) Data Match: This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment. The System would send CMS a file of Medicaid beneficiary identifiers (SSNs) that will be compared with information in the EDB to determine which Medicaid beneficiaries are also eligible for Medicare. Data would be returned for matching clients. • Long-Term Care Minimum Data Set (LTCMDS): The MDS is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all residents (regardless of payer) in a Medicare and/or Medicaid-certified long-term care facility. The MDS contains items that measure physical, psychological, and psychosocial functioning. The items in the MDS give a multidimensional view of the patient's functional capacities and helps staff to identify health problems. System will need to impact MDS data from CDPHE no less than on a monthly basis. • Outcome and Assessment Information Set (OASIS): The OASIS was designed to provide the necessary data items to measure both outcomes and patient risk factors. The OASIS is key to outcome measurement and performance improvement using outcomes. OASIS data items address socio-demographic, environmental, support system, health status, functional status, and health service utilization characteristics of the patient. The data are collected at start of care, 60 day follow-ups, and discharge (and surrounding an inpatient local stay). Appendix G contains file layouts and other information related to CMS data exchanges.

BIDM Data Exchange	Description
Preadmission Screening and Annual Resident Review (PASRR) (MASSPRO)	PASRR data consists of structured data responses from one or more assessment tools called Evaluations. PASRR data *may* be exchanged through a Department contractor or may be incorporated into the Core MMIS and Supporting System Contractor's Case Management System. If that occurs, this data exchange will not be necessary.
Medicare-Medicaid Data Match Program (Medi-Medi)	Required per the Deficient Reduction Act of 2005, Medi-Medi is accomplished by using computer algorithms to combine Medicaid and Medicare data to identify improper billing and utilization patterns. Medi-Medi includes state, regional, and national efforts and requires collaboration among state Medicaid agencies, CMS, and state and federal law enforcement officials. CMS selects Zone Program Integrity Contractors (ZPICs) that consolidate Medicare Parts A, B, C, D, and Medi-Medi Benefit Integrity Activities. Claims/encounter, client, and provider data are extracted monthly for the Medi-Medi program.
Medicare Part C (Medicare Advantage Plans)	Medicare Part C, known as Medicare Advantage (MA) plans, are also available for beneficiaries with Medicare Part A and B. The Medicare Advantage Plans submit their client eligibility information, which must be matched with System data (e.g., Medicare ID, name date of birth, Social Security number). A report including eligibility and claims information is returned to the Medicare Advantage Plan. Depending upon the proposed solution, it *may* be possible to replace denoted (*) data exchanges via role-based authorized System user access.
Department Contractors	Similar client, claims/encounter, and provider files are sent periodically (after each claim adjudication cycle, monthly, quarterly). • Provider Web Portal (CGI) • Drug Utilization Review (DUR) (University of Colorado, School of Pharmacy) • Post Pay Recoveries (Health Management Systems (HMS)) – data are also returned to the System • Acute Care Utilization Review contractor (APS Healthcare and associated CareWebQI web portal) – data are also returned to the System • Retrospective Claims Review (Varis) • LTC Utilization Review Contractor (MASSPRO) are also returned to the System.

BIDM Data Exchange	Description
Non-Emergency Medical Transportation (NEMT) contractor (First Transit)	First Transit currently submits NEMT spreadsheet based trip information to the Department via CD.

4.5.7. The Department's enterprise capabilities and associated business services do not currently provide the level of enterprise integration required to achieve the Department's goals for "To Be" MITA maturity levels. To improve the enterprise integration between contracts, programs, and applications the Department expects that the Contractor shall significantly improve the Department's capabilities by integrating and/or interfacing with the services in Table 4.5.6 with the proposed solution to the greatest practical extent as set forth in Appendix A – BIDM Requirements and Performance Standards Matrix. The Department expects Offerors to indicate the extent to which their proposed solution can help improve the Department's MITA capabilities within the proposed budget and functionality.

4.5.8. The Department will help facilitate, when required, discussions with external vendors and/or agencies to fulfill interface requirements.

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

SECTION 5.0 COMMIT MANAGEMENT AND ORGANIZATION

5.1. OVERVIEW

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

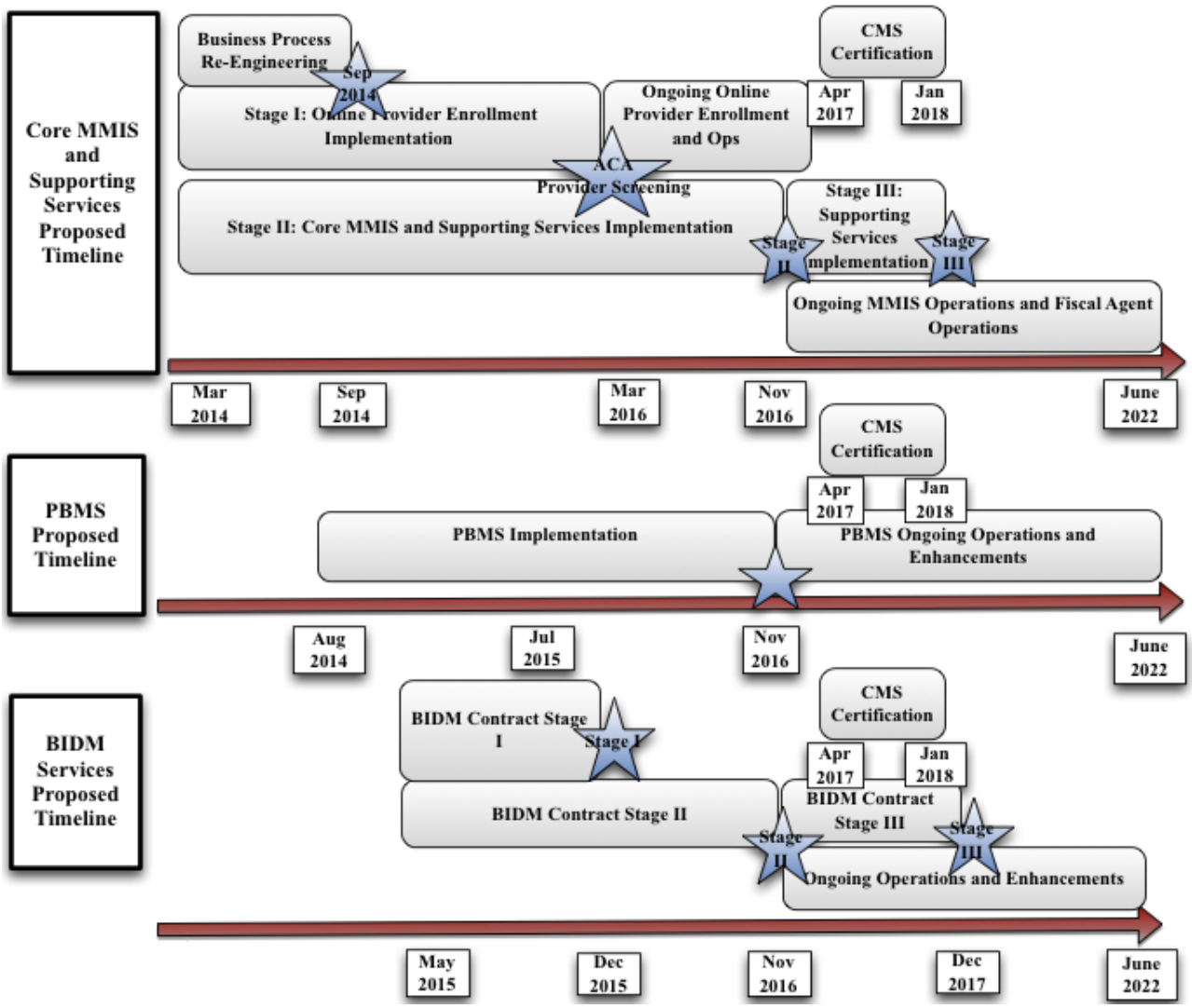
5.2. BIDM CONTRACT STAGES

5.2.1. The Department has established Contract Stages based on the procurement strategy for the COMMIT project. The Contract Stages are described in sections 5.2.5 through 5.2.9. Specific details regarding the Contractor duties and Deliverables shall be thoroughly addressed in Appendix D – BIDM Offeror's Response Worksheet. Proposed Project Phases are described in section 5.3, and are not necessarily exclusive to a single Contract Stage; some Project Phases will occur in different Contract Stages, and most Project Phases will likely overlap. The Contract Stages are defined by the tasks performed and Deliverables completed rather than by a sequential timeline. During the Initiation and Planning Project Phase, the Contractor and the Department will establish and document entrance and exit criteria for each Contract Stage. Figure 5.2.3 represents a visual overview of how the Department envisions integration of the Contract Stages within the proposed implementation timeline. However, the Department expects Offerors to propose how the Contract Stages will integrate with the implementation schedule that is best aligned with their proposed solution.

5.2.2. BIDM Contract Stage I and BIDM Contract Stage II will occur concurrently and are expected to begin on May 1, 2015. However, it is expected that BIDM Contract Stage I will end by approximately January 1, 2016 (date dependent upon Contractor's actual project plan) and BIDM Contract Stage II ends when the BIDM Ongoing Operations and Enhancements Contract Stage begins on November 1, 2016. BIDM Contract Stage III begins at the end of BIDM Contract Stage II and ends one year and two months after the BIDM Ongoing Operations and Enhancements Contract Stage begins which is expected to be December 31, 2017.

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

Figure 5.2.3: COMMIT Contract Stages and Implementation Timeline



5.2.4. Procurement Activities

5.2.4.1. The procurement activities include RFP development, RFP release, RFP evaluation, Contract award, and Contract negotiation. Procurement activities are currently in progress, and are not included in Figure 5.2.3. The Department is targeting completion of procurement activities related to this RFP during the fourth quarter Fiscal Year (FY) of 2014-15.

5.2.5. BIDM Contract Stage I

5.2.5.1. The intent of BIDM Contract Stage I is to implement System components that are not dependent on the progress of the Core MMIS and Supporting Systems or the PBMS implementations. By initiating Work on these requirements immediately, the Contractor will be much more likely to meet all requirements within the defined DDI schedule. The Department encourages Offerors to propose realistic timelines for this Contract Stage.

5.2.5.2. BIDM Contract Stage I goals include:

5.2.5.2.1. Develop, document, and implement the Sandbox utilizing the existing data feeds from the MMIS Legacy System. This Contract Stage does not include modifications to ETL scripts; the incumbent contractor (Xerox) will provide the raw data as input for the Sandbox.

5.2.5.2.2. Implement the SQL Tool, Geospatial Analytics and Mapping Tool, Data/File Format Conversion Tool, Data Suppression / De-Identification Tool that will be utilized to access, analyze, and report on Sandbox data while minimizing the meta-data layer(s) needed to be developed by the Contractor during this Contract Stage.

5.2.5.2.3. Provide training to authorized System users on the Sandbox and any System Tools that are implemented as a result of this Contract Stage. Training will be limited to authorized System users whose role-based profiles allow access to the tools and data provided in BIDM Contract Stage I.

5.2.5.3. The Work to implement the Sandbox and System Tools listed in this section is designed to minimize the meta-data layer(s) that must be developed by the Contractor during this Contract Stage.

5.2.5.4. This Contract Stage will conclude when all duties are completed and the Department has approved based on all agreed upon all BIDM Contract Stage I Deliverables.

5.2.5.5. BIDM Contract Stage I shall be completed within the schedule proposed by the Offeror.

5.2.6. BIDM Contract Stage II

5.2.6.1. The intent of BIDM Contract Stage II is to implement System components that are dependent on the progress of the Core MMIS and Supporting Systems or the PBMS implementations. During this stage, the Contractor shall implement the remaining requirements related to DDI to achieve CMS Certification, perform parallel testing between the Core MMIS and Supporting Systems and the PBMS, implement the remaining System Tools not implemented in BIDM Contract Stage I, develop the BIDM Web Portal, develop and complete all reporting requirements that are necessary to achieve CMS Certification, conduct all user training, and complete all tasks related to having the System operational.

5.2.6.2. BIDM Contract Stage II includes all activities associated with the implementation of the BIDM, which includes integration of the BIDM with the Core MMIS and Supporting Services and PBMS. BIDM Contract Stage II goals include:

5.2.6.2.1. Implement full System functionality and integration with the Core MMIS and Supporting Services and PBMS.

5.2.6.2.2. Develop and implement required BIDM Interfaces and BIDM Data Exchanges proposed to be completed in BIDM Contract Stage II.

5.2.6.2.3. Implementation of all required System Tools.

5.2.6.2.4. Provide training to authorized System users on the software, System Tools, meta-data layer(s), data marts, and underlying data as deemed appropriate by the Department for the given audience (e.g., Advanced Users, Business Users, Data Warehouse Users).

5.2.6.2.5. Implement an agreed upon process to effectively electronically track, monitor, and evaluate the progress of development and implementation activities associated with the BIDM components of the COMMIT project.

5.2.6.3. The Work to implement the Data Warehouse, Sandbox, and System Tools utilizing the data from Core MMIS and Supporting Services and the PBMS will include completion of meta-data layer(s) needed to fully implement the System.

5.2.6.4. This Contract Stage will conclude when all duties are completed and the Department has approved all BIDM Contract Stage II Deliverables.

5.2.7. BIDM CMS Certification

5.2.7.1. The Department realizes that PBMS, Core MMIS and Supporting Services, and CMS dependencies may impact certification activities associated with the BIDM CMS certification schedule. As such, the Department is proposing BIDM CMS Certification as a milestone that will be independent of the Contract Stages. BIDM CMS Certification activities will likely occur during the BIDM Contract Stage III and the Ongoing Operations and Enhancements Contact Stage due to the dependencies on both Core MMIS and Supporting Services and PBMS implementation activities.

5.2.7.2. BIDM CMS Certification goals include:

5.2.7.2.1. Plan BIDM CMS Certification activities and coordinate timeline with CMS, the Core MMIS and Supporting Services Contractor, and the PBMS Contractor to maximize efficiencies and limit risks, where practical.

5.2.7.2.2. Coordinate with the Core MMIS and Supporting Services Contractor to complete required BIDM documentation and planning activities associated with the formal request for CMS Certification.

5.2.7.2.3. Achieve CMS Certification on the first attempt, retroactive to the first day of BIDM operations, as specified in the agreed upon project schedule defined and maintained under this Contract. The Department realizes that CMS Certification for the BIDM is ultimately dependent on the Core MMIS and Supporting Services and PBMS CMS Certifications, as well as CMS data requirements regarding the number of months a system must be operational prior to Certification eligibility.

5.2.7.3. It is the Contractor's responsibility to make sure that the data, processes, and documentation required for CMS Certification process, as documented in the MECT Checklist, are provided to CMS in a timely manner. The MECT Checklist can be referenced in Appendix G – Procurement Library Content List.

5.2.7.4. The BIDM CMS Certification price shall be distributed across the BIDM Ongoing Operations and Enhancements Contract Stage SFY Price Schedule, as determined by the Offeror.

5.2.8. BIDM Contract Stage III

5.2.8.1. Activities in this Contract Stage begin at the same time as the BIDM Ongoing Operations and Enhancement Contract Stage, and following the conclusion of BIDM Contract Stage II. Activities include technical support of CMS Certification, and the implementation of BIDM components that the Contractor did not prioritize for completion during BIDM Contract Stage II that will improve functionality or meet additional Contract requirements.

5.2.9. BIDM Ongoing Operations and Enhancements Contract Stage

5.2.9.1. The BIDM Ongoing Operations and Enhancements Contract Stage shall begin upon completion of both BIDM Contract Stage I and BIDM Contract Stage II, and continue throughout the remainder of the Contract. This Contract Stage will be heavily focused on providing excellent Operations Services and improving MITA maturity levels, and will include functionality to meet the Department's future processing capabilities through the Change Management Process.

5.2.9.2. The intent of the BIDM Ongoing Operations and Enhancements Contract Stage is to improve the implemented solution with Enhancements that will provide data and analytics to improve the various business processes, improve enterprise integration, and focus on integration of the data analytics tools.

5.2.9.3. The BIDM Ongoing Operations and Enhancements Contract Stage goals include:

5.2.9.3.1. Perform all duties as outlined in Section 9.0, BIDM Operations Requirements and adhering to requirements and performance standards as outlined in Appendix A – BIDM Requirements and Performance Standards Matrix.

5.2.9.3.2. Enhance the BIDM solution to improve performance, incorporate greater flexibility, create additional efficiencies, or automate processes to increase MITA maturity levels. Upgrades and enhancements will be deployed on a scheduled basis.

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

5.2.9.3.4. Deploy System changes on a scheduled, periodic basis with the exception of high priority changes that cannot wait until the next scheduled deployment date.

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

5.2.9.3.6. Implement software changes to comply with regulatory and legislative changes with specific implementation dates via the Change Management Process.

5.2.9.3.7. Deploy routine changes to improve BIDM tools or to accommodate changes to existing BIDM Interfaces and BIDM Data Exchanges. The effort associated with these changes shall be minimal enough as not to disrupt normal System operations or the maintenance effort itself.

5.2.9.3.8. Provide assistance in the development of new BIDM Interfaces and BIDM Data Exchanges, which may include the need for amendments to the Contract and price.

5.3. COMMIT PROJECT PHASES

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

5.3.1.1. Based on previous experience, the Department has proposed twelve (12) Project Phases that may apply throughout the duration of the BIDM Contract. The proposed Project Phases are not necessarily sequential, and may overlap. For example, some testing activities will occur during the Testing Project Phase, as well as during the Operations and Maintenance Project Phase.

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

5.3.1.3. As directed in Appendix D – BIDM Offeror's Response Worksheet, Offerors shall identify Quarterly Milestones that demonstrate progress towards functionality and/or System components that are connected to the Offeror's SDLC and proposed implementation timeline. These Quarterly Milestones shall progressively lead to tangible functionality, and are intended to ensure that required DDI activities during the BIDM Implementation Contract Stage(s) are on schedule and developed to Department specifications. The Quarterly Milestones will be linked to specific liquidated damages if the Contractor does not successfully achieve the Quarterly Milestone (see Section 10.4 of this BIDM RFP Body).

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

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

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

5.3.1.3.4. Quarterly Milestones shall be effective from July 1, 2015 through the end of the BIDM Implementation Contract Stage(s) (as established by the Offeror's proposed implementation timeline). The first Quarterly Milestone(s) shall be delivered on October 31, 2015 to demonstrate the Contractor's progress from July 1, 2015 to September 30, 2015; the second Quarterly Milestone(s) shall be delivered on January 31, 2016 to demonstrate the Contractor's progress from October 1, 2015 to December 31, 2015, and so on.

5.3.1.3.5. Offerors shall propose a reasonable reporting schedule for the Quarterly Milestones, such that the reporting on the Deliverable may occur within ten (10) to twenty (20) business days following the end of the quarter, as reporting on a Deliverable that is due the same day is unreasonable (e.g., a Quarterly Milestone delivered on December 31, 2015 may be reported by the Contractor to the Department on January 15, 2016).

5.3.1.3.6. The Quarterly Milestones and reporting schedule shall be established through the Communication Management Plan, as described in Appendix A – BIDM Requirements and Performance Standards Matrix.

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

5.3.2. The Department proposed Project Phases are defined below:

5.3.2.1. Initiation and Planning Phase: The Initiation and Planning Phase includes the Department's and Contractor's initial project planning and set up activities. This includes activities to promote project planning, bi-directional knowledge transfer, improvement of the Contractor's understanding of the Colorado Medical Assistance program via familiarization activities, communication, and team-building activities to develop a collaborative working relationship between the Department and Contractor. The Contractor shall work with the Department to establish key project planning documents and Deliverables, including the Work Breakdown Schedule, Risk Management Plan, Communication Management Plan, Change Management Plan, and Resource Management Plan as detailed in Appendix A – BIDM Requirements and Performance Standards Matrix.

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

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

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

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

5.3.2.6. Testing Phase: The Contractor shall test the replacement BIDM software and hardware for compliance with defined requirements. The Contractor shall ensure that all testing activities, as described in Appendix B – BIDM Project Phases Tables, are executed and that each System component meets or exceeds all of the functional, technical, security, and performance requirements prior to implementing the BIDM. The Department requires formal user acceptance testing (UAT). Offerors shall specifically address UAT within their proposal responses, as directed in Appendix D – BIDM Offeror's Response Worksheet. Department testers will be responsible for conducting UAT and signing off on the BIDM functionality prior to it being released into production. Parallel testing activities in this Project Phase specifically relate to System functionality, and will be independent of parallel testing activities that will occur within the BIDM Operations scope. The Contractor may also propose additional tests that may maximize performance and/or operational readiness. All testing will be deemed complete only when written Department acceptance is obtained subject to the agreed upon requirements

5.3.2.7. Organizational Readiness and Training Phase: The Contractor shall train Department staff and any Department designated authorized System user in BIDM System functionality at the appropriate user level and in business processes required for successful implementation. Authorized System users shall be trained at the appropriate user level in using the BIDM in order to support effective and efficient business operations.

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

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

5.3.2.10. CMS Certification Phase: This Project Phase includes the Contractor's support of the CMS Certification process, which includes preparing for and demonstrating that CMS Certification standards are met. The Contractor shall ensure that the BIDM will meet CMS Certification approval for the maximum allowable Federal Financial Participation (FFP) and achieve CMS Certification. The Contractor shall also support the Core MMIS and Supporting Services and the PBMS Contractors, which includes utilizing any BIDM data and functionality necessary to prepare for and demonstrate that Core MMIS and Supporting Systems and PBMS CMS Certification standards are met.

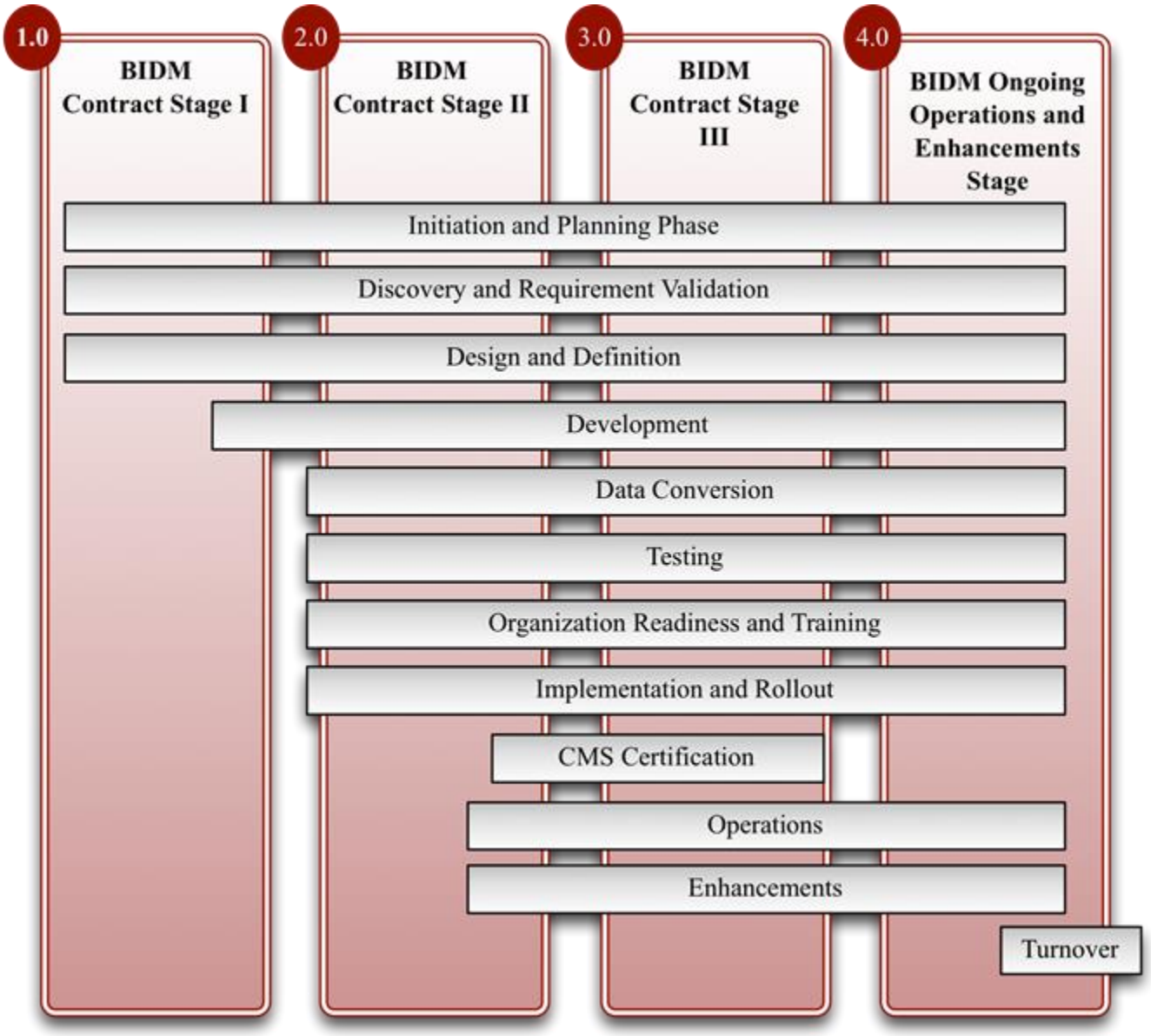
5.3.2.11. Enhancements Phase: The Contractor shall work with the Department to identify, prioritize, plan, define, develop, test, and implement changes or Enhancements to the base release. The Department and Contractor will agree to Enhancements through the Change Management Process. Enhancements are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

5.3.2.12. Turnover Phase: The Contractor may be required to turnover data contained within the BIDM, at no additional cost to the Department or a new contractor at the end of the term of the Contract. The primary activities in this Project Phase are focused on transition planning to ensure operational readiness for the Department and/or new contractor. This includes both a knowledge transfer period about any analytics calculations, data conversions, and translations, etc., and actual BIDM data turnover to the Department and/or new contractor. All data provided to the Department and its designee shall be provided in a common industry standard format that can be read and utilized by any tools owned by the Department at the time of Turnover. The Department shall sign-off on each defined Milestone to ensure that all Deliverables and exit criteria are fully executed based on agreed upon Contract terms. The Department will act as the Contractor's liaison to ensure participation from all parties during the Turnover Project Phase.

5.4. PROJECT PHASES INTEGRATION WITH CONTRACT STAGES

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

Figure 5.4.1: Contract Stages with Project Phases



5.5. BIDM OPERATIONS

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

5.5.1.1. The Contractor shall be responsible for operating and maintaining the all System components as outlined in Section 7.0 and Section 8.0 and described in detail in Appendix A – BIDM Requirements and Performance Standards Matrix.

5.5.1.2. The Contractor will assume all responsibilities and services as outlined in Section 9.0 and described in detail in Appendix A – BIDM Requirements and Performance Standards Matrix.

5.5.2. Transition activities from the incumbent Fiscal Agent (Xerox) BIDM-related operational activities and SDAC (Treo) to the Contractor will start during the Testing Phase, and continue throughout the remaining Project Phases described in Section 5.3.

5.5.3. Key activities that will occur during the transition are described in sections 5.5.3.1 through 5.5.3.5.

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

5.5.3.2. Operations Parallel Testing: The Contractor shall demonstrate that the BIDM is fully ready for operations. During BIDM Operations Parallel Testing, the Contractor will utilize input files from the incumbent Fiscal Agent's claims processing activities and compare the output results to determine data integrity of the BIDM. The Contractor shall be responsible for running prior cycles of standardized reports from the BIDM to compare to reports from the DSS Legacy System.

5.5.3.3. Operational Readiness: The Contractor shall perform specific implementation and operations functions to ensure operational readiness. In preparation for operations, the Contractor will perform final file conversions, recruit, and train the Contractor's operations staff, and conduct training for authorized System users at the authorized user level.

5.5.3.4. Operations Implementation and Start of Operations: The Contractor shall be responsible for ensuring a successful implementation of the BIDM and BIDM Operations that minimizes, to the greatest practical extent, any negative impact on the Department and its authorized System users.

5.5.3.5. BIDM Operations: The Contractor shall be expected to meet the responsibilities, Milestones, Deliverables, and performance expectations included in this RFP to ensure the successful implementation of the BIDM with minimal negative disruption to clients, providers, Department staff, and authorized System users. The Department will work with the Contractor to establish a specific date on which the Contractor will be responsible for BIDM Operations. Any changes to requirements subsequent to the completion of BIDM Contract Stage I, BIDM Contract Stage II, and BIDM Contract Stage III will be handled via the Change Management Process.

5.6. CONTRACT PERFORMANCE STANDARDS AND QUALITY MAINTENANCE PAYMENTS

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

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

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

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

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

5.6.3.1. Upon completion of the BIDM Contract Stage I, the BIDM Contract Stage II, and the BIDM Contract Stage III, the Department will pay a Quality Maintenance Payment equal to seven percent (7%) of the total price of each Contract Stage. Figure 5.6.3.2 provides an example of calculation for reference.

5.6.3.1.1. A Quality Maintenance Payment equal to three percent (3%) of the BIDM Contract Stage II will be paid upon completion of the CMS Certification Project Phase, when CMS Certification is received and complete.

5.6.3.1.2. Using the Quality Maintenance Payment Sample provided in Figure 5.6.3.2, the Quality Maintenance Payment for completion of the CMS Certification Project Phase would be calculated as follows: $8,250,000 x 3% = $247,000.

5.6.3.1.3. The Quality Maintenance Payment for completion of the CMS Certification Project Phase is reduced from the BIDM Contract Stage II.

5.6.3.2. Figure 5.6.3.2 provides an example calculation for reference for the Quality Maintenance Payment for BIDM Contract Stage I, BIDM Contract Stage II, BIDM Contract Stage III, and completion of the CMS Certification Project Phase.

Figure 5.6.3.2: Quality Maintenance Payment Example

Contract Stage	A Licenses Price & Other Fixed Costs Required in the Pricing Tables	B Total Stage Price	C Quality Maintenance Payment for CMS BIDM Certification Project Phase = (B x 3%)	D Quality Maintenance Payment Amount = (B x 7%)	E Total of Fixed Monthly Payments = (B-A-C-D)
BIDM Contract Stage I	$100,000	$3,000,000	NA	$210,000	$2,690,000
BIDM Contract Stage II	$500,000	$8,250,000	$247,500	$577,500	$6,925,000
BIDM Contract Stage III	$100,000	$3,750,000	NA	$262,500	$3,387,500

5.6.3.2.1. Step 1: Offerors estimate Licenses Price & Other Fixed Costs Required in the Pricing Tables for the Contract Stage based on their proposal and internal pricing processes.

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

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

5.6.3.2.4. Step 4: Offerors calculate the CMS Certification Quality Maintenance Payment for the BIDM Contract Stage II using the formula: BIDM Contract Stage II Price x 3%

5.6.3.2.5. Step 5: Offerors calculate Fixed Monthly Payments using the formula: Total Stage Price – Quality Maintenance Payment Amount(s) – Licenses Price & Other Fixed Costs Required in the Pricing Tables.

5.6.3.3. To ensure that the Contractor works assertively with the Department, other contractors, and CMS to achieve implementation and CMS Certification, Quality Maintenance Payments in the BIDM Contract Stage I, BIDM Contract Stage II,

BIDM Contract Stage III, and the CMS BIDM Certification Project Phase will not be paid to the Contractor until the Contract Stage or CMS BIDM Certification Project Phase is determined complete by the Department, even if the Contract Stage or CMS BIDM Certification Project Phase cannot be determined complete for any reason, even if that reason is beyond the Contractor's control.

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

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

5.6.4. Five percent (5%) of the total price for BIDM Ongoing Operations and Enhancements Contract Stage on a State Fiscal Year (SFY) basis will be paid as Quality Maintenance Payments. Offerors are expected to propose at least annually Performance Standards, Service-level, Operational-level agreements, and System Enhancements that will tie to Quality Maintenance Payments that add up to the full five percent (5%).

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

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

5.6.6. At minimum, Offerors are required to propose Quality Maintenance Payments for the following Contract requirements within the BIDM Ongoing Operations and Enhancements Contract Stage:

5.6.6.1. A staff retention Performance Standard that aligns with the Offeror's corporate staff retention strategy and goals, that is focused on preserving knowledge, maintaining quality, and retaining engaged and productive staff.

5.6.6.2. A system Performance Standard related to the number of concurrent users that can access the System, System Tools, and the BIDM Web Portal with no degradation in performance.

5.6.6.2.1. Appendix A – BIDM Requirements and Performance Standards Matrix Requirement 3078: Provide a Business Continuity and Disaster Recovery Plan and Adhere to the Implementation of the Plan as Necessary.

5.6.6.3. Appendix A – BIDM Requirements and Performance Standards Matrix Requirement 3989: The Contractor shall provide help desk functionality for users of the BIDM Web Portal and shall provide toll-free telephone lines to receive calls from any BIDM Web Portal users experiencing any trouble navigating or operating the application itself, accessing the BIDM Web Portal or with any other question related to the BIDM Web Portal. At a minimum, the Contractor shall maintain and staff sufficient toll-free lines for provider inquiries to meet all of the following performance expectations:

5.6.6.3.1. Call wait-times no longer than 1 minute per 15 calls per hour.

5.6.6.3.2. Abandonment rate no more than 5% of calls per 15 calls per hour.

5.6.6.3.3. 98% of all online interactive chat will be responded to within 15 seconds.

5.6.6.3.4. Provide appropriate staff to respond to user inquires, received through telephone, chat sessions or email, on the use of the BIDM Web Portal.

5.6.6.3.5. Provide assistance to users that submit help desk tickets.

5.6.6.4. A Performance Standard for maintaining and improving the Contractor's solution for the requirements and functionality associated with Subsection 9.4: Training Requirements. The proposed Performance Standard shall address initial training, ongoing training, and regular maintenance of associated reference documentation to support authorized System users at the appropriate Authorized User Levels to fulfill the requirements of the Contract.

5.6.6.5. A Performance Standard for increasing the System's ability to support the Department's goals to improve applicable MITA business process capability levels based on the MITA standards applicable during the performance year. Those include:

5.6.6.5.1. A Performance Standard for maintaining and improving the Contractor's solution for the requirements and functionality associated with Section 7.0, BIDM System Requirements.

5.6.6.5.2. A Performance Standard for maintaining and improving the Contractor's solution for the requirements and functionality associated with Section 8.0, BIDM Data Management and System Tools Requirements.

5.6.6.5.3. A Performance Standard for maintaining and improving the Contractor's solution for the requirements and functionality associated with Section 9.0, BIDM Operations Requirements, in addition to the Performance Standard related to Subsection 9.4, Training Requirements.

5.6.6.6. For the final Contract Year a Performance Standard related to successfully meeting all Turnover requirements and facilitating a smooth System transition.

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

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

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

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

5.7. LOCATION OF CONTRACT FUNCTIONS AND PERSONNEL

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

5.7.2. The Department requires that BIDM Operations staff performing activities locally shall be sited within one (1) mile of the Department, at the Offeror's expense (referred to as the local facility in Appendix A). Business continuity, disaster recovery, data center, and general hardware/software/IT support work does not need to be performed at the local facility or in Colorado, but must be done in the United States.

5.7.3. The Contractor's on-site Key Personnel, as identified in this RFP and as negotiated between the Department and the Contractor, shall be located within one (1) mile of the Department. Other Key Personnel may be located outside of Colorado, but must be on-site upon the Department's reasonable request as outlined and agreed upon in the Resource Management Plan.

5.7.4. The Contractor's Non-Key Personnel shall be located within one (1) mile of the Department.

5.7.5. To provide greater coordination between the Contractor's staff and the Department's staff, the Department prefers that the Contractor's local site be as close to the Department's location at 1570 Grant Street, Denver, CO as feasible. The Department will give preference in the evaluation of proposals based on the following locations.

Figure 5.7.5: Locations Given Preference in Evaluation

Address	Distance from 1570 Grant
225 E 16th Avenue	0.0 mi
1576 Sherman Street	0.07 mi
1645-1655 Grant Street	0.09 mi
1580 Logan Street	0.1 mi
1665 Grant Street	0.1 mi
1580 Lincoln Street	0.1 mi
1660 Lincoln Street	0.2 mi
1600 Broadway Street	0.2 mi
1670 Broadway Street	0.3 mi
1560 Broadway Street	0.2 mi
1700 Lincoln Street	0.3 mi
303 E 17th Avenue	0.2 mi
1775 Sherman Street	0.3 mi
1799 Pennsylvania Street	0.3 mi

5.7.6. To increase coordination between Contractor's Key Personnel, Non-Key Personnel, and the Department, the Department proposes to colocate certain System users with the Contractor's staff during the BIDM Ongoing Operations and Enhancement Stage. In addition, Offerors many propose an optional requirement to colocate certain Advance Users or Business Users with the Contractor's staff during BIDM Contract Stage I, BIDM Contract Stage II, and BIDM Contract Stage III. At this time, the Department does not have a location that would accommodate the Contractor's staff

and the Department staff. Therefore, the Contractor shall lease additional space under this Contract that will accommodate the both the Contractor's staff and the Department staff. The following space requirement shall be provided to accommodate the Department staff, who are in addition to any other space requirements in the RFP (e.g., training room).

5.7.6.1. The Department has fifty (50) staff that will colocate with the Contractor over the length of the Contract starting with the effective date of the BIDM Ongoing Operations and Enhancement Stage.

5.7.6.2. At minimum, 10,500 square feet of office space.

5.7.6.3. In addition to the 10,500 square feet of office space, two conference rooms that will accommodate at least 10 people for use by Department staff. This space can be jointly used by both the Contractor and Department staff, but priority in scheduling meetings in these two conference rooms shall be determined by the Department.

5.7.6.4. The Department will be responsible for providing cubes and all office furniture for our staff within the Department's office space (10,500 square feet) and conference rooms. The Department will work jointly with the Contractor to create uniformity in the office space, including the size of offices and cubes between the Contractor's staff and the Department's staff.

5.7.6.5. The Department will be responsible for providing parking spaces for Department staff.

5.7.6.6. The Offeror will include the cost of the lease space provided to the Department within their BIDM Ongoing Operations and Enhancement Stage in the Appendix E – BIDM Pricing Schedules.

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

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

SECTION 6.0 CONTRACT PERSONNEL AND SPECIFIED JOB DUTIES

6.1. OVERVIEW

6.1.1. The Department expects the Contractor to meet personnel expectations by developing and maintaining appropriate staffing levels throughout the term of the Contract and adjusting its resources, as necessary, to maintain the required level of service.

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

6.2. KEY PERSONNEL

6.2.1. The Department has identified a list of key job duties that are required throughout the various Project Phases over the Contract term. These job duties shall be performed by Key Personnel and cannot be shared amongst Key Personnel roles. The Contractor shall provide fully trained, qualified staff to perform the activities required in this RFP, including the requirements delineated in Appendix A – BIDM Requirements and Performance Standards Matrix.

6.2.2. The Key Personnel required to perform the job duties of this Contract are listed by proposed BIDM Contract Stage in Table 6.2.2.

Table 6.2.2 Key Personnel by Proposed Contract Stage

Key Personnel	BIDM Contract Stage I	BIDM Contract Stage II	BIDM Contract Stage III	BIDM Ongoing Operations and Enhancements Contract Stage	Essential On-site Key Personnel
Account Manager	X	X	X	X	
Analytics Manager	X	X	X	X	X
DDI Manager	X	X	X		X*
Operational Transition and Readiness Project Manager	X	X			X

Key Personnel	BIDM Contract Stage I	BIDM Contract Stage II	BIDM Contract Stage III	BIDM Ongoing Operations and Enhancements Contract Stage	Essential On-site Key Personnel
Operations Manager	X	X	X	X	X
Compliance and Security Manager	X	X	X	X	
Systems Manager	X	X	X	X	X

* - The DDI Manager may be located offsite if the Contractor's staff performing DDI activities is also located offsite.

6.2.3. The Department shall approve all Key Personnel, changes in Key Personnel, and will have the ability to remove individuals from Key Personnel roles when necessary.

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

6.2.5. The Analytics Manager is expected to perform ad hoc research and analytics related to Work under the Contract, which may involve trial and error or time-consuming duties. Therefore, the Contractor's Analytics Manager may work on independent projects, research, or analysis that are related to Work under the Contract without authorization through the Change Management Process.

6.2.6. The Non-Key Analytics Staff are not expected to assist in these research endeavors of the Analytics Manager, as it will distract from the Work that the Department needs to occur under the Contract. If the Analytics Manager desires a research assistant or other analysts to assist in independent projects, it is expected that those staff would be included as "Staff to Support Required Key Personnel and Required Non-Key Personnel" in Price Schedule.

6.3. NON-KEY PERSONNEL

6.3.1. To meet the requirements of Section 7.0, Section 8.0 and Section 9.0 the Department has determined a specified number of staff that the Contractor shall provide as Analytics Staff, Operations Staff, and System/Interface Staff. The required staff in this section will perform the Work described in Section 7.0, Section 8.0, and Section 9.0, and should be sufficient to meet the associated requirements in Appendix A – BIDM Requirements and Performance Standards Matrix. Providing this level of detail for required staff is necessary to allow Offerors consistency in their pricing and reduce the number of assumptions that Offeror's must make to perform the work required under the RFP.

6.3.2. The Contractor shall provide sufficient staff to meet all requirements of the Contract, such that at minimum the Contractor shall provide Non-Key Personnel as follows:

6.3.2.1. Eight (8) Analytics Staff

6.3.2.2. Five (5) Operations Staff

6.3.2.3. Five (5) Systems/Interface Staff

6.3.3. Analytics Staff generally perform the following functions:

6.3.3.1. Work collaboratively with the Department to develop and implement provider performance metrics (e.g., cost, utilization, and quality measures) for specific populations and Department programs.

6.3.3.2. Evaluate credibility and efficacy of individual measures and baseline comparisons and recommend improvements to performance measurements where appropriate.

6.3.3.3. Work collaboratively with the Department to develop analytics for a multitude of Department-defined payment reform activities, such as provider incentive payment programs, provider shared savings models, etc.

6.3.3.4. Assist in explaining and documenting reports to the Department and its stakeholders.

6.3.3.5. Attend stakeholder (provider) meetings to communicate results of analyses.

6.3.3.6. Investigate data anomalies in query, reporting, and analysis.

6.3.3.7. Provide industry-best practice analytics on behalf of the Department, including, and not limited to: predictive modeling, creation of client Risk Scores, performance monitoring and benchmarking, evaluating utilization variances between providers, and creating provider profiles.

6.3.3.8. Building advance reporting capabilities that will include both ad hoc and a standard library of reports.

6.3.4. Operations Staff generally perform the following functions:

6.3.4.1. Serve as single point of contact for day-to-day operations.

6.3.4.2. Maintain effective communication of project updates and problem resolutions.

6.3.4.3. Ensure quality control procedures are in place, utilized and issues resolved when identified through implemented quality checks.

6.3.4.4. Maintain current documentation on operational processes and procedures and investigate anomalies, including notification of Department staff to operational issues and remediation plans.

6.3.4.5. Ensure adherence to project and report delivery timeframes.

6.3.4.6. Prepare operational reports by conducting business use analysis.

6.3.4.7. Work with development team to automate operational reports.

6.3.4.8. Provide user support for the BIDM Web Portal.

6.3.5. Systems/Interface Staff generally perform the following functions:

6.3.5.1. Maintain systems by researching and resolving problems.

6.3.5.2. Maintain system integrity and security.

6.3.5.3. Responsible for the Configuration and Customization of the System, System Tools, and Rules Engine.

6.3.5.4. Establish, manage, and maintain BIDM Data Exchanges.

6.3.5.5. Schedule and execute file transfers with external BIDM Data Exchange sources.

6.3.5.6. Establish, manage, and maintain BIDM Interfaces.

6.3.5.7. Maintain file specifications for BIDM Data Exchanges.

6.3.5.8. Provide regular status updates to the Department regarding system issues and the implementation of system updates.

6.3.5.9. Assure that installations of new processes are on target and maintain a system of checks and balances to assure that the underlying data is consistent, complete, and accurate.

6.3.5.10. Develop and gather requirements, analyze test plans and technical specifications, tests results and provide system documentation.

6.3.5.11. Design, implement, and maintain System architecture (e.g., data warehouse, metadata).

6.3.5.12. Monitor System performance and resolve issues.

6.3.6. Non-Key Personnel staff will be assigned to perform the Work described under the Contract. All required Non-Key Personnel (i.e., Analytics Staff, Operations Staff, System/Interface Staff) will not be authorized to perform independent research projects unless authorized through the Change Management Process.

6.3.7. In addition, the Contractor shall provide sufficient staff to meet all requirements of the Contract, such that the Contractor will provide qualified staff to support Key Personnel and Non-Key Personnel as follows:

6.3.7.1. Testing and Validation Staff.

6.3.7.2. Business Analyst Staff.

6.3.7.3. Technical Writing and System Documentation Staff.

6.3.7.4. Project Management Staff.

6.3.7.5. Administrative Support Staff.

6.3.7.6. Other, Non-Specified Staff.

6.3.8. Staff that support Key Personnel and Non-Key Personnel can perform Work described under the Contract without any authorization through the Change Management Process and work at the discretion of the Contractor.

6.3.9. Based on the Contractor's proposal, the Contract will specify the number of Non-Key Personnel and Staff that support Key Personnel and Non-Key Personnel and any reduction in the number of staff will result in a reduced payment to the Contractor. The terms and amount of the reduction will be determined during final Contract negotiations.

6.3.9.1. If the Department requires the Contractor to add or increase staff because of an increase in work a corresponding Contract Amendment would be issued to specify the increase in work with a corresponding increase in payment to the Contractor.

6.4. PERSONNEL AVAILABILITY AND REPLACEMENT

6.4.1. The Contractor shall provide a Resource Management Plan that includes its approach for maintaining appropriate staffing levels throughout the term of the Contract and adjusting its resources as necessary to maintain the required level of service. Any updates shall be maintained as described in Section 6.4 of this BIDM RFP Body and Appendix A - BIDM Requirements and Performance Standards Matrix, Section 6.4.

6.4.2. The Contractor shall remove from work on this Contract or reassign to other duties any staff member deemed unacceptable by the Department. The Resource Management Plan shall delineate the process by which unacceptable staff will be identified and removed or reallocated.

SECTION 7.0 BIDM SYSTEM REQUIREMENTS

7.1. OVERVIEW

7.1.1. The Department seeks a modern system to support the business functions that fundamentally change the way it does business by leveraging its information assets to become the best public-sector health care analytics entity and a pacesetter for the nation.

7.1.2. The Department's vision for the System is based on business processes, business rules, and data and metadata management that promote a modular component-based design. The design should enhance interoperability across service components and with external applications and data sources.

7.1.3. To support the System, the Contractor shall provide and host all hardware, software, and connectivity required to maintain and operate the System and for all authorized System users to access and utilize the System. The Contractor shall be required to manage and maintain software upgrades and licenses necessary to fulfill the requirements of this RFP and the resulting Contract.

7.2. COMPLIANCE WITH CMS SEVEN STANDARDS AND CONDITIONS

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

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

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

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

7.3. COMPLIANCE WITH FEDERAL AND STATE STANDARDS

7.3.1. The Colorado Medical Assistance program must comply with other existing or new federal and/or State legislation. The System shall therefore comply with systems and operational ongoing legislation passed at the federal and/or State level, as defined by the Change Management Process.

7.3.2. Within HIPAA there are two separate rules governing privacy and security. The Privacy Rule pertains to the rights of individuals to safeguard the privacy of their health care information; compliance is under the jurisdiction of the Office for Civil Rights. The Security Rule pertains to the requirements of facilities, systems, and processes to safeguard information for which it is liable. The Contractor shall comply with all applicable HIPAA Rules applicable to the Contractor. Any changes to HIPAA applicable to the Contractor will be handled through the Change Management Process.

7.3.3. The Contractor shall adhere to all other federal and State rules, and regulations as they apply to the Department and Department-related data. The Contractor shall work with the State Office of Information Technology (OIT) to ensure that the BIDM solution is in compliance with OIT rules, regulations, and standards as they apply to the Department. Any changes to HIPAA or other federal and State rules and regulations applicable to the Contractor will be handled via the Change Management Process.

7.4. SYSTEM PERFORMANCE

7.4.1. The Department requires a solution that provides uninterrupted access to services to the greatest affordable extent, preferably operating twenty-four (24) hours a day for seven (7) days a week.

7.4.2. System or Contractor generated alerts and notifications will be used to advise of System downtime or other changes to the System. The Contractor will need to provide various messages, alerts, and a "system is down" Internet notification to inform Department staff and authorized System users about System changes, data errors, data load failures, System downtimes and when the System is returned back to service.

7.5. AUDITABLE ACTIONS

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

7.5.1.1. Authorized System users will need the ability to easily retrieve and review an audit trail for actions performed within the System.

7.5.1.2. Note that the audit functionality will not be responsible for auditing action, data integrity, data accuracy, nor preserving an accurate historical record of changes made to objects controlled by authorized System users within their Sandbox defined work areas.

7.6. SYSTEM ARCHITECTURE

7.6.1. The Department is not mandating any particular architectural solution. However, the solution should reflect design principles associated with high quality systems. The Department expects Offerors to incorporate best practice recommendations on infrastructure and environmental aspects of the System into their solutions. The system architecture and data modeling should provide a flexible and Customizable approach that easily incorporates seemingly unrelated data from other entities that will assist the Department's analytic capabilities.

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

7.6.3. The Department's vision for Configurable solutions that require minimal Customization are reflected in the general criteria for the System:

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

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

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

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

7.6.3.5. Support the integration of new technology over time in a way that minimizes any negative impact to the System.

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

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

7.6.5. The Department's high-level goals for the System technology and overall architecture are:

7.6.5.1. Enterprise Perspective: Promote an enterprise view that aligns technologies with the Colorado Medical Assistance program business processes. Appropriate functional areas of the enterprise should be leveraged for re-use and reduced risk by being exposed as services and managed by services, for example an Enterprise Service Bus (ESB).

7.6.5.2. Interoperability and Integration: Develop systems that can communicate effectively and promote interoperability and common standards. This includes automated interfaces that alert both parties in the transaction when any type of anomaly occurs, to the greatest practical extent.

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

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

7.6.6. A service-oriented architecture (SOA) enables a variety of applications to access data in a standardized way that ensures data consistency and integrity. The System will address the Department's need for:

7.6.6.1. Data Abstraction: Provides for a common data access layer that can appropriately link, group and deliver data from a variety of sources to consumers and applications in a standard, seamless way. Data access is decoupled from data sources.

7.6.6.2. Data Source Integration: Recognizes the importance of, and relationships between, disparate data sources. Architecture allows for modular data sets to be added, removed, or enhanced in a "plug-n-play" manner that does not disrupt the common data access layer.

7.6.6.3. Data Integrity and Replicability: Similar data requests originating from different business processes always return the same information and minimize data replication. Data has referential integrity across data dimensions. For example, a single source of monthly program enrollment data is employed across several business processes.

7.7. APPLICATION ENVIRONMENT

7.7.1. To support various concurrent activities related to the Contract and its Project Phases, the System shall include various isolated application environments to support development, simulation, testing, and production deployment.

7.7.2. In addition, the System will need to support the ability to for authorized System users run multiple applications simultaneously, run multiple sessions simultaneously, and to have multiple views in in the same environments, application, and System Tools.

7.8. RULES ENGINE

7.8.1. The Rules Engine requirement for the System will allow flexibility and the capacity to support the diverse and complex Colorado Medical Assistance program. The Department supports implementation of a Rules Engine that provides Contractor and authorized System users the ability to make ad hoc Configuration changes per the Department's direction, to the greatest extent practical.

7.8.2. Though the term "Rules Engine" is used throughout the RFP, Offerors may propose a solution that does not meet the traditional definition of a COTS Rules Engine. However, it should be understood that providing prompt-based reporting or analysis does not wholly satisfy this requirement.

7.8.3. The single term 'Rules Engine' may or may not be the appropriate for all of the categories, the Department has three general categories of requirements associated with the term 'Rules Engine' in the BIDM RFP. Descriptions and examples for each category are summarized below and more detailed description is provided in Appendix G – BIDM Procurement Library. The examples are not all-inclusive, so Offerors are also encouraged to fully review 'Rules Engine' related requirements in Appendix A – BIDM Requirements and Performance Standards Matrix to fully understand the requirements in this section. Offerors are encouraged to either confirm that the 'Rules Engine' terminology is correct for the category or to provide alternate terminology that is more appropriate in their response. The term 'Rules Engine' is associated with the following three categories:

7.8.3.1. Link and/or classify records according to rules and/or rule groups.

7.8.3.2. Push notifications/alerts based on user-Configurable parameters (rules and/or rule groups).

7.8.3.3. Establish documented, uniform groupings/parameters that may be accessed consistently by authorized System users utilizing various System Tools.

7.8.4. Specifically, 'Rules Engine' requirements pertain to the following areas:

7.8.4.1. Enable policies, rules, and operational decisions to be defined, tested, executed, and maintained separately from application code.

7.8.4.2. Support rules addition, deletion, and modification (i.e., business logic) per Department direction without modifying the application code.

7.8.4.3. Support rules addition, deletion, modification and validation without the need to learn a specialized coding language (i.e., the rules engine will use English-like syntax).

7.8.4.4. Provide the ability to validate (i.e., test) rule changes prior to implementation and to provide the ability to revert to a prior version of the rules if there are unwanted or unexpected consequences of a rule change.

7.8.5. Offeror's are encouraged to provide solutions to meet requirements that do not necessary involve a traditional Rules Engines. Some requirements may be meet through master data management software rather than a Rules Engine. Another solution could include an ETL mapping tool for some requirements. However, a traditional Rule Engine may be necessary to meet some of the requirements under the RFP. Offerors should provide a solution to meet all the requirements of the RPF to the best of their capability while provide flexible and Customizable approaches, that minimize licensing costs.

7.9. SYSTEM INTERFACES AND DATA EXCHANGES

7.9.1. The System will have the ability to interface with other systems to improve the bi-directional flow of information, to strengthen programs, and to improve reporting. The System will be expected to send and receive data and store data received locally within the System. In addition, the System will integrate and interact with other health information technologies currently under development. Interfaces will include Department, State, federal, and contracting entities.

7.9.2. Offerors shall not assume that the other interfacing systems will make changes to accommodate their solutions. The Department expects Offerors to propose how their solution will meet interoperability requirements both within their own System and with components outside their System.

7.9.3. Within the RFP requirements provided in Appendix A – BIDM Requirements and Performance Standards, the Department has specified five BIDM Interfaces (i.e., between the BIDM and the Core MMIS, PBMS, COFRS, CORHIO, and CBMS DSS) as specific bi-directional connections between the BIDM and the specified systems) whereby each system has the ability to send and receive data per the agreements and protocols outlined in an Interface Control Document (ICD) established by the Contractor.

7.9.3.1. In addition to scheduled activities (tasks, exchanges, etc.), authorized System users will have the ability to execute inquiries (e.g., queries) and defined transfers on demand.

7.9.3.2. The Department expects additional BIDM Interfaces will be necessary over the term of the Contract, which will require a Contract Amendment and additional funding to support the new interface.

7.9.4. Within the RFP requirements, the Department has specified numerous BIDM Data Exchanges for the purpose of sending reports and/or data to other entities (BIDM Exports) and receiving reports and/or data from other entities (BIDM Imports). Exchanges may be periodic or ad hoc, but are less frequent than established BIDM Interfaces.

7.9.4.1. Exchanges may be via traditional, established direct interfaces between systems, other agreed upon protocols (e.g., transfers via sFTP, web streaming), and occasionally via physical report and data transfers (e.g., encrypted DVD, encrypted thumb drive). Exchange mechanisms, methodologies, and protocols will vary considerably as documented in each exchange's Interface Control Document (ICD).

7.10. EXTRACT, TRANSFORM, AND LOAD (ETL) TOOLS

7.10.1. ETL tools and processes are an essential part of the System. The Department expects the solution to be able to extract data in different formats from the various source systems, transform the many different formats into a common format, and then load them into and link them within the data warehouse.

7.10.2. Specifically, the ETL requirements pertain to the following areas:

7.10.2.1. Data prototyping to promote understanding of usage to meet business objectives.

7.10.2.2. Extracting, cleansing and/or refactoring, and integration of legacy source data from a variety of interfacing systems (e.g., Core MMIS, PBMS).

7.10.2.3. Extracting, cleansing and/or refactoring, and integration of data from a variety of non-MMIS and non-PBMS interfacing data sources (e.g., CBMS, vital statistics, immunization registry, CMS data feeds).

7.10.2.4. Importing, cleansing and/or refactoring, and integration of data from a variety of non-interfacing, Department-identified data sources (e.g., Program Integrity Tracking Database Legacy System).

7.10.2.5. Design, development, and implementation of all associated ETL processes (e.g., Core MMIS and Supporting Systems, PBMS, other system interfaces, and external data uploads).

7.10.2.6. Design, development, and implementation of operational data store (ODS).

7.10.2.7. Design, development, and implementation of a dedicated data-staging layer (DSL) management tool shall be maintained separately from the rules engine.

7.10.3. The Department does not want to be dependent upon the Core MMIS and PBMS to accept, transform, load, generate, or transmit HIPAA transactions. Therefore, the Department expects the BIDM to perform these actions as required to timely complete BIDM Interfaces and BIDM Data Exchanges. The Contractor shall provide the ability to accept, transform, load, generate, and transmit all HIPAA X12, NCPDP, and HL7 transactions as either a BIDM Interface or BIDM Data Exchange into and out of the System.

7.10.4. The ETL Tool is not expected to be utilized by the Department's authorized System users, but instead is a tool used primarily by the Contractor.

7.11. SECURE DATA DISSEMINATION

7.11.1. Federal and State laws, rules and regulations, including HIPAA, require that Department data be strictly protected. The Contractor shall provide secure methods of disseminating data to comply with these laws, rules, and regulations. The System must incorporate and maintain all components (e.g., hardware, software, connectivity) necessary to meet these requirements.

7.12. SECURITY AND CONFIDENTIALITY

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

7.12.2. The security principles driving the System are:

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

7.12.2.2. Integrity: Data cannot be modified without detection.

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

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

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

7.12.2.6. Auditability: Track and log, in human readable format, data changes including the user or system making the change. Track and log in human readable format inquiries, views, or access of data that may require such tracking as a result of law, policy, or data use agreements including the user or system making the inquiry, viewing the data, or accessing the data along with the date and time of the inquiry, view, or access.

7.12.3. The Contractor shall adhere to all federal and State laws, rules, and regulations as they apply to the Department and Department-related data. The Contractor shall work with the State Office of Information Technology to ensure that the System is in compliance with rules, regulations, and standards as they apply to the Department.

7.12.4. The Contractor shall provide a solution with the ability for any authorized System user to have secure, role-based, single sign-on access to authorized current and historical data, System components, or Web-based material.

7.12.5. The Contractor shall obtain written approval from the Department prior to release of Protected Health Information (PHI) or Personally Identifiable Information (PII) to any non-Department entity. The Contractor shall verify with the Department that the requesting party is authorized to receive information. In addition, to maintain compliance under HIPAA, Contractor shall provide to its staff HIPAA compliance training specific to the System.

7.12.6. Further, the Contractor will have insight into internal policy discussions, contractual issues, price negotiations, State financial information, and advanced knowledge of potential/draft legislation. As a result, the Contractor shall maintain confidentiality and privacy of this information.

7.13. BIDM WEB PORTAL HOSTING

7.13.1. The Contractor shall design, host, and maintain a browser-based reporting and analytics application available to Providers contracted with the Department and various Department internal users. This functionality is referred to as the BIDM Web Portal.

7.13.2. The BIDM Web Portal will need to be integrated into the MMIS Web Portal architecture (which will be hosted by the Core MMIS and Supporting Services contractor). Such integration will allow access for Colorado Medical Assistance program providers (not just RCCOs and PCMPs) to the BIDM Web Portal by single-sign-on (SSO) authentication from the MMIS Web Portal.

7.13.3. In addition, Department authorized System users will need to access the BIDM Web Portal, without signing-on through the MMIS Portal.

7.13.4. Through the BIDM Web Portal, Providers will view and download ad hoc and standardized reporting, including but not limited to:

7.13.4.1. The ability to export a provider's entire client list.

7.13.4.2. At the time of service, real-time access to current client health plan benefits, including formulary and services requiring prior authorization.

7.13.4.3. Provision of a client health profile, which includes previous claims/encounters data and related information available through the data warehouse.

7.13.4.4. Provision of data analytics, which include, but are not limited to, client risk scores, population risk scores, chronic illness levels, care management plans, etc.

7.14. DISASTER RECOVERY AND BUSINESS CONTINUITY

7.14.1. The Contractor shall provide a Business Continuity and Disaster Recovery Plan that conforms with industry best practices that will include:

7.14.1.1. Timely failover and redundancy.

7.14.1.2. Data recovery.

7.14.1.3. Short- and long-term continuity operations.

7.14.1.4. Remote access (in accordance with Department standards).

7.14.1.5. An alternate business site if the primary business site becomes unsafe or inoperable.

7.14.1.6. Root cause analysis reporting to the Department for unscheduled downtime.

7.14.1.7. Provide data backup.

7.14.1.8. Schedule and process for testing of the Business Continuity and Disaster Recovery Plan.

7.14.2. Disaster recovery and business continuity planning improves the Contractor's ability to recover from a disaster and/or unexpected event and resume or continue operations. It will be the Contractor's responsibility to implement the disaster recovery plan in accordance with the Department's Performance Standards.

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

7.15. APPENDIX A - BIDM REQUIREMENTS AND PERFORMANCE STANDARDS MATRIX

7.15.1. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – BIDM Requirements and Performance Standards Matrix, Section 7.0. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – BIDM Requirements and Performance Standards Matrix.

SECTION 8.0 BIDM DATA MANAGEMENT AND SYSTEM TOOLS REQUIREMENTS

8.1. OVERVIEW

8.1.1. The Department seeks a modern approach to data management and System Tools to support the statistical analytical needs of the Colorado Medical Assistance program. The Department's vision for the data management and System Tools is based on strong data governance; a robust data warehouse that can collect, consolidate and organize data from multiple data sources for reporting and analysis business processes; a Sandbox will allow direct SQL or equivalent query access to the underlying data; a variety of System Tools that allow authorized System users to evaluate programs, Health Benefit Plans, and establish provider rates through predicting/forecasting utilization, cost, and caseload and modeling scenarios; and various reporting components that will include user-defined reporting, federally required reports and dashboards.

8.2. DATA GOVERNANCE

8.2.1. Data management services include effective data governance. The goal of data governance is to ensure the quality, availability, integrity, security, and usability of System data and services for the Colorado Medical Assistance program. The Contractor will work with the Department to structure policy and procedures to ensure efficient and effective decision-making regarding data infrastructure and data integration. An acceptable data governance framework will contain guidelines to define interactions for project stakeholders, provide for management of decision-making approval processes and communications, and manage expectations for users of the System.

8.2.2. The Contractor should anticipate that any public-facing data analysis or reporting will be subject to high levels of public scrutiny, and should look for opportunities to reconcile System reporting with other Department reporting or publicly available Colorado Medical Assistance program reporting (e.g., APCD, Department legislative reports).

8.2.3. The Department requires that the Contractor provide a data storage and management approach that allows a "never delete a record" approach for ease and timeliness in accessing historical records. However, only data from the past 10 years needs to be optimized for instantaneous retrieval. While data older than 10 years needs to be accessible without a special request to the Contractor.

8.3. DATA MANAGEMENT

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

8.3.2. The Contractor shall organize the data within the System into a logical, flexible configuration in which individual elements and tables can be linked to each other across conformed dimensions for multiple business uses. The configuration shall be

documented and updated upon any change and the documentation will be made available to authorized System users and the Department in a downloadable, indexed, and searchable format.

8.3.3. Contractor will need to maintain:

8.3.3.1. Data Confidentiality: Prevent disclosure to unauthorized persons or systems.

8.3.3.2. Data Integrity: data cannot be modified undetectably.

8.3.3.3. Data Availability: access is not inappropriately blocked or denied.

8.3.3.4. Data Authenticity: validation of transactions.

8.3.3.5. Data Security: encryption and Department approved security protocols and processes.

8.3.3.6. Non-repudiation of Data: parties to a transaction cannot deny their participation in the transaction.

8.3.3.7. All encrypted data in motion and at rest.

8.3.4. The Contractor shall ensure secure and reliable data exchange across the Department's enterprise and with external systems to maximize data integrity. This includes, but is not limited to:

8.3.4.1. A unified data exchange solution to ensure successful data exchange.

8.3.4.2. Monitors and alerts appropriate parties of potential issues.

8.3.4.3. A data model that is consistent with the Department's business processes.

8.4. INTEGRATION OF EXTERNAL DATA

8.4.1. Public and non-public data will be required to meet the Department's program management and reporting needs. The Contractor will be responsible for obtaining and integrating into the System publicly available data. The Contractor shall develop and maintain Interface Control Documents (ICDs) that describe BIDM Interfaces and BIDM Data Exchanges including any rules for communicating with BIDM Interface Partners and BIDM Exchange Partners. ICDs shall clearly communicate all possible inputs and outputs from a system for all potential actions.

8.5. DATA WAREHOUSE

8.5.1. The data warehouse provides a central repository of data that is created from integrating data from multiple disparate sources within the System. The data warehouse must store current, as well as historical, data that will be used as the basis for all analytical, modeling, reporting, and other functions detailed within this RFP. In order to develop an efficient and effective solution for the Department, the Contractor will need to gain a comprehensive understanding of how the Department plans to use the data to support its business objectives. A unique solution will be required to meet the Department's needs.

8.5.2. The Department expects the data warehouse to have a scalable and open architecture that can accept and utilize data from a variety of sources, with the capacity to integrate new data sources as needed in the future. Where applicable, the integrated data sources shall be linked to other data in the System for full analytical use (e.g., records in the vital statistics data are associated with clients and can be incorporated in reports also using MMIS, PBMS, and CBMS data; Medicare claims can be associated with Medicaid clients and Medicaid providers).

8.5.3. Specifically, the data warehouse requirements pertain to the following areas:

8.5.3.1. Design, development, implementation, maintenance, and continuous improvement of the enterprise data warehouse.

8.5.3.2. Design, development, implementation, maintenance, and continuous improvement of data marts.

8.5.4. The data warehouse is critical to support the Department's decision-making process. The data warehouse should collect, consolidate and organize data from multiple data sources for reporting and analysis using tools such as OLAP and data mining. The data warehouse will store historical and current data from operational system (e.g., claims, eligibility, General Ledger reference), external data (e.g., Vital Statistics) then stage and integrate the data into databases and data marts. Data marts (Fact and Dimension tables) are vital to specific users and will allow them to focus on single business processes and/or single subject (e.g., Health outcomes, Emergency Room utilizations, Hospital utilizations) for fast queries and reporting.

8.6. SANDBOX

8.6.1. The Contractor will provide a scalable ad hoc query environment that ensures adequate computing resources are available as needed to meet the varied needs of all authorized System users. Within this Sandbox, authorized System users will have access to all data in the System and have the ability to create, edit, and save user-defined fields and tables.

8.6.1.1. System functionality will provide direct SQL or equivalent query access to the underlying data warehouse. Sandbox access is not funneled through the meta-data layer or a traditional Business Intelligence tool (e.g., Cognos, Business Objects).

8.6.2. Within the defined work area, the user will have permissions to upload external data (e.g., data files from other vendors, publicly-available data) and to otherwise access (e.g., ODBC) external data to utilize both independently of and in conjunction with other data in the Sandbox.

8.6.3. The Sandbox will contain some data that will not be available to all users (e.g., Address Confidentiality Program data, select vital statistics data, proprietary data purchased by the Department). Authorized System users will have the capability to manage permission within the defined work area. For example, a user may block others from viewing and otherwise utilizing newly created tables and uploaded data until the data have been verified.

8.7. BIDM WEB PORTAL REPORTING

8.7.1. For Colorado Medical Assistance program providers, the BIDM Web Portal will host a growing number of provider cost, utilization, and quality metrics, including clinical outcomes, but will need to minimize and simplify the presentation of data for provider consumption. The Department expects that reporting provided be as lightweight and customizable as possible, and that every effort be made to present a simple and intuitive interface, which requires as few mouse clicks as possible to obtain actionable reporting and analytics.

8.7.2. Conversely, for care managers, Department users, RCCOs, etc., the ability to track performance trends visually across time and view, or filter on various time periods and populations is essential. Where appropriate, the BIDM Web Portal should allow for drill down to see further refinement of data or metrics, drill up to see aggregation of the data for groups of providers, and drill across to compare providers to their network peers and regional or statewide benchmarks.

8.7.3. The BIDM Web Portal will enable authorized System users to view and download ad hoc and standardized reporting, including but not limited to:

8.7.3.1. The ability to export, in real-time, a provider's entire list of attributed clients.

8.7.3.2. At the time of service, real-time access to current client health plan benefits, including formulary and services requiring prior authorization.

8.7.3.3. Provision of a client health profile, which includes previous claims/encounters data and related information available through the data warehouse.

8.7.3.4. Provision of data analytics, which include, client risk scores, population risk scores, chronic illness levels, and care management plans.

8.8. DERIVED DATA ELEMENTS AND ANALYTICS

8.8.1. Currently, system users code and incorporate derived data (e.g., identifying Title XIX Medicaid clients via eligibility type groupings) and analytics (e.g., client acuity level) into their projects, frequently re-creating the data for each new undertaking. The System shall provide mechanisms for incorporating frequently used derived data and analytics into both the data warehouse and the Sandbox.

8.8.2. Authorized System users will occasionally develop routinely updated tables that meet overarching business needs or that will be useful to other authorized System users. When these projects have been fully developed and stabilized, the Contractor shall transition them from the user-driven process into routine System operations, the data then being available via the data warehouse and the Sandbox.

8.9. STATISTICAL ANALYTICS AND SYSTEM TOOLS

8.9.1. The Department's overall goal of statistical analysis is to provide historical, current, and predictive views of the Colorado Medical Assistance program to gain insight and drive decision-making. Typical functions associated with this goal are reporting, online analytical processing, statistical and quantitative analysis, geospatial analysis, data mining, text mining, explanatory and predictive modeling, performance management, benchmarking, and predictive analytics.

8.9.2. Through the System Tool, user-defined reporting must be supported so that users can access data, create queries and reports, and use that information to answer key questions about the Colorado Medical Assistance program. The Department's users and program managers should be able to easily and flexibly access data, outside of routine, standard reports, through user-defined reporting.

8.9.3. To perform the necessary statistical analytics necessary to perform all the Work required under the RFP, the Department expects the System to contain a collection of tools and techniques that fall within a wide spectrum in terms of design, implementation, and customization and can include structured and unstructured data. These components will be used to provide the capability to access and analyze information from many different data sources and integrate it with forecasting, predictive modeling, analysis, geospatial analytics, statistical analysis, data mining, and reporting to provide a comprehensive view of the Colorado Medical Assistance program.

8.9.4. The Department expects Offeror's to propose System Tools that will comprehensively support operational, tactical, and strategic decision-making across the enterprise.

8.9.4.1. Typical functions necessary for tactical decisions are rules-based automation and evaluation, pattern and exception identification, guided navigation, and real-time monitoring.

8.9.4.2. Typical functions necessary for operational decisions are ad hoc exploratory analysis, root cause analysis, operational metrics, access to granular data from multiple sources and of multiple types, rapid scenario evaluation, and collaboration (via data sharing and electronic data interchange).

8.9.4.3. Typical functions necessary for strategic decisions are simulation, Key Performance Indicators (KPI), collaboration (via data sharing and electronic data interchange), problem identification, alerting, scenarios, modeling, prediction, and geospatial analysis.

8.9.5. In addition to robust statistical analysis, the Department also needs the ability for a subset of users to frequently perform ad hoc analysis on underlying data tables, separate from other Business Intelligence (BI) interfaces. This is necessary at any or all meta-data layers and at the most atomic, claim-line level of data persistence.

8.9.6. Data mining capabilities and techniques shall identify various patterns, generalizations, and dependencies, and shall detect anomalies within the data. The Department expects the data mining component to evaluate and interpret results generated from the analysis. The data mining component will also provide detailed reports that reveal the various patterns, generalizations, and regularities.

8.9.7. The Department develops and calculates actuarially sound managed care rates. The Department also develops and calculates fee-for-service rates and bundled rates. The System must provide the tools and data (e.g., Medicare rates, commercial rates) required to conduct these activities.

8.9.8. Predictive modeling and forecasting tools will be critical components used to support Department-wide planning processes. The Department requires a strategic, agile data modeling approach. The solution will use data modeling techniques and methodologies to model data in a standard, consistent, and predictable manner that provides a standard means of defining and analyzing data. This includes the documentation and illustration of data elements, structures, and their relationships. Data models will be considered 'living' documents that will change in response to changing business needs and/or federal and State mandates. The Department does not expect that clinical data will be incorporated into predictive modeling at this time.

8.9.9. The integration of GIS with statistical analysis is becoming more critical as the Department navigates the changing landscape of the health care industry and seeks to improve performance management capabilities. In order to support the Department's goals to provide easy access to data, comprehensive reporting, and improved patient outcomes, the System will need to provide GIS functionality that will capture, store, edit, analyze, share, and display geographic information to enable the Department to analyze data and make informed decisions regarding claims/processing volume, client program participation, and provider program participation.

8.10. GENERAL REPORTING

8.10.1. The reporting requirements under the RFP include the ability for the System to generate standardized reports and federally-mandated reports required for program and financial functions (e.g., CMS 64, CMS 372, T-MSIS). MARS produces reports regarding the Colorado Medical Assistance program, provider and client enrollment, program participation, and claims processing, assisting the Department with managing the Colorado Medical Assistance program.

8.10.2. The set of requirements around reporting address the System's ability to support easier access to and use of claims, client, provider, utilization, and other data (e.g., CBMS, CDPHE, and other non-MMIS and non-PBMS data sources) to meet the reporting and program evaluation needs of the Colorado Medical Assistance program. This includes features such as menu-driven access to reports and queries, user-selected criteria, and reporting parameters for queries. The Department expects Offerors to propose the best solution to provide the data necessary to fulfill the reporting requirements, and does not intend to recreate all existing reports.

8.11. PROGRAM INTEGRITY AND AUDIT TRACKING FUNCTIONALITY

8.11.1. The Department's Program Integrity and Benefits Coordination staff will utilize the System to create, execute, and finalize investigations.

8.11.2. Within the System, these staff will utilize an Investigative Case Management Tool that allows authorized System users the capability to capture referrals from various sources involving potential fraud, waste, abuse, improper payment, and various Third Party Recoveries (e.g., Tort and Casualty, restitution). Furthermore, this tool will allow authorized System users to capture, store, track, and report on all actions, determinations, and resolutions (e.g., suspension, termination, criminal/civil convictions, recovered amounts) from referrals of potential fraud, waste, abuse, improper payment, and various Third Party Recoveries (e.g., Tort and Casualty, restitution, trust and trust recoveries) through final resolution.

8.11.3. In addition, the System shall need to provide comprehensive statistical profiles of health care delivery and utilization patterns by provider and clients by select criteria (e.g., categories of services, client demographics, use of covered types of services/items, prescribed drugs, referrals to specialty care) in conjunction with the Department. The Contractor shall also provide prompt-based versions of the reports that authorized System users may run on demand for specified providers and client groups for any specified timeframe. The functionality is commonly referred to as SURS and is a requirement under the MECT Checklist.

8.11.3.1. The SURS process includes the identification of providers, health plans, and/or clients who may be committing fraud, waste, or abuse of services, and/or billing practices, and includes statistical profiles of providers and clients. The SURS reports will be provided in the System to meet federal and State rules and regulations for surveillance and utilization review activities.

8.11.4. Further to maintain a record of investigations and recoveries at the claim level, the System will need to provide a Claim Tracking Functionality with the ability to capture the claim identifier, line identifier, review characteristics (e.g., dates, reviewing entity, reviewer, purpose of review, and resolution), associated case within the Investigative Case Management tool, flags records, total recovered amount, interest, and penalties/sanctioned amounts.

8.12. APPENDIX A - BIDM REQUIREMENTS AND PERFORMANCE STANDARDS MATRIX.

8.12.1. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – BIDM Requirements and Performance Standards Matrix, Section 8.0. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – BIDM Requirements and Performance Standards Matrix.

SECTION 9.0 BIDM OPERATIONS REQUIREMENTS

9.1. OVERVIEW

9.1.1. The Department seeks a Contractor to not only provide the System and System Tools to the Department, but to also provide skilled staff that will perform System operations, program operations, and detailed analysis in collaboration with the Department staff. To manage this process the Contractor will need a robust but flexible program management strategy to provide quality Deliverables and documentation. Furthermore, the Contractor will need to provide training and support to various authorized System users ranging from Advanced Users to providers.

9.2. PROJECT MANAGEMENT

9.2.1. The Contractor shall manage all aspects of the Contract that affect price, schedule, performance (scope and quality), risk/issues/opportunities, and applicable resources. The Contractor shall provide transparency into its management plans and execution. The Department expects an approach such that "if the Contractor sees it, the Department sees it" to minimize asymmetric understanding of the Contract status.

9.2.2. The primary project management and reporting goals are:

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

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

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

9.2.3. The Department has identified specific Project Management and Reporting responsibilities critical to the success of the COMMIT Project. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope.

9.2.4. As defined in the Communication Management Plan, the Contractor will provide and follow a standardized System Development Life Cycle (SDLC) process for the Change Management Process. This will require the Contractor to maintain complete and detailed records of all meetings related to the Contract, SDLC documents, presentations, project artifacts and any other interactions or Deliverables related to the project described in the Contract and make such records available to the Department upon request, throughout the life of the Contract.

9.3. DELIVERABLE REQUIREMENTS

9.3.1. Thorough documentation of the expectations for the execution and operation of this Contract will be achieved through the creation and submission of planning documents and project artifacts that meet Department specifications. These Deliverables are intended to set expectations and provide transparency between the Department and Contractor for the duration of the Contract. The Contractor shall adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.

9.3.2. The Department and the Contractor will define the criteria for achieving the expected high-quality Deliverables, which may be used as exit criteria for many of the Project Phases. The Contractor shall review the guidelines listed in Appendix B – BIDM Project Phases Tables for development of their proposal responses. During the Initiation and Planning Phase, the Contractor and the Department will establish and document entrance and exit criteria for each project phase, as well as approval criteria for project Deliverables.

9.3.3. The Contractor will need provide price and schedule estimates to support proposed legislation, budget requests, and other initiatives, as directed by the Department.

9.3.4. The Contractor shall assist Department staff in responding to all federal and State auditing agencies, including pulling sampling frames and samples. This level of support shall also be provided to all other State and federal audit agencies' designees.

9.3.5. Further, the Contractor shall stay abreast of federal and State initiatives and work in partnership with the Department to identify possible solutions and resolutions to meet changing requirements. The Contractor shall participate in NMEH (National Medicaid EDI HIPAA Workgroup) and other national organizations and initiatives.

9.4. TRAINING REQUIREMENTS

9.4.1. Training on the System is crucial to the success of the COMMIT project. Required training will facilitate the Department’s understanding of the System, System Tools, and data structure will provide users with the necessary skills to perform their daily functions.

9.4.2. Given the wide spectrum of users, training materials and methods of delivery will vary, and a single training method is not suitable for every user. Multiple training methods, a range of content, and levels of complexity tailored to the authorized System user levels will be required to obtain successful training outcomes. The Department expects that, at a minimum, tiered versions of training for each of the components listed below will be developed and provided for the various authorized System user levels:

9.4.2.1. System overview so users have an understanding of the data behind reports, queries, and analyses.

9.4.2.2. Best practices for using and/or developing reports, queries, and analyses.

9.4.2.3. Best practices for accessing relevant documentation.

9.4.2.4. Best practices for effectively requesting advanced reports, queries, and analysis from Contractor and Department staff.

9.4.2.5. System Tools and functionality utilization.

9.4.3. The Department expects that the Contractor will provide its analytics staff initial and ongoing training at or above the Advanced User level on the System, System Tools, and data structure.

9.4.4. Training topics, methodologies, and periodicity will vary depending upon the Contract stages and phases and upon authorized System user levels. During the Organizational Readiness and Training Phase, for instance, the training topics should be augmented with a conversion component to assist authorized System users in transitioning from the Legacy System to the System (e.g., where to find and how to access data in the old system vs. the System). Advanced User System Tool training, as another example, may transition from intensive, in-person readiness training to a combination of Department approved on-demand eLearning, hard copy and/or electronic reference materials, and informal training/learning sessions with Contractor staff.

9.4.5. The Department expects the Contractor to provide ongoing training for existing authorized System users when changes to the System, System Tools, and data structure occur. Updates to trainings and training materials are expected in order to ensure that users maintain current, relevant, and thorough knowledge of the functionality of the System.

9.5. USER HELP REQUIREMENTS

9.5.1. Documentation and online assistance to authorized System users is a critical function for job performance. The Contractor shall propose, develop, produce, publish, deliver, and maintain all applicable System User Guide/Help updates. In addition, the Contract will need to develop, produce, and maintain frequently asked questions (FAQs) on the System, System Tools, and data in the System.

9.5.2. The Contractor shall provide a searchable and indexed web-based library, with highly flexible search criteria to enable an authorized System user to quickly find needed information in policy manuals, training material, implementation memos, data dictionary, and all necessary help functions.

9.5.3. The Contractor shall create and maintain an on-line, searchable, downloadable data dictionary of all tables and fields, field types and descriptions, and valid values, to be understood by an authorized System user (e.g., similar to the data dictionaries provided by the US Census Bureau).

9.6. SYSTEM OPERATIONAL SERVICES

9.6.1. System operations includes maintenance of all business intelligence and data management components, including all operations-related documentation. This includes all activities required to ensure the System is functional and meets Contract requirements, and includes:

9.6.1.1. System administration.

9.6.1.2. System and software maintenance (e.g., loading third party software updates, warranty repairs of software, changes in reference files, etc.).

9.6.1.3. Assisting authorized System users when the System tools and/or data are not responding within established parameters.

9.6.1.4. Perform the research to identify impacts and root causes of System problems and communicate to the Department both a plan to resolve problems and anticipated outcomes.

9.6.1.5. Development of new features for System components.

9.6.1.6. Necessary modifications as a result of new data sources.

9.6.1.7. Updates and maintenance of BIDM Interfaces and BIDM Data Exchanges.

9.6.1.8. Working with various BIDM Interface Partners, BIDM Exchange Partners, and other State stakeholders to provide batch control, balancing, and scheduling of data load cycles.

9.6.1.9. Working with OIT and the Independent Verification and Validation (IV&V) contractor.

9.6.2. Central to the overall management of clients' health care is the availability and analysis of critical data to identify appropriate interventions that can dramatically improve the health of Medicaid clients, as well as help align provider behavior with health outcomes. This involves cohesive integration of timely data from existing Department systems or other interfaces to external sources. The Department expects that the Contractor will accommodate changes to external sources of data within reasonable timeframes.

9.7. CLIENT ATTRIBUTION AND ENROLLMENT ACTIVITIES

9.7.1. The Contractor will be responsible for partnering with the Department to develop and implement appropriate methodologies to attribute clients to health care providers, clinicians, administrative organizations, or other Department-designated entities for the purposes of enrollment, program reporting, and aggregated analyses for the Colorado Medicaid Assistance program and the ACC Program.

9.7.2. The Contractor will need to support managed care programs that require client attribution for the purposes of a Passive Enrollment process (such as ACC Program enrollment). Contractor shall maintain attributions for the Passive Enrollment process in the System and submit client attributions to the Core MMIS and Supporting System for enrollment processing with regular frequency as determined by the Department. This occurs routinely for the ACC Program through a data-driven

attribution process using a combination of data elements, such as claims history, client residence, client eligibility, client TPL status, and provider taxonomy. The Contractor's process shall be flexible and incorporate the ability to replenish clients to baseline levels when loss, churn, disenrollment, opt-out or any other client discontinuation from the program occurs. Similarly, the Contractor's process shall acknowledge Department-designated caps or limits on enrollment (by region, population, or individual practice, for example), as well as enable targeted program expansion and irregular enrollment cycles.

9.7.3. As the business rules for attribution are subject to change over time, the Contractor shall maintain detailed documentation to effectively administer and manage the attribution process and any subsequent enrollment processes. The Contractor shall also be responsible for archiving the attribution business rules to accurately define attributed populations as business rules change. For example, the Department would need insight into the accurate attributed population/business rules for any historical look-back period.

9.8. PROGRAM AND PROVIDER PERFORMANCE MEASUREMENT

9.8.1. The Department expects that the Contractor will bring industry-standard measure sets as part of the operations requirements. Performance measurement to support program management requires exhaustive decision-making and evaluation on how metrics are aggregated, reported compared, and applied.

9.8.2. The Department envisions a multidimensional reporting dashboard that enables easy metric reporting to its partners (e.g., local, State, and federal reporting requirements), as well as providing flexible reporting and analytic capabilities for the Department. The Contractor will work with Department and other Department designees to establish a performance reporting processes, as appropriate.

9.8.2.1. The Contractor shall develop, document, maintain, and provide various prompt-based reports per Department specifications related to provider and Colorado Medical Assistance program performance and quality.

9.8.3. The Department recognizes that true transformation of health care delivery and population health is dependent on accurate and actionable health outcomes measurement and reporting. Utilization measure reporting based on administrative data alone is a poor substitute for true health outcomes reporting. The Department expects that as programs mature and as new data sources (e.g., clinical EHRs) become available, new policy decisions will create the need for new and better performance metrics.

9.8.4. The Department anticipates the need for longitudinal tracking and forecasting of these measures to examine performance trends. The Department will work collaboratively with the Contractor to expand the measurement capabilities of the System to support Department program management needs, including measurement against baseline periods, benchmarks or population averages, and longitudinal tracking.

9.8.5. The Department requires a Contractor who can implement performance measurement calculation methodologies to ensure consistency and comparability across population groups. The Contractor is also need to be responsible for continuously research new methodologies and recommend to the Department changes to implemented methodologies to enhance program reporting and stay current with industry standards.

9.8.6. The Department requires a Contractor who can calculate, archive, and maintain provider incentive payments based on KPI metrics. For instance, for FY 2013-14, providers participating in the ACC Program will be eligible for incentive payments based on risk-adjusted performance on various KPIs relative to risk-adjusted performance expectations in the baseline year. Payouts are determined by a tiered incentive payment structure: 5% improvement = $0.33 PMPM, etc.

9.8.7. The Department encourages a collaborative process with the Contractor for identification and implementation of new metrics and performance calculations for credibility and efficacy of individual measures and baseline comparisons.

9.9. SECURE DATA DISSEMINATION

9.9.1. The Department expects the Contractor to perform secure data dissemination in the following areas:

9.9.1.1. Federal and State laws, rules and regulations, including HIPAA, require that Department data be strictly protected.

9.9.1.2. The BIDM Web Portal, Providers and other authorized System users will be accessing specific System information via the BIDM Web Portal.

9.9.1.3. Information developed via the System (e.g., reports, maps, forecasts) must be transmitted to end users for program operations.

9.9.1.4. Transfers of large data files/raw data sets to and from other stakeholders (e.g., contractors, auditors).

9.9.1.5. Blinding reports according to Department Safe Harbor protocols. Department reports are frequently used in public forums and requested by external parties.

9.9.1.6. Limited data sets for researchers and other external parties upon request.

9.10. REPORTING SUPPORT

9.10.1. The Department expects the Contractor to provide maintenance and support for all System reporting. The related requirements, however, will vary depending on the type of report being addressed. Report types are generally divided into three main categories in this RFP. Each report type and a high-level description of the maintenance and support activities for each are described below.

9.10.1.1. Predefined reports include reports that are created by the Contractor per federal, State, and/or Department specifications, routinely run, and only periodically updated or otherwise modified. Examples of predefined reports include the CMS 64, the EPSDT 416, and operations reports. Predefined reports also include ad hoc reports developed and finalized by authorized System users to meet specific,

ongoing business needs, which have been transitioned to the Contractor to become part of the predefined report library.

9.10.1.2. Contractor-based operations and reports encompass ongoing, active projects tasked to the Contractor. These differ from predefined reports in that they require more frequent intervention, rely more fully on Contractor innovation, and require active Contractor oversight. Examples of Contractor-based operations and reports include roster reporting, quality metrics, and incentive and/or cost-sharing calculations and payments.

9.10.1.3. Ad hoc reports are created by authorized System users, including Contractor staff. The reports may be intended for a single use or for ongoing operations. Contractor maintenance and support requirements for ad hoc reports are qualitatively different from the other two reporting categories.

9.10.2. The Contract will require a solid working relationship between the Contractor, the Department, and authorized System users. The Department anticipates that Advanced Users will provide Contractor staff with historical information, nuanced data interpretation, and the data-centered knowledge base necessary to develop and operate a successful System. In turn, Contractor staff will provide the technical support necessary for authorized System users to capitalize on the tools provided, develop a solid understanding of how to access the data, and ensure that authorized System users are able to obtain and utilize necessary information from the System.

9.10.3. Ongoing BIDM user support, following initial training and go-live activities, is not intended to entail full-time, dedicated help desk functionality with the exception of support for the BIDM Web Portal users. Ongoing BIDM user support refers to the ability of authorized System users to directly contact and obtain assistance from Contractor staff when there are difficulties and/or concerns with the System, tools, and/or data being returned. The Communications Plan, agreed to by both the Contractor and the Department, will guide such contact and any other Deliverables addressing related requirements.

9.11. BIDM WEB PORTAL TRAINING AND HELP-DESK

9.11.1. The Contractor will train authorized System users on BIDM Web Portal access and usage, as well as basic understanding of BIDM Web Portal reporting and analytics. The Offeror should provide regularly scheduled training at different levels of expertise, which accommodate the target audience (e.g., early morning or lunch hour for Medicaid providers). The BIDM Web Portal itself should host white papers, user guides, and all relevant definition documentation for use by authorized System users.

9.11.2. The Contractor shall provide real-time Help Desk technical support for the BIDM Web Portal. Help Desk staffing resources shall provide assistance with: authorized System user account creation, authorized System user account resets, questions on functionality, troubleshooting reporting, and basic information regarding Contractor reporting methodologies.

9.12. APPENDIX A - BIDM REQUIREMENTS AND PERFORMANCE STANDARDS MATRIX.

9.12.1. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – BIDM Requirements and Performance Standards Matrix, Section 9.0. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – BIDM Requirements and Performance Standards Matrix.

SECTION 10.0 COMPENSATION AND INVOICING

10.1. COMPENSATION

10.1.1. Offerors are asked to propose pricing based on their solution delivery approach within each Contract Stage using the pricing schedules in Appendix E – BIDM Pricing Schedules. For evaluation comparison, the proposed Contract Stages are listed in sections 10.1.1.1 through 10.1.1.4.

10.1.1.1. BIDM Contract Stage I.

10.1.1.2. BIDM Contract Stage II.

10.1.1.3. BIDM Contract Stage III.

10.1.1.4. BIDM Ongoing Operations and Enhancements Contract Stage.

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

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

10.2. INVOICING

10.2.1. Invoicing shall be made as directed through the Contract. Payment pursuant to the Contract will be made as earned. Any advance payments allowed under the Contract shall comply with State Fiscal Rules and be made in accordance with the provisions of the Contract. The Contractor shall initiate any payment requests by submitting invoices to the Department in the form and manner prescribed by the Department.

10.3. PAYMENT

10.3.1. Each Deliverable shall be reviewed by the Department and shall require formal approval from the Department before acceptance of the Deliverable. The Contractor shall allow for at least ten (10) business days following receipt, per Deliverable, in any project plan for the Department to review and document their findings. Based on the review findings, the Department may approve, reject portions of the Deliverable, reject the complete Deliverable, or request that revisions be made to the Deliverable.

Unless otherwise agreed to by the Department in writing, the Contractor shall be required to submit all revisions of the Deliverable within five (5) business days following the receipt of the Department comments and requests for revisions or clarifications. The Department shall have an additional five (5) business-day review period for revisions that are resubmitted.

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

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

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

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

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

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

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

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

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

10.4. LIQUIDATED DAMAGES

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

10.4.1.1. If the Contractor's failure to meet a Quarterly Milestone is considered severe enough to negatively impact the timeline for development or implementation of the System or the continued Operation of the System, the Department may assess damages in the amount of $300.00 per business day that the event occurs.

10.4.1.2. If the Contractor's failure to meet a Quarterly Milestone is not considered severe enough to negatively impact the timeline for development or implementation of the System, the Department may assess damages in the amount of $75.00 per business day that the event occurs.

10.4.1.3. Liquidated damages shall only be assessed if delays are due solely as a result of acts or omissions within the Contractor's control. Liquidated damages may process through the Dispute Process (described in Section 10.5) if the Contractor believes they are not at fault or if the liquidated damages are not assessed correctly (e.g., per business day amount, the number of business days accessed under the liquidated damages).

10.4.2. Following **November 1, 2017** ~~July 1, 2017~~, liquidated damages shall be imposed if the System is not fully Operational as described in Section 7.0, Section 8.0 and Section 9.0 of this RFP, and the Contractor is determined to be at fault for the delay based on the outcome resulting from the Dispute Process (as described in Section 10.5). Liquidated damages will be assessed on a monthly basis based on the increase in the incremental difference between the amount that shall be paid to the current BIDM contractor and the contractual amount to be paid to the BIDM Contractor. The BIDM Contractor will not be paid any amount during the specified delay.

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

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

10.5. REMEDIES AND DISPUTE PROCESS

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

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

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

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

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

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

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

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

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

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

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

10.5.4.2. The payment of Quality Maintenance Payments.

10.5.4.3. Assessment and calculation of liquidated damages.

10.5.4.4. Withholding or denial of payment.

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

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

10.5.5. The dispute process is not intended to supersede any other process for the resolution of controversies provided by law.

10.6. BUDGET

10.6.1. The Department has a maximum available amount for this project that has been separated into two distinct budget pools that are non-negotiable. Any proposal that has a total price that exceeds the Department's maximum available amount shall be rejected without further consideration. Any proposal that has a total price that exceeds the Department's maximum available amount in a budget pool or attempts to move money from one pool to another (e.g., proposing to move money from the DDI Budget Pool into the Operations Budget Pool) shall be rejected without further consideration. Appendix E – BIDM Pricing Schedules contains additional information and instructions that specify how Offerors may complete the pricing schedules for both budget pools.

10.6.2. The two distinct budget pools are defined in Sections 10.6.2.1 through 10.6.2.3.

10.6.2.1. DDI Budget Pool. This pool provides the maximum funding available to cover the BIDM DDI activities in BIDM Contract Stage I, BIDM Contract Stage II, and BIDM Contract Stage III. Based on information provided in this RFP, the estimated expenditure of these funds will occur between May 1, 2015 (estimated contract start date) to December 31, 2017 (estimated completion of all DDI activities).

10.6.2.2. During the BIDM Implementation Contract Stages, some of the Contractor's cost may not be eligible for enhanced Federal funding at 90% Federal funds, as they may be considered operations activities. Offerors' proposals will need to estimate these operations activities in the pricing schedule until the start of the BIDM Ongoing Operations and Enhancements Contract Stage, when the pricing will then be incorporated into the Operations costs.

10.6.2.3. Operations Budget Pool. This pool provides the maximum funding available per State Fiscal Year (SFY) to cover BIDM Operations activities in the BIDM Ongoing Operations and Enhancements Contract Stage. Funds within the Operations Budget Pool shall be priced as either Operations or Enhancements to the System. Based on information provided in this RFP, the estimated expenditure of these funds will occur between July 1, 2016 (proposed BIDM Operations start date) and June 30, 2022 (estimated end of Contract if all extensions are exercised).

10.6.2.3.1. BIDM Operations Pricing: Under the Offeror's proposal (as specified in Appendix E – BIDM Pricing Schedules) these funds are directly associated to BIDM Operations (which includes the Operation and Maintenance of the System).

10.6.2.3.2. Maintenance activities and staff performing these activities are included in the BIDM Operations Price and shall be performed by the Contractor within the BIDM Ongoing Operations and Enhancements Contract Stage at no additional cost to the Department.

10.6.2.3.3. Examples of Maintenance activities are:

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

10.6.2.3.3.2. Ensuring all System parameters (e.g., rules engine, meta-data layer), tables, and data are maintained per the RFP, implemented enhancements, and contractual requirements and are updated and documented correctly and timely.

10.6.2.3.3.3. Ensuring required reporting and Contractor produced analytics are completed and documented efficiently and accurately.

10.6.2.3.3.4. Ensuring authorized System users are able, at the authorized System user level, to access and utilize all data in and functionality of the System per the RFP, implemented enhancements, and contractual requirements.

10.6.2.3.3.5. Correcting Defects to the System.

10.6.2.3.4. Hourly Labor Categories provided in Price Schedule K found in Appendix E – BIDM Pricing Schedules is used if the Department purchases additional staff to perform Enhancements and requires a Contract Amendment.

10.6.2.3.5. Contractor's estimates for price and schedules to support changes to BIDM Operations and the System proposed by legislation (i.e., fiscal notes requests from the Colorado General Assembly, federal rules and regulations), Department budget requests, Department initiatives, and Enhancements shall be included in the BIDM Operations Pricing.

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

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

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

10.6.2.4. The Department has established pricing thresholds for each BIDM Implementation Contract Stage, based on the DDI Budget Pool ($20,000,000), to ensure adequate distribution of cost over the Contract term. To prevent an Offeror from proposing the entire price in a single BIDM Implementation Contract Stage, the pricing thresholds are listed in Sections 10.6.2.4.1 – 10.6.2.4.3.

10.6.2.4.1. The proposed fixed price for the BIDM Contract Stage I shall be at least 10.0% but no greater than 25.0% of the total DDI Budget Pool.

10.6.2.4.2. There is no minimum or maximum percentage of the proposed fixed price for the BIDM Contract Stage II.

10.6.2.4.3. The proposed fixed price for the BIDM Contract Stage III shall be at least 25% but no greater than 40.0% of the total DDI Budget Pool.

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

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

10.6.2.6.1. Forecasted claims/encounters estimate provided in this RFP includes paid and denied Fee-for-Service (FFS) medical, dental and pharmacy claims, capitations, and encounters as processed by the Core MMIS and Supporting Services and PBMS and available to the Department to query and report from the BIDM. The volume does not include claims that are rejected by the Core MMIS and Supporting Services and PBMS for data that is missing or invalid or out of compliance.

10.6.2.6.2. The Department will provide the prior State Fiscal Year's Annual Claim/Encounter Volume to the Contractor in the third quarter of each calendar year. Upon request from the Contractor, the Department will provide any support materials on how the data was calculated.

10.6.2.7. The Department's maximum available amount for the two distinct budget pools is listed in Section 10.6.2.7.1 through 10.6.2.7.2. The maximum amounts include all proposed quality maintenance payments.

10.6.2.7.1. DDI Budget Pool: $20,000,000 total.

10.6.2.7.2. **Operations Budget Pool: $8,000,000 for SFY 2016-17 (eight (8) months as specified Price Schedule D).**

10.6.2.7.3. Operations Budget Pool: $12,000,000 per SFY, **excluding SFY 2016-17**.

SECTION 11.0 EVALUATION

11.1. EVALUATION PROCESS

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

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

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

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

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

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

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

11.2. EVALUATION COMMITTEE

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

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

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

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

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

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

11.3. INITIAL EVALUATION

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

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

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

11.3.1.3. Offeror included all required documents.

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

11.4. EVALUATION PROCESS

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

11.4.1.1. Phase I: Evaluation of the Technical Proposal

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

11.4.1.1.2. The scores from Phase I: Evaluation of the Technical Proposal will be utilized in eligibility consideration for participation in Phase II: Solution Demonstrations and Oral Presentations. The Offeror achieving the highest score on the Technical Proposal and all Offerors achieving scores within 10% of the highest score will be invited to participate in Phase II: Solution Demonstrations and Oral Presentations. The Evaluation Committee may change the ten percent (10%) threshold to limit the number of oral presentations or expand the number of oral presentations to increase competition. Offerors will be notified at least ten (10) business days in advance if selected for Phase II: Solution Demonstrations and Oral Presentations.

11.4.1.1.3. Any Offeror not invited to participate in Phase II: Solution Demonstrations and Oral Presentations may submit a protest, as outlined in Appendix C – BIDM Administrative Information. The protest period following Phase I: Evaluation of the Technical Proposal is intended only for Offerors who aren't invited to participate in Phase II: Solution Demonstrations and Oral Presentations, and is the only opportunity for those Offerors to submit a protest.

11.4.1.2. Phase II: Solution Demonstrations and Oral Presentations

11.4.1.2.1. All Offerors invited to participate in Phase II: Solution Demonstrations and Oral Presentations will be allocated a specified time to provide a solution demonstration and an oral presentation addressing topics specified by the Evaluation Committee and/or the Department.

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

11.4.1.2.3. Phase II: Solution Demonstrations and Oral Presentations will be evaluated and scored using predefined criteria. Following the Solution Demonstrations and Oral Presentations, the Evaluation Committee will re-score the Technical Proposal evaluated in Phase I. The Evaluation Committee may use exactly

the same scores received in Phase I or adjust any score, including the Offeror's Response to Requirements in Appendix A – BIDM Requirements and Performance Standards Matrix. Using the weights assigned in Table 11.5.1.1, the combined scores for the Solution Demonstrations and Oral Presentations and the Technical Proposal will be considered the new total score for that Offeror.

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

11.4.1.3. Phase III: Price Proposal Evaluation

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

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

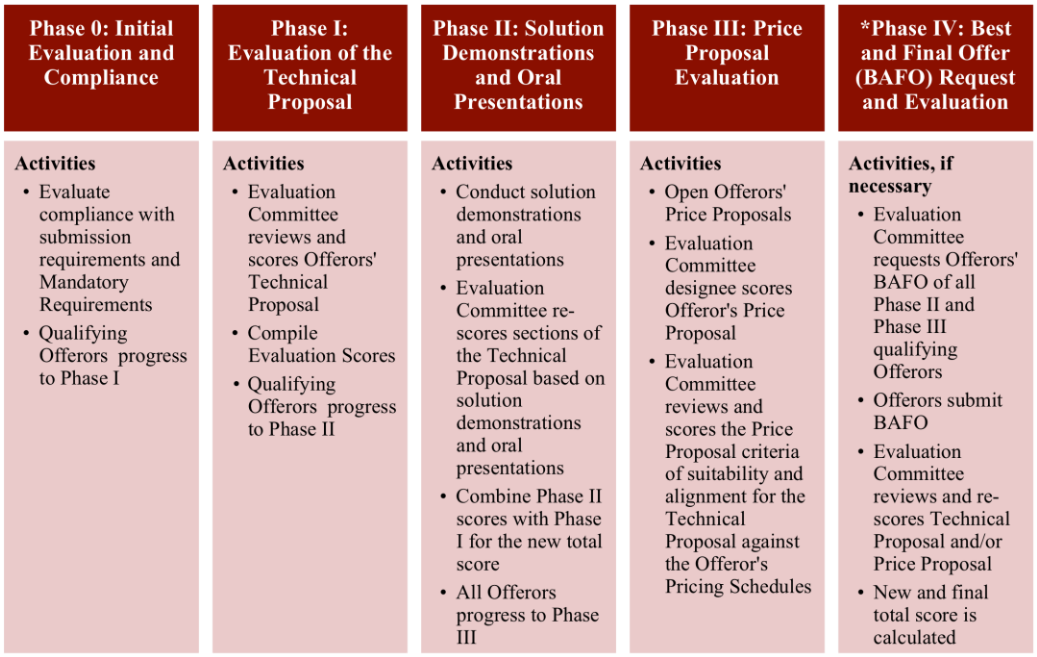
11.4.1.4. Phase IV: Best and Final Offer (BAFO) Requests and Evaluation

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

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

11.4.2. This process is further illustrated in Figure 11.4.2.

Figure 11.4.2: Evaluation Process



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

11.4.3. Announcement of Intent to Award

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

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

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

11.5. EVALUATION CRITERIA

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

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

Table 11.5.1.1: Summary of Technical Proposal Scoring Criteria

Technical Proposal Evaluation Criteria	Phase I	Phase II	Weight (% of Total Possible Points)
Corporate Qualifications – Background & Experience	10.0%	0.0%	10.0%
Reference Checks and Corporate Capabilities and Commitment	4.0%	0.0%	4.0%
Financial Stability	1.0%	0.0%	1.0%
TECHNICAL APPROACH			
Understanding of Solicitation and Project Goals	1.5%	1.5%	3.0%
Requirements and Technical Proposal Narrative: • Appendix A – BIDM Requirements and Performance Standards Matrix (Offeror's Approach to Requirements) • Approach to Section 2.4 through 6.4 • Approach to Section 7.0	25.0%	25.0%	50.0%

Technical Proposal Evaluation Criteria	Phase I	Phase II	Weight (% of Total Possible Points)
• Approach to Section 8.0 • Approach to Section 9.0 • Business and Technical Innovation			
Additional Questions to Illustrate the Offeror's Proposed Solution	10.0%	10.0%	20.0%
Solution Demonstrations and Oral Presentations	0.0%	7.0%	7.0%
Total Overall Value Of Technical Proposal Evaluation	51.5%	43.5%	95.0%

11.5.2. In addition to the Technical Proposal scoring criteria, the Department has also established scoring criteria for each section, requirements grouping, and subsection described in Tables 11.5.2-1 and 11.5.2-2 below. Each section and requirements grouping has been assigned a predetermined weight to reflect the relative importance of that section and requirements grouping to the overall score of the Requirements and Technical Narrative. This percentage is based on importance to the Department and is not intended to align one-to-one with the number of requirements found under each requirements grouping.

Table 11.5.2-1: Summary of Technical Proposal Scoring Criteria by Section

Section	Relative Importance within the Requirements and Technical Proposal Narrative by Section
Section 2.4 through 6.4	17.0%
Section 7.0	25.0%
Section 8.0	35.0%
Section 9.0	22.0%
Business and Technical Innovation	1.0%
Total within the Requirements and Technical Proposal Narrative	100%

Table 11.5.2-2: Summary of Technical Proposal Scoring Criteria by Subsection

Subsection	Relative Importance within the Requirements and Technical Proposal Narrative by Subsection
Section 2.4 through 6.4	
Subsection 5.3	30.0%
Subsection 5.5	10.0%
Subsection 5.7	10.0%
Subsection 6.2	30.0%
Subsection 6.3	15.0%
Other	5.0%
Total within Section 2.4 through 6.4	**100%**

Subsection	Relative Importance within the Requirements and Technical Proposal Narrative by Subsection
Section 7.0	
Subsection 7.1	2.0%
Subsection 7.2	2.0%
Subsection 7.3	2.0%
Subsection 7.4	10.0%
Subsection 7.5	2.0%
Subsection 7.6	15.0%
Subsection 7.7	15.0%
Subsection 7.8	15.0%
Subsection 7.9 *Further breakdown provided below	15.0%
Subsection 7.10	5.0%
Subsection 7.11	3.0%
Subsection 7.12	2.0%
Subsection 7.13	10.0%
Subsection 7.14	2.0%
Total within Section 7.0	**100%**
Section 8.0	
Subsection 8.2	10.0%
Subsection 8.3	5.0%

Subsection	Relative Importance within the Requirements and Technical Proposal Narrative by Subsection
Subsection 8.4	8.0%
Subsection 8.5	6.0%
Subsection 8.6	8.0%
Subsection 8.7	5.0%
Subsection 8.8	7.0%
Subsection 8.9 *Further breakdown provided below	30.0%
Subsection 8.10	9.0%
Subsection 8.11 *Further breakdown provided below	12.0%
Total within Section 8.0	**100%**
Section 9.0	
Subsection 9.2	2.0%
Subsection 9.3	2.0%
Subsection 9.4	15.0%
Subsection 9.5	10.0%
Subsection 9.6	15.0%
Subsection 9.7	10.0%
Subsection 9.8	24.0%
Subsection 9.9	2.0%

Subsection	Relative Importance within the Requirements and Technical Proposal Narrative by Subsection
Subsection 9.10	10.0%
Subsection 9.11	10.0%
Total within Section 9.0	**100%**
Subsection 7.9	**(Overall 15.0%)**
BIDM Interfaces	55.0%
BIDM Data Exchanges	35.0%
Other	10.0%
Total within Subsection 7.9	**100%**
Subsection 8.9	**(Overall 30.0%)**
Business Intelligence Tool	30.0%
Geospatial Analytics	4.0%
Predictive Analytics Tool	10.0%
SQL Tool	20.0%
Statistical Analysis Tool	16.0%
Other	20.0%
Total within Subsection 8.9	**100%**

Subsection	Relative Importance within the Requirements and Technical Proposal Narrative by Subsection
Subsection 8.11	**(Overall 12.0%)**
Claim Tracking Functionality	15.0%
Investigative Case Management Tool	60.0%
Other	25.0%
Total within Subsection 8.11	**100%**

11.5.2.1. Evaluators will score all other items in Table 11.5.1.1 using the evaluation criteria developed by the Department. Each item will receive a score from zero to five (0-5), with five (5) being the highest score possible and zero (0) indicating the Proposal is non-responsive on a given item.

11.5.2.2. The Department has established a priority for the requirements and assigned points accordingly. Offerors will indicate whether they can meet the requirement within Appendix A – BIDM Requirements and Performance Standards Matrix, and should consider the priority level assigned to each requirement. Evaluators will use the information provided in Appendix D – BIDM Offeror's Response Worksheet as a reference and to verify if the Offerors plans to meet the specific requirement, and if so where to find the Offeror's response.

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

11.5.2.3.1. Offerors are advised through their Technical Proposal to fully and clearly explain and justify how the requirements in Appendix A – BIDM Requirements and Performance Standards Matrix will be met.

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

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

11.5.2.6. Priority 3: These requirements are considered necessary to enhance functionality and business processes. Priority 3 requirements are determined to significantly improve the Department's, its contractors, and other stakeholders' operations, the System, BIDM Operations, user experience, provider interactions, and customer service.

11.5.2.7. Optional: The Department has identified requirements that are not critical for achieving CMS Certification, operating a federally certified System, or administering the Colorado Medical Assistance program. These have been classified as Optional. The Department sees these Optional requirements as an opportunity for Offerors to provide additional functionality by leveraging existing technology solutions or components. Offerors will receive points for Optional requirements that can be met within the proposed base price and provided at no additional cost to the Department. If Optional requirements can be met, but would be outside of the base price, and if the Offeror can provide pricing, Offerors shall indicate that in Appendix E – BIDM Pricing Schedules. However, Offerors will not receive points for Optional functionality that is not included in the base price, and it will not be included in the proposal evaluation.

11.5.2.8. The Department expects Priority 1 and Priority 2 requirements to be implemented in BIDM Implementation Contract Stages. If the Offeror proposes to defer a Priority 1 or Priority 2 requirement to the BIDM Ongoing Operations and Enhancement Contract Stage, the Evaluation Committee may deduct the scoring points related to that response. This evaluation methodology is intended to discourage Offerors from deferring critical functionality to the Ongoing BIDM Operations and Enhancements Stage.

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

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

Table 11.5.4: Summary of Cost Proposal Criteria

Price Proposal Evaluation Criteria	Weight (% of Total Possible Points)
BIDM Contract Stage I price, BIDM Contract Stage II price, and BIDM Contract Stage III price	0.5%
Total BIDM Ongoing Operations and Enhancements Contract Stage price for FY 2016-17 through FY 2021-22	1.25%
Hourly Rates for Changes	0.25%
Suitability and Alignment of Technical Approach to All Contract Stage Prices and Approach to Quality Maintenance Payments in BIDM Ongoing Operations and Enhancements Contract Stage	3.0%
Total Overall Value of Price Proposal Evaluation	5.0%

11.5.5. Evaluators will score the final Price Proposal criteria of suitability and alignment for the technical approach against the DDI cost, based on the 0-5 (zero to five) scoring scale.

11.5.6. The Offeror with the lowest Total Lump Sum Price proposed for the BIDM Implementation Contract Stages and BIDM Ongoing Operations and Enhancements Contract Stages will receive the maximum score for that component, based on the cost weights in Table 11.5.4. The price schedules for the BIDM Implementation Contract Stages will be combined for scoring. The BIDM Ongoing Operations and enhancements Contract Stages will be combined for scoring. The BIDM Implementation Contract Stages will receive a separate score from the BIDM Ongoing Operations and Enhancements Contract Stage.

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

11.5.8. Score = (N/Z) x Y

11.5.8.1. N = the lowest Total Lump Sum Price for the BIDM Implementation Contract Stages or BIDM Ongoing Operations and Enhancements Contract Stage proposed by an Offeror.

11.5.8.2. Z = the Total Lump Sum Price for t the BIDM Implementation Contract Stages or BIDM Ongoing Operations and Enhancements Contract Stage proposed by the Offeror being evaluated.

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

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

11.6. SOLUTION DEMONSTRATIONS AND ORAL PRESENTATIONS

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

11.7. BEST AND FINAL OFFERS

11.7.1. The Evaluation Committee may request best and final offers from the Offerors during the Proposal Evaluation Phase to clarify Offerors' Price Proposals. Requests for best and final offers are at the discretion of the Evaluation Committee, and not all Offerors may be requested to present a best and final offer. Offerors will be notified ten (10) business days in advance if selected to submit a best and final offer.

11.8. AWARD

11.8.1. The Evaluation Committee will rank the proposals based on the number of points. The Evaluation Committee will then determine whether the proposal receiving the highest number of points should receive the award. If the Evaluation Committee determines that the proposal with the highest number of points should not receive the award, then the Evaluation Committee will determine if the proposal with the next highest number of points should receive the award and so on. The proposal with the highest number of points is not guaranteed an award as the Evaluation Committee is charged with awarding the Contract to the proposal that will be most advantageous to the State of Colorado, price, and other factors considered.

SECTION 12.0 LIST OF APPENDICES

12.1.1.1. Appendix A – BIDM Requirements and Performance Standards Matrix

12.1.1.2. Appendix B – BIDM Project Phases Tables

12.1.1.3. Appendix C – BIDM Administrative Information Document

12.1.1.4. Appendix D – BIDM Offeror's Response Worksheet

12.1.1.5. Appendix E – BIDM Pricing Schedules

12.1.1.6. Appendix F – BIDM Glossary of Terms and Abbreviations

12.1.1.7. Appendix G – BIDM Procurement Library Content List

12.1.1.8. Appendix H – BIDM Draft Contract

12.1.1.9. Appendix I – W-9 Form

12.1.1.10. Appendix J – RFP Signature Page