

Appendix A - Requirements and Performance Standards Matrix

Modification 4

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

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

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

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

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

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

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

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

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1005	2.3 - Project Goals			1	Provide the flexibility to create and modify Health Benefit Plans within the System, such that the services, services limitations, prior authorizations, provider rates, and client cost sharing amounts within a Health Benefit Plan are easily Configurable through a rule-driven design.	This will allow the Department to define Health Benefit Plans that are population specific. In addition, payments (or rates) to providers and payment methodologies are allowed to differ by Health Benefit Plan. For example, this will allow payments to inpatient hospital providers under one Health Benefit Plan to be made on a per diem basis and under a prospective DRG basis in another. In addition, the payment methodology could be the same across Health Benefit Plans, but different rates are paid by service between the Health Benefit Plans.		
1006	2.4 - Contractor Relationship Expectations	7.3 - Contractor Responsibilities		1	The Core MMIS and Supporting Services Contractor shall be the Prime Contractor and shall be solely responsible for integration of all work to be performed under the COMMIT project, regardless of whether Subcontractors are used. As Prime Contractor, the Core MMIS and Supporting Services Contractor shall also be the System Integrator and ensure that Core MMIS and Supporting Services Contractor staff work cooperatively with key Interfacing Contractors (e.g., PBMS and BIDM) staff to ensure the success of the project as it relates to Core MMIS and Supporting Systems Contractor provided.	The Department will establish a Memorandum of Understanding (MOU) between all three contractors that shall establish roles and responsibilities. Any dispute regarding the development of the MOU shall be handled through the Remedies process.		
1007	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	Design, develop, test, and implement changes and Enhancements, per the Configuration Management Plan, that may be selected by the Department through the Configuration Management Process for implementation during the duration of the Contract.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Configuration Management Plan.		

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1008	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Provide a report to the Department regarding all System changes that have been implemented in the previous month as well as a projection of Change Requests that will be implemented in the upcoming months.	Reporting will occur monthly or as otherwise indicated by the Department. Via the Change Management Process, reporting will also include traceability of actual vs. estimated resources, time, and cost. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		
1009	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	Provide the ability to revert to the previous Configurations of the new change that causes the undesirable system impact, within a defined time period in the Change Request.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		
1010	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Document results of lessons learned for each Enhancement, and incorporate that information into the Change Management Plan to reduce the occurrence of defects in future artifacts and processes (continuous improvement).	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Project Management Plan.		
1011	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	Implement and monitor an internal quality control process to ensure that all Deliverables, documents, and calculations are complete, accurate, easy to understand, and of high quality. Include a process to record and address corrective and preventive actions.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Quality Assurance Control/Quality Management Plan.		
1012	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	As defined in the Communication Management Plan, develop and provide standards and templates for all documentation and communications for review and approval by the Department. Documentation and communication includes: <ul style="list-style-type: none"> • Weekly Status Reports. • Monthly Status Reports. • System Generated Reports. • Meeting Agendas. • Meeting Minutes. 	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

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

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1017	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Develop and submit for Department approval a Project Management Plan, as defined in the most current edition of "A Guide to the Project Management Body of Knowledge (PMBOK)". The plan shall define how the Contractor shall manage all aspects of the Contract that affect price, schedule, performance (scope and quality), risk/issues/opportunities, and applicable resources. The plan shall include at a minimum: <ul style="list-style-type: none"> • Approach for executing monitoring and controlling the project. • Approach for managing resources and training. • Approach for managing communication and reporting. • Approach for managing scope, schedule, and cost. • Approach to managing risk and project issues. • Approach to managing changes. • Approach to configuration management. • Deliverable review and acceptance procedures. • Systems Development Life Cycle approach. 	The plan shall be delivered to the Department during the Initiation and Planning Phase. The Department expects an approach such that "if the Contractor sees it, the Department sees it" to minimize asymmetric understanding of the Contract status.		
1018	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting		1	Establish a project management structure to manage projects related to System implementation, System maintenance, and ongoing operations throughout the Contract Stages, generate project-related work products and Deliverables, and report project status to the Department team. The project management structure will be responsible for generating key project management tools.			
1019	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Build and maintain the Project Work Breakdown Schedule, as defined in the most current edition of the PMBOK, that includes both Contractor and Department tasks. All tasks shall be identified at a detailed level of a rolling ninety (90) calendar day basis, unless otherwise coordinated and agreed to by the Department.	The plan Work Breakdown Schedule shall be delivered to the Department for review and approval during the Initiation and Planning Phase. Collaborate with the Department to make weekly updates to its portion of the overall project schedule.		

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1020	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	<p>Develop a Quality Assurance Control/Quality Management Plan by business activity to address the needs and specific opportunities for quality improvement throughout the Contract period. The Quality Assurance Control/Quality Management Plan should reflect the Contractor's experience and resolve toward:</p> <ul style="list-style-type: none"> • Methodology for maintaining quality of the code, workmanship, project schedules, Deliverables, and Subcontractor(s) activities. • Quality in systems design, testing, and implementation. • Process design and staff training. • Performance standards development and measurement. • Customer satisfaction measurement and analysis. 	The plan shall be delivered to the Department for approval during the Initiation and Planning Phase and then updated annually.		
1021	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	<p>Develop a Communications Management Plan, as defined in the most current edition of A Guide to the Project Management Body of Knowledge (PMBOK), for the services outlined in the Contract. The Communications Management Plan shall describe, at a minimum:</p> <ul style="list-style-type: none"> • The Contractor's communication model with the Department and other entities. • The Contractor's approach to meeting the communication requirements throughout the course of the Contract performance period. • Approach to maintaining telephone and email contact with the Department's assigned Division Director and other designated staff on at least a weekly basis throughout the Contract period. • During critical implementation, development, and transition phases, approach to maintaining daily contact with the Department's project managers, as appropriate. <p><i>(continued in next cell)</i></p>	<p>The plan shall be delivered to the Department for approval during the Initiation and Planning Phase and updated annually, or immediately if any changes occur.</p> <p>Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Project Management Plan.</p>		

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					<ul style="list-style-type: none">• The Project Stakeholders.• The frequency and breadth of communication.• Communication methods.• The individuals responsible for communication including valid and after-hour contact information.• The review and approval process, including a process for facilitating a Department review of each Deliverable outline and draft documents to ensure common understanding of the purpose and content of documentation prior to final delivery.• Create Standard System Report Templates.• Establish the Quarterly Milestone reporting schedule.• Establish the trigger mechanism for initiating the Dispute Process (e.g., formal letter, email, phone contact).			
1022	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	The Contractor shall develop a Risk Management Plan to ensure that risks are identified, analyzed, mitigated, communicated, and solutions to identified risks are effectively executed.	This Deliverable shall be completed and provided to the Department during the Initiation and Planning Phase.		
1023	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.4 - Deliverable Requirements	7.9 - Disaster Recovery and Business Continuity	1	<p>Provide a Business Continuity and Disaster Recovery Plan that will include:</p> <ul style="list-style-type: none">• Timely failover and redundancy.• Data recovery.• Claims/encounters processing.• Short- and long-term continuity operations.• Remote access (in accordance with Department standards).• An alternate business site if the primary business site becomes unsafe or inoperable.• Root cause analysis reporting to the Department for unscheduled downtime.• Provide data backup.• Schedule and process for testing of the Business Continuity and Disaster Recovery Plan. <p>Reference the Colorado System Security Plan Template for additional information.</p>	<p>Performance Standard:</p> <ul style="list-style-type: none">• Mission critical services (priority 1) will not be interrupted.• Core services that shall be maintained with limited service disruption (priority 2) shall be recovered within eight (8) hours.• Systems and data where service disruption will cause serious injury to government operations, staff or citizens (priority 3) shall be recovered within forty-eight (48) hours.• Systems and data required for moderately critical agency services and IT functions where damage to government operations, staff and citizens would be significant but not serious (priority 4) shall be recovered within five (5) business days.• Systems and data required for less critical support systems (priority 5) recovery timeframe shall be mutually upon by the Department and Contractor(s).• The alternative site shall be fully operational within five (5) business days of the primary business becoming unsafe or inoperable. The call center shall be fully		

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						operational within twenty-four (24) hours.		
1024	5.3 - COMMIT Project Phases, Discovery and Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	<p>Develop and submit a Requirements Definition and Validation Plan that includes, at minimum:</p> <ul style="list-style-type: none"> • A description of the Contractor's approach to capturing the results and problems of Requirement Review and Validation Sessions. • Tools that will be used to record and track requirements and problems. • A description of how potential training needs will be recorded during the requirements sessions. • Develop and submit a Requirements Review and Validation Session schedule for review by the Department. • Develop and distribute Requirements Review and Validation Session agendas prior to each session. • Facilitate requirements review and validation sessions to validate RFP requirements (as listed in this Appendix, Appendix A – Requirements and Performance Standards Matrix) with the Department. • Conduct interviews with Department staff to validate, clarify, update, and finalize requirements. 	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase		

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1025	5.3 - COMMIT Project Phases, Discovery and Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	Develop and submit to the Department a draft Requirements Specifications Document (RSD) for Contractor-proposed System components, modules and functional areas. At minimum, the RSD should include: <ul style="list-style-type: none"> • An overview of System architecture and how components are integrated. • Detailed Requirements Specification Template. • Identification of changes to existing requirements. • Clarifying information associated with requirements, as needed. • Identification of new requirements. • Explanation of how requirements will be met. • Identification of the entity responsible for meeting the requirement. • Description of the hardware/software Configuration that will be used to meet the requirement. • A logical data model that identifies all entities, relationships, attributes, and access paths. 	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase		
1026	5.3 - COMMIT Project Phases, Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	Compile the final Requirements Specification Document (RSD) that incorporates the Department's review findings to reflect all requirements that need to be met as defined in the facilitated Requirement Review and Validation Sessions. Detailed requirement specifications may be delivered incrementally, as they are developed for each functional component or module.	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase.		
1027	5.3 - COMMIT Project Phases, Discovery and Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	Develop and maintain a Health Benefit Plan Traceability Document to ensure that the System appropriately applies business rules in compliance with the Health Benefit Plan requirements. Develop and maintain a Business Rules Traceability Matrix to track joint Department and Contractor decisions made on System business rules, how rules are implemented, and any modifications made to accommodate new requirements. For example, the Business Rules Traceability Matrix will document Health Benefit Plans, eligibility processing, enrollment processing, claims processing, etc.	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase.		

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1028	5.3 - COMMIT Project Phases, Discovery and Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	Develop and maintain a Requirements Traceability Matrix (RTM) to ensure that detailed requirements comply with RFP requirements.	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase.		
1029	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop and submit a Detailed System Design Plan that includes, at minimum: <ul style="list-style-type: none"> • Approach to tracking results and problems from Detailed System Design Sessions. • Tools to be used to manage session results and problems. • Approach to capturing and tracking potential training considerations identified during design sessions. • The format of the proposed Design Specification Document (DSD) Deliverable. 	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1030	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop and submit a Detailed System Design Session schedule for review by the Department.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1031	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Perform prototyping when appropriate to enable Department staff to review and accept windows, screens, reports or other layouts designs.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1032	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Create and provide to the Department for approval an Online Application Template.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1033	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop and provide to the Department for approval an Environment Architecture and Implementation Plan.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		

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1034	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop and provide to the Department for approval a Physical and System Security Plan.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1035	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Prepare and submit the Detailed System Design Session meeting notes and include the decisions, justification for changes (including new, modified, or deleted requirements), outstanding problems requiring follow-up, and impacts to future detailed design sessions.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1036	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Submit a draft Design Specification Document (DSD) that incorporates comments submitted by the Department.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1037	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop a final DSD based on the facilitated design sessions. Detailed design specifications may be delivered incrementally, as they are developed for each functional component or module, with final approval when all are approved. The DSD shall also include a Systems Documentation Template depicting the outline for the proposed content of the Core MMIS and Supporting Services System documentation. Examples of information to be included in the System documentation are hardware and software, descriptions of the services and infrastructural components, and other necessary System information.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1038	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Update and maintain the Requirements Traceability Matrix (RTM) with results from Detailed System Design Sessions.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		

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1039	5.3 - COMMIT Project Phases, Development Phase	7.4 - Deliverable Requirements		1	Develop and submit to the Department a Unit Test Checklist Template and Unit Test Plan that describes the Contractor's approach, methodology and schedule for unit testing of the System.	This Deliverable shall be completed and provided to the Department during the Development Phase.		
1040	5.3 - COMMIT Project Phases, Development Phase	7.4 - Deliverable Requirements		1	Conduct unit testing and submit results via Unit Test Checklists attesting that each component and module has been thoroughly unit-tested, meets the checklist criteria, and is therefore ready for the System test.	This Deliverable shall be completed and provided to the Department during the Development Phase.		
1041	5.3 - COMMIT Project Phases, Development Phase	7.4 - Deliverable Requirements		1	Provide weekly updates and performance metrics on unit testing and development progress to the Department as part of the weekly status reports	This Deliverable shall be completed and provided to the Department during the Development Phase.		
1042	5.3 - COMMIT Project Phases, Development Phase	7.4 - Deliverable Requirements		1	Conduct development walkthroughs as appropriate to demonstrate to the Department that all System functions have been completely and accurately developed and unit-tested and record problems using the project control and problem reporting system described above.	This Deliverable shall be completed and provided to the Department during the Development Phase.		
1043	5.3 - COMMIT Project Phases, Data Conversion Phase	7.3 - Contractor Responsibilities		1	Takeover existing data and information storage from incumbent Contractor. Store and manage specified historical data covering a specified time.	Note: This Deliverable shall be negotiated by the Contractor and Department based on the Offeror's proposal and through the Contract with the successful Offeror.		

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1044	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Develop and submit a phased Data Conversion Plan that provides detailed requirements including, at a minimum: <ul style="list-style-type: none"> • Discovery and legacy/source System/data evaluation process. • Recommended scope of data conversion based on discovery/evaluation results. • Relevant data sources including all sub-systems. • Department participation needs in the data conversion process development and execution. • Reporting migration requirements, including functionality validation of third-party tools and/or systems. • Documentation of success and failure metrics. • Post data migration cleanup process. • Final validation and acceptance procedure. • Emergency rollback contingency procedures, if applicable. 	This Deliverable shall be completed and provided to the Department during the Data Conversion Phase.		
1045	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Acquire the hardware and software needed for a successful data conversion.	This Deliverable shall be completed and provided to the Department during the Data Conversion Phase.		
1046	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Implement a fully functioning data migration environment to be used by both the Contractor and Department for current and ongoing migration needs. Include the following: <ul style="list-style-type: none"> • Relevant tools, utilities, and software. • Associated licenses with ownership transferred to the Department. • Appropriate access rights for management, operation, and maintenance. 	This Deliverable shall be completed and provided to the Department during the Data Conversion Phase.		
1047	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Revise System and User Documentation as required.	This Deliverable shall be completed and provided to the Department initially in the Data Conversion Phase, and an ongoing basis.		

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1048	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Perform a System test to compare all transferred programs, files, utilities, etc., to determine that the migration was successful.	This Deliverable shall be completed and provided to the Department during the Data Conversion Phase.		
1049	5.3 - COMMIT Project Phases, Testing Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Provide an integrated test environment consistent with the proposed SDLC process that allows the Department and the Contractor to monitor the accuracy of the Core MMIS and Supporting Services and test proposed changes to the system by processing test claims/encounters and other transactions through the System without affecting normal operations. The test environment shall allow for end-to-end testing including transmission of all System data to the BIDM.	The Test Plan, which shall be approved by the Department, shall contain details of when environments will be provided.		
1050	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		2	The test environment shall be sized to be capable of mirroring the production System in its files, databases, processing, and reporting.			
1051	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		2	The Contractor will verify that similar Legacy System and Systems tests will produce the same results. The test environment(s) shall allow simultaneous testing of Legacy System and System (Core MMIS and Supporting Services) changes, modeling, functionality testing, integrated system test, regression testing, or some combination of these as required by Department defined priorities.			
1052	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		1	The test environment(s) shall allow for the processing of mock data from production to populate claims/encounters with a volume and distribution similar to that of the production system. All system and integration testing shall be performed such that the data is not overwritten by multiple testing initiatives or the refresh. Refreshing data will be scheduled per the Department-approved Change Management Plan and will include the entire System.			

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1053	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		1	As System improvements or Enhancements are implemented, that functionality shall also be deployed to test environments, so that test environments mirror production functionality.			
1054	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		2	Provide the Department with online access to the integrated test environment.			
1055	5.3 - COMMIT Project Phases, Testing Phase	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	Optional	Automate the testing process for changes or Enhancements to the System.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		
1056	5.3 - COMMIT Project Phases, Testing Phase	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	Optional	Automate the Defect tracking process for changes or Enhancements to the System.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		

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1057	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	<p>Develop a Core MMIS and Supporting Services Test Plan that describes the Contractor's approach and commitment to all testing sub-phases required for a system of this magnitude, including, but not limited to:</p> <ul style="list-style-type: none"> • System testing process. • Integration testing. • Data Conversion testing process. • Approach to supporting Department during UAT. The UAT process shall provide for authorized System users to exercise the entire System, including the use of converted data, in a separate, controlled environment. • Performance/stress testing. • Penetration testing. <p>The approach to conducting all specified testing for all Core MMIS and Supporting Services programs per Department entrance and exit criterion. Any changes to test cases, including entrance and exit criteria, require written approval by the Department.</p>	This Deliverable shall be completed and provided to the Department during the Testing Phase.		

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1058	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	<p>Develop a Core MMIS and Supporting Services Test Plan that describes the Contractor's approach and commitment to all testing sub-phases required for a system of this magnitude, also including, but not limited to:</p> <ul style="list-style-type: none"> • Roles and responsibilities throughout the Testing Phase. • Process for submitting, monitoring, and resolving Defects found during testing and Enhancements and assigning severities/priorities in accordance to Department standards. • Process for applying fixes to the Core MMIS and Supporting Services and regression testing of any fixes. • Assurance of parity between technical environments. • Description of the proposed system or tool for identifying, prioritizing, tracking, fixing, and re-testing System Defects or Enhancements. This tool may be the same Project Control and Problem Reporting System detailed in Section 7.2 (Project Management). • Structured promotion of functionality to subsequent testing levels. • Summary of testing tools used throughout the Testing Phase, including the approach to defining test cases that are representative of actual cases. • Testing of recovery processes and/or component outages/failures. 	This Deliverable shall be completed and provided to the Department during the Testing Phase.		
1059	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	<p>Design, implement, and document detailed test cases for each sub-phase of testing identified in the above requirement. Test cases should include identifications, detailed steps, expected results, actual results (where appropriate), and be traceable to requirements listed in this RFP in the RTM.</p>	This Deliverable shall be completed and provided to the Department during the Testing Phase.		

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1060	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	Submit all Test Results (including Performance/Stress Testing Results, Final System Test Results, and Penetration Test Results) for each test sub-phase to the Department that includes, at minimum: <ul style="list-style-type: none"> • Summary of testing results. • Pass/Failure Rate. • Defect IDs and severity level of failed test cases. • Proposed resolution for identified defects. 	This Deliverable shall be completed and provided to the Department during the Testing Phase.		
1061	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	Perform regression testing for all defects identified as directed by the Department and provide regression testing results.	This Deliverable shall be completed and provided to the Department during the Testing Phase.		
1062	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Provide regular updates to Department during the Organizational Readiness period.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1063	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	Provide support to the Department as part of Organizational Readiness, including providing a minimum of one organizational readiness lead and a minimum of two staff members who will be available as required to address questions and concerns.	This support shall be available during Department business hours. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1064	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.3 - Contractor Responsibilities		1	Ensure all necessary System access is in place, including passwords, at the time of Organizational Readiness training.			

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

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1070	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.4 - Deliverable Requirements	9.5 - FAO Provider Management Services	1	As specified in the Training Plan, develop, deliver, update, maintain, and conduct a broad spectrum of comprehensive training programs including an evaluation and quality improvement component for all training sessions, and related documentation and materials, for initial and ongoing training for internal and external stakeholders, including, but not limited to, authorized System users from the Department, partners, providers, the Contractor, and other supporting contractors.	Update as directed per the training plan. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1071	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Develop an Implementation Strategy in conjunction with the Department that describes, at a minimum: <ul style="list-style-type: none"> • The phased approach to the Core MMIS and Supporting Services roll out to authorized System user groups and/or of functionality. • The proposed implementation schedule. • A tracking process for Problems and Defects. • Communication and Contractor support procedures. • Contractor and Department roles and responsibilities. • Operational Readiness Criteria and Operational Readiness Walkthrough approach that addresses Contractor and System and Department readiness. • System acceptance procedures. 	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		
1072	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Conduct an Operational Readiness Walkthrough with the Department prior to the initial Core MMIS and Supporting Services Implementation and Roll Out Phase. The Operational Readiness Walkthrough shall validate the Contractor's, System's, and Department's operational readiness. The Department shall formally sign off on each Operational Readiness Walkthrough prior to implementing the next Core MMIS and Supporting Services Roll Out Phase.	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		

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

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1078	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	<p>Prepare a Post-Implementation Evaluation Report that includes:</p> <ul style="list-style-type: none"> • Lessons learned. • Project successes and failures. • Evaluation metrics including: <ul style="list-style-type: none"> • Actual and planned budget comparisons. • Actual and planned schedule comparisons. • Actual and planned scope comparisons. • Core MMIS and Supporting Services authorized System user satisfaction. • Benefits gained over the previous Core MMIS and Supporting Services. • The current status of the Core MMIS and Supporting Services. • Ongoing contingencies or problems. 	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		
1079	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	<p>Develop a System Operational Procedures Manual Template with the proposed format for the Core MMIS and Supporting Services Operational Procedures Manual, which provide guidelines for the operation and use of the Core MMIS and Supporting Services. At minimum, the System Operational Procedures Manual shall contain the following sections:</p> <ul style="list-style-type: none"> • Policies, processes and workflows related to the Core MMIS and Supporting Services. • Policies, processes and workflows related to the data center. • General requirements for compliance with privacy and security. 	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		

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1080	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	<p>Perform operations and maintenance throughout the life of the Contract at no additional cost to the Department, and develop and make available electronically a System Operations and Maintenance Plan to include the following:</p> <ul style="list-style-type: none"> • Monitoring of daily performance of the Core MMIS and Supporting Services. • Updates, patches, licenses, and repairs to components of the production, test, training, UAT, and all other accessible environments including but not limited to: <ul style="list-style-type: none"> • Hardware. • Operating systems. • Database systems. • Application and other software. • Utilities for Systems, database, software, communications. • Voice, video, data communication lines. • Communications software. • Drivers. • Configurations. 	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		

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1081	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	<p>As defined by the System Operations and Maintenance Plan to include the following:</p> <ul style="list-style-type: none"> Defect identification, tracking, and correction process. Plan for maintaining security on a database, network, and individual authorized System user level including maintenance of authorized System user accounts. <p>Help Desk Support Plan including, at minimum:</p> <ul style="list-style-type: none"> Available support services and proposed help desk staffing model that will ensure the performance expectations detailed in this Appendix. Internal Contractor policies to ensure Protected Health Information (PHI), Personally Identifiable Information (PII) and other Department or client data is only shared with appropriate staff. After-hour contact and problem reporting process. <p>System documentation, including end-user and system administrator documentation.</p> <ul style="list-style-type: none"> Proposed Contractor staffing model for the Operations Phase. Process for submitting operations problem reports to the Department when operational problems occur, describing the nature of the problem, the expected impact on ongoing functions, a corrective action plan, and the expected time of problem resolution. 	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		
1082	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	Publish a System Software Version Release Schedule and provide updates to the Department as requested.	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		
1083	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	Provide online end user and System Administrative Documentation that includes information on System screens, workflows, data fields, reports, etc.	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		

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

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1089	5.3 - COMMIT Project Phases, Enhancements Phase	7.4 - Deliverable Requirements		1	Design, implement, and document detailed test cases (UAT initial test cases and detailed System test cases) for Enhancement testing. Test cases should include dummy IDs (not real ones), detailed steps, expected results, actual results (where appropriate), and be traceable to requirements listed in this RFP in the RTM.	This Deliverable shall be completed and provided to the Department during the Enhancements Phase.		
1090	5.3 - COMMIT Project Phases, Enhancements Phase	7.4 - Deliverable Requirements		1	<p>Submit all Test Results for each test sub-phase to the Department that includes, at minimum:</p> <ul style="list-style-type: none"> • Summary of testing results. • Pass/Failure Rate. • Defect IDs and severity level of failed test cases. • Proposed resolution for identified defects. • Performance/Stress Testing Results. • Final Enhancements Test Results. • Penetration Test Results. <p>The following tests should be done independently with the results, defects and severity level, pass/fail rate, and proposed resolution for identified defects submitted to the Department:</p> <ul style="list-style-type: none"> • Performance/Stress Testing. • Final Enhancements Test Results. • Penetration Test Results. 	This Deliverable shall be completed and provided to the Department during the Enhancements Phase.		
1091	5.3 - COMMIT Project Phases, Enhancements Phase	7.4 - Deliverable Requirements		1	Collaborate with the Department to identify and prioritize its System requirements that are not included in the base System and are outside of the contracted scope, following the Change Management Process.	<p>This Deliverable shall be completed and provided to the Department during the Enhancements Phase.</p> <p>The format of the Deliverable shall be proposed by the Contractor and agreed to by the Department.</p>		

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1092	5.3 - COMMIT Project Phases, Turnover Phase	7.4 - Deliverable Requirements		1	<p>Develop a System Turnover Plan at no additional cost to the Department. The System Turnover Plan shall include, at minimum:</p> <ul style="list-style-type: none"> Proposed approach to Turnover. Tasks and subtasks for Turnover. Schedule for Turnover. Entrance and exit criteria. Readiness walkthrough process. Documentation update procedures during Turnover. Description of Contractor coordination activities that will occur during the Turnover Phase that will be implemented to ensure continued functionality of System and services as deemed appropriate by the Department. 	This Deliverable shall be completed and provided to the Department during the Turnover Phase.		
1093	5.3 - COMMIT Project Phases, Turnover Phase	7.4 - Deliverable Requirements		1	<p>Develop a System Requirements Statement at no additional cost that would be required by the Department or another designee to fully take over System, technical, and business functions outlined in the Contract.</p> <p>The Statement shall also include an estimate of the number, type, and salary of personnel required to perform the other functions of the Core MMIS and Supporting Services. The Statement shall be separated by type of activity of the personnel.</p> <p>The Statement shall include all facilities and any other resources required to operate the System, including, but not limited to:</p> <ul style="list-style-type: none"> Telecommunications networks. Office space. Hardware. Software. Other technology. <p>The Statement shall be based on the Contractor's experience in the operation of the System and shall include actual Contractor resources devoted to operations activities.</p>	This Deliverable shall be completed and provided to the Department during the Turnover Phase.		

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1094	5.3 - COMMIT Project Phases, Turnover Phase	7.4 - Deliverable Requirements		1	Provide a Lessons Learned Document that describes valuable lessons learned during the COMMIT project.	This Deliverable shall be completed and provided to the Department during the Turnover Phase.		
1095	5.5 - FAO Phases, Transition Planning Phase	7.4 - Deliverable Requirements		1	<p>Develop and submit a Transition Plan including, at minimum:</p> <ul style="list-style-type: none"> Proposed approach to transition. Proposed approach for conducting a knowledge transfer from the Contractor to the new contractor. Proposed approach for consolidating applicable sections from the Contractor's Turnover Plan into the transition planning activity. Tasks and activities for transition. Personnel and level of effort in hours. Completion date. Transition Milestones. Entrance and exit criteria. Schedule for transition. Production program and documentation update procedures during transition. Readiness walkthrough. Parallel test procedures. Provider training. Interface testing. <p>The Contractor shall execute the Transition Plan and activities at no additional cost.</p>	This Deliverable shall be completed and provided to the Department during the Transition Planning Phase.		
1096	5.5 - FAO Phases, Transition Planning Phase	7.4 - Deliverable Requirements		1	<p>Develop and submit a Relocation Risk/Contingency Plan. The Plan shall include:</p> <ul style="list-style-type: none"> Proposed approach to Contractor relocation risk/contingency planning. Risk analysis: identification of critical business processes. Risk analysis: identification of potential failures. Risk analysis: business impacts. Identification of alternatives/contingencies. 	This Deliverable shall be completed and provided to the Department during the Transition Planning Phase.		

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1097	5.5 - FAO Phases, Parallel Testing Phase	7.4 - Deliverable Requirements		1	Establish a Parallel Test Plan that describes the Contractor's approach to conducting the parallel test, including, at minimum: <ul style="list-style-type: none"> • Role and responsibilities. • Proposed activities and procedures. • Proposed timeline. • Proposed reporting structure. • Supporting tools and documentation to support the Parallel Test. 	This Deliverable shall be completed and provided to the Department during the Parallel Testing Phase.		
1098	5.5 - FAO Phases, Parallel Testing Phase	7.4 - Deliverable Requirements		1	Perform parallel test of the System with input from the incumbent contractor's operations and report test results to the Department.	This Deliverable shall be completed and provided to the Department during the Parallel Testing Phase.		
1099	5.5 - FAO Phases, Parallel Testing Phase	7.4 - Deliverable Requirements		1	Revise systems and user documentation as required to fully describe the Contractor's operations.	This Deliverable shall be completed and provided to the Department during the Parallel Testing Phase.		
1100	5.5 - FAO Phases, Operational Readiness Phase	7.4 - Deliverable Requirements		1	Modify operating procedures to reflect changes with Contractor operations.	This Deliverable shall be completed and provided to the Department during the Operational Readiness Phase.		
1101	5.5 - FAO Phases, Operational Readiness Phase	7.4 - Deliverable Requirements		1	Develop or revise provider manuals to reflect changes with Contractor operations using a variety of notification methods including web portal, email, and/or provider bulletin mailings.	This Deliverable shall be completed and provided to the Department during the Operational Readiness Phase.		
1102	5.5 - FAO Phases, Operational Readiness Phase	7.4 - Deliverable Requirements		1	Develop a Department Operational Readiness Training Plan and conduct training for Department staff in order to ensure preparedness for operations.	This Deliverable shall be completed and provided to the Department during the Operational Readiness Phase.		

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

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

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1116	6.0 - Contract Personnel			1	During DDI, Contract Stage I, Contract Stage II, and Contract Stage III ensure that all of the following resources shall reside in the State at the Contractor's facility. <ul style="list-style-type: none"> • Business Analyst staff. • Project Management staff. 	Note: Business Analysts and/or Project Management resources can work on DDI activities located outside of Colorado during the Implementation Contract Stages if the DDI activities are also performed outside of Colorado.		
1117	6.0 - Contract Personnel			1	During Ongoing Operations and Fiscal Agent Operations Stage ensure that all of the following resources shall reside in the State at the Contractor's facility. <ul style="list-style-type: none"> • Fiscal Agent Operations Staff. • Business Analyst staff. • Project Management staff. • Configuration Staff . 			
1118	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Provide a Resource Management Plan that includes: <ul style="list-style-type: none"> • A description of the proposed organization for each of the Project Phases of the Contract (See Section 5.3 of the RFP Body). • An Organization Chart that identifies positions. • Position descriptions and qualifications for each Labor Category identified on the proposed organization charts. • A link or reference to the Department approved Training Plan that demonstrates the commitment of the Contractor staff to meet the learning needs of the authorized System users and include a proposed plan for face-to-face training on a mutually agreed upon schedule. 	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Project Management Plan.		
1119	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	The Resource Management Plan shall also include information for each position that shall include at least: <ul style="list-style-type: none"> • Labor Category title. • Position description. • Required education, training, licensure, and certification. • Required experience. • Specific skills or knowledge required. 			

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1120	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	<p>The Resource Management Plan shall also include:</p> <ul style="list-style-type: none"> • A strategy for the organizational structure and team location(s) (specify in-State or out-of-State), and how this structure will contribute to project success. • A description for maintaining appropriate staffing levels throughout the term of the Contract and adjusting its resources as necessary to maintain the required level of service. • Identification of Subcontractors (if any). 			
1121	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	<p>Identify and provide resumes for proposed Key Personnel who will be available to perform Work under the Contract. Any substitutions shall be approved by the Department prior to their assignment to perform Work under the Contract. Key personnel include:</p> <ul style="list-style-type: none"> • Account Manager. • Compliance Manager. • DDI Manager. • Business Process Reengineering Manager. • Operational Transition and Readiness Manager. • Systems Manager. • Fiscal Agent Operations Manager. • Publication Manager. <p>Other Key Personnel shall be identified by the Contractor, indicating the Contractor's commitment to team stability.</p>	<p>All Key Personnel designated by the Department or the Contractor in the proposal shall be approved prior to their assignment to perform Work under the Contract.</p> <p>Key Personnel shall be accessible to key Department personnel at all times.</p> <p>Key personnel will be evaluated yearly.</p> <p>All Key personnel shall be dedicated to the Contract and COMMIT project full-time during the term of the Contract.</p> <p>All Key Personnel are expected to be located locally. The exception is for Key Personnel working on DDI activities located outside of Colorado during the Implementation Contract Stages if the DDI activities are also performed outside of Colorado.</p>		

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1122	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	<p>Key Personnel named shall, at minimum, possess the following qualifications:</p> <ul style="list-style-type: none"> • At least five (5) years of experience in the particular named service (e.g., account management, compliance management, systems management, etc.) preferably within in the health care industry. • Demonstrated experience and knowledge of industry standard and best practices regarding large-scale and enterprise-level projects. • Specific practical experience their submitted area of expertise. • At least three (3) years of experience in performing similar services on complex systems-based modern technology or operational systems. • Extensive experience in technical writing. • Preferred experience in health care related concepts. 			
1123	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	<p>Provide an Account Manager for the BPR Contract Stage, Contract Stage I: Online Provider Enrollment, Contract Stage II: Core MMIS and Supporting Services Implementation, Contract Stage III: Supporting Services Implementation, and the Ongoing Operations and Fiscal Agent Operations Contract Stage. The Account Manager serves as the Contract primary point of contact to maintain communication with the Department's MMIS Contract Administrator and Department Management for activities related to contract administration, project management and scheduling, correspondence between the Department and Fiscal Agent Operations, and status reporting to the Department.</p>	The Account Manager shall be in place at the Contract effective date and shall be dedicated to the COMMIT project full-time.		

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

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

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

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

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

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1141	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements		1	The Contractor shall provide reporting on all aspects of the Contract that affect price, schedule, performance (scope and quality), risk/issues/opportunities, and applicable resources, as defined by the Communication Management Plan.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1142	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements		1	The Communication Plan shall include a monthly Contract Management report that includes the following: <ul style="list-style-type: none"> • Progress toward achieving goals stated in the business plan. • Activities, by each function or unit of the Contractor organization (e.g., claims/encounters, Provider Enrollment and Relations, etc.). • Achievement of performance standards for the previous month and identification of all performance standards that were not met. • A summary of Contractor activities and key volume indicators, for the month and cumulative to the fiscal year end. • Establish the Quarterly Milestones and reporting schedule. • Establish the Dispute Process trigger mechanism (to submit an item for resolution via the dispute process via letter, email, phone, etc.). • Other activities necessary for the Department to monitor Contractor activities. 	Monthly reports shall be provided to the Department within seven (7) business days following the close of the month.		
1143	7.2 - Project Management and Reporting			1	Participate in weekly status meetings in person or by telephone/video conference call, as approved by the Department, to review status reports. The Contractor shall be responsible for providing the meeting space and conference line/virtual meeting place for the Department and the Contractor.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1144	7.2 - Project Management and Reporting			1	Ensure that the Contractor's staff attending applicable meetings between the Department and the Contractor have the authority to represent and commit the Contractor regarding work planning, problem resolution, and program development.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

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1145	7.2 - Project Management and Reporting			1	Provide all necessary software to support Transmittals and the process the Contractor and Department will use to submit, review, and approve Transmittals.			
1146	7.2 - Project Management and Reporting			1	<p>Enable all assigned Contractor personnel to easily exchange documents and electronic files with the Department in compatible formats. The Contractor is to maintain the same software and version of software as the Department including, but not limited to, the following:</p> <ul style="list-style-type: none"> • Microsoft Word. • Microsoft Excel. • Microsoft Project. • Microsoft Access. • Microsoft PowerPoint. 	<p>Upgrade within thirty (30) business days of the Department's notification of upgrade.</p> <p>Note: The Department expects to upgrade Microsoft Version to 2010 in early 2013.</p>		
1147	7.2 - Project Management and Reporting			2	Stay abreast of federal and State initiatives (specifically health care reform upcoming standards and transactions) and work in partnership with the Department to identify possible solutions and resolutions to meet the changing requirements. The Contractor shall participation in NMEH groups and national list serves.	This shall be met through participation by the Contractor's Compliance Manager.		
1148	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities		1	Notify the Department immediately of any potential System problems and the potential impact of those problems, including unscheduled downtime (see Unique ID 1320).	Report any problems within 30 minutes of Contractor identifying problem, will notify appropriate Department staff by phone and email, as outlined in Communication Management Plan.		
1149	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities		1	Perform the research to identify impacts and root causes of System problems, and communicate to the Department a plan to resolve problems. Implement the plan to resolve problems and report the results to the Department.			

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

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

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

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1165	7.3 - Contractor Responsibilities	7.4 - Deliverable Requirements		1	<p>On an annual basis, prepare a Business Plan for Department review and approval. Department staff shall participate in initial planning activities. The Business Plan shall be a working long-term document that describes how potential changes to technology (e.g., Near Field Communication) and/or architecture could improve operations. The Business Plan shall be reviewed and approved by the Department and revised by the Contractor, as necessary, to reflect changing situations throughout the year. The Business Plan shall include:</p> <ul style="list-style-type: none"> • An outline of all major activities and training planned for the upcoming year. • Business improvement objectives for the upcoming year. • Methodology for performing activities and meeting objectives. • Recommendations in any area the Contractor feels improvements can be made, based on industry standards, best practices and/or cost efficiencies. 	<p>The Business Plan shall be delivered to the Department for approval during the Operations and Maintenance Phase Initiation and Planning Phase and then annually updated thirty (30) business days prior to the beginning of each State fiscal year annually in the Ongoing Operations and Maintenance Phase.</p> <p>Prepare a six- (6-) month evaluation of activities performed as compared to the Business Plan, and revise the Business Plan, as necessary, to reflect updated goals and activities.</p>		
1166	7.3 - Contractor Responsibilities	7.12 - System Interfaces		1	Ensure that all Systems data from the MMIS are delivered to the BIDM in order to support reporting and analysis.	Department expects daily updates except as otherwise recommended by the Contractor.		
1167	7.3 - Contractor Responsibilities	7.2 - Project Management and Reporting		Optional	Provide requirements management software for the addition, deletion, and refinement of established and emerging requirements.			

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

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1171	7.4 - Deliverable Requirements	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	1	<p>The Contractor shall develop, in accordance with the Project Management Institute's standards contained in the Project Management Book of Knowledge (PMBOK), a Change Management Plan that addresses and defines processes for managing changes to the project such as:</p> <ul style="list-style-type: none"> • Establish a process to manage Change Requests. • Changes in the scope of work. • Changes in business process definition. • Changes in federal or State regulatory change support. • Changes to the budget and procurement activities. • Changes in Configuration and Customization (i.e., Configuration Management as defined in industry terms). • Schedule for routine System maintenance and upgrading System software. • Changes in training needs. <p>The Contractor shall obtain Department review and approval of the Change Management Plan and materials and any subsequent updates prior to use. The Change Management Plan shall be implemented once approved and adhere to the processes included in the plan.</p>	<p>This Deliverable shall be completed and provided to the Department during the Initiation and Planning Phase.</p> <p>Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Project Management Plan.</p>		
1172	7.4 - Deliverable Requirements	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	1	<p>Meet with the Department weekly on the status of all active System Enhancements or projects as defined in the Change Management Plan.</p>	<p>Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.</p>		
1173	7.4 - Deliverable Requirements	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	1	<p>As defined in the Change Management Plan, develop, maintain, and submit for Department approval all System Development Life Cycle documentation, including all requirements, test planning, technical specifications, UAT, test results, post-implementation verifications, data conversion, strategy, and systems documentation.</p>	<p>Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.</p>		

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

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

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

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

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1195	7.6 - Security and Confidentiality Requirements	8.7 - Business Relationship Management		1	Provide detailed security control implementation and status information (where applicable) for the following Control Categories: <ul style="list-style-type: none"> Management Controls: Risk Assessment, Planning, Systems and Services Acquisition, Certification, Accreditation and Security, and Program Management. Operational Controls: Personnel Security, Physical and Environmental Protection, Contingency Planning, Configuration Management, Maintenance, System and Information Integrity, Media Protection, Incident Response, and Security Awareness and Training. Technical Controls: Identification and Authentication, Access Controls, Audit and Accountability, and System and Communications Protection. 			
1196	7.6 - Security and Confidentiality Requirements	7.6 7.8 - Compliance with Federal Standards		1	Demonstrate that the System infrastructure (hardware, software, and linkages) is operational and meets federal and State architectural, technical, security and privacy requirements as well as the business and functional requirements.			
1197	7.6 - Security and Confidentiality Requirements			1	Keep all documents, data compilations, reports, computer programs, photographs, and any other work provided to or produced by the Contractor in the performance of the contract confidential until publicly released by the Department or until written permission is granted by the Department for its release.			
1198	7.6 - Security and Confidentiality Requirements	8.7 - Business Relationship Management		1	Obtain written approval from the Department prior to release of Protected Health Information (PHI) to any non-Department entity. The Contractor shall verify with the Department that the requesting party is authorized to receive information.			
1199	7.6 - Security and Confidentiality Requirements	8.7 - Business Relationship Management		1	Obtain written approval from the Department prior to disclosing any privileged information (e.g., attorney/client information).			

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

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1206	7.6 - Security and Confidentiality Requirements			2	Provide privacy/litigation controls that indicate who/what has access to provider data contained within the provider/client record.			
1207	7.6 - Security and Confidentiality Requirements	8.7 - Business Relationship Management		3	Provide the ability to support both role-based and group-based security at the individual data field level so that users are not able to view sensitive information or other information which they have no business need to view.	Includes suppressing the results returned from searches as well as information viewable in the user's own display environment.		
1208	7.6 - Security and Confidentiality Requirements			Optional	Provide the ability for security personnel to view, in real time, the exact same screens and information being viewed by an authorized System user.			
1209	7.7 - Audit Requirements			2	Provide the ability to review all changes made to fields in the System and maintain audit trail for all actions performed.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		
1210	7.7 - Audit Requirements			1	Maintain a audit trail of all actions performed on a provider record. This includes: <ul style="list-style-type: none"> • Status changes (accepted, denied, pending re-verification). • Limitations and changes. • Communication sent and received and all notification/alert activities. • Verifications with third party sources regarding credentialing/third party validation. 			

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1211	7.7 - Audit Requirements	8.3 - Client Management, Information		1	Maintain audit trail of all actions performed on a client record. This includes: <ul style="list-style-type: none"> • Eligibility, ineligibility and retro eligibility, and associated spans. • Enrollment/Disenrollment spans and benefit package enrollment, limitations and changes. • Communication and notification activities. • Sources of eligibility. • Provide cross-reference of prior client ID's. 			
1212	7.7 - Audit Requirements			1	Maintain an audit trail for each claim record (e.g., each stage of processing, the date the claim was entered into each state, any error codes posted).			
1213	7.7 - Audit Requirements	8.5 - Operations Management, Claims Processing		2	Provide the ability to quickly and easily track the life cycle of claims/encounters from original submission date through all adjustments, including partial and System-generated adjustments.			
1214	7.7 - Audit Requirements			1	Maintain claim resolution (e.g., overrides or manual intervention) information by the individual user.			
1215	7.7 - Audit Requirements	7.12 - System Interfaces		1	Maintain audit trail of all actions performed and any data modifications initiated from the interface feed.			

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1216	7.7 - Audit Requirements	8.12 - EDMS		2	Maintains audit trail of all actions performed on EDMS content. For example: <ul style="list-style-type: none"> • Date document is entered in the System. • Any actions taken on the document or attachment; including the date of the edits/modification. • Record the user responsible for the changes. 			
1217	7.7 - Audit Requirements			3	Ensure that all audit trails are easy-to-use (e.g., through the use graphical user interfaces, paper layouts) easy to read (e.g., little or no use of codes or abbreviations) and easy to understand (e.g., activities and logs use complete English sentences describing what happened).			
1218	7.7 - Audit Requirements			Optional	Track all users accessing the System and maintain records of the information the user viewed.			
1219	7.7 - Audit Requirements	8.14 - Web Portal		3	Support the logging, tracking, and auditing of web access for any client-data or provider-data queries.			
1220	7.7 - Audit Requirements			3	Maintain screens which allow users the ability to view and print the entire audit trail in the System.			
1221	7.8 - Compliance with federal Standards			1	The System shall meet the federal requirements for certification and licensure as prescribed in the State Medicaid Manual, Part 11, as well as 42 and 45 CFR.			

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1222	7.8 - Compliance with federal Standards	8.4 - Provider Management - Enrollment/Disenrollment	8.8 - Program Integrity	1	The Contractor shall implement ACA Provider Screening Rule in the Provider Enrollment Tool for all provider types (e.g., goods, medical, pharmacy), as directed by the Department.			
1223	7.8 - Compliance with federal Standards	7.22 - System Reporting		1	Maintain and make available source data and methodological documentation from all federal reports for the purposes of validating and verifying reports. Ensure data is transferred to appropriate System.			
1224	7.8 - Compliance with federal Standards	8.6 - Program Management	9.2 - FAO Business Requirements	1	Capture and provide to the BIDM all data that will be required to produce for submission to CMS the federally required T-MSIS files. This includes but is not limited to the following functionality: <ul style="list-style-type: none"> • Maintain data sets required for T-MSIS reporting. • Merge outside data sources into T-MSIS data if required. • Provide and maintain T-MSIS data for adjudicated claims/encounters. • Provide and maintain encounter data in appropriate claim(s) file. • Conform to and maintain reporting requirements from T-MSIS File Specifications and Data Dictionary document. • Meet T-MSIS submission and timeline reporting requirements. 	Comply with the most up-to-date federal reporting guidelines.		
1225	7.8 - Compliance with federal Standards	7.22 - System Reporting	9.2 - FAO Business Requirements	1	Capture and provide to the BIDM all data required for the BIDM to report on quality performance measures for the production of the CMS-372 and CMS-372S annual reports, for any calendar year or fiscal year and for all current and future HCBS Waivers or waiver related programs, in accordance with CMS requirements.	Comply with the most up-to-date federal reporting guidelines.		

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

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

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

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

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1250	7.12 - System Interfaces			1	Provide and maintain data layout documentation, data dictionary, data mapping crosswalk, inbound/outbound capability, and frequency for all interfaces. Data dictionary shall be developed using industry best practices identified and cited by the Contractor and approved by the Department. At a minimum, the data dictionary shall contain for each field: <ul style="list-style-type: none"> • Human readable/"plain English" field name. • A field description. • Database field name. • Database table. • Field Type and length. • Codes associated with the field. • Descriptions of each code. • Original field source (e.g., CBMS, 837, practitioner claim). 			
1251	7.12 - System Interfaces	8.10 - Managed Care		1	Provide the ability to receive adjudication results for claims, capitations, and encounters from the PBMS contractor.	At minimum a daily interface is required		
1252	7.12 - System Interfaces			1	Provide the ability to send client eligibility data to the PBMS contractor.	As close to real-time as possible.		
1253	7.12 - System Interfaces	8.10 - Managed Care		1	Provide and support a data interface/data exchange with the enrollment broker contractor and other Department-defined entities, and provide direct, update access to the enrollment and disenrollment functionality of the System.			
1254	7.12 - System Interfaces	8.3 - Client Management, Eligibility/ Enrollment		1	Provide the ability to validate, edit and accept other eligibility files outside of CBMS, as identified by the Department.			

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1255	7.12 - System Interfaces	8.10 - Managed Care		1	Provide the ability to securely export managed care encounter data to other Department contractors.			
1256	7.12 - System Interfaces	8.13 Case Management		2	Provide the ability to interface with case management systems and link that data to client and client claims/encounters records.			
1257	7.12 - System Interfaces			1	Provide the ability to accept data (e.g., names, addresses, social security number, or tax ID numbers) provided through the Colorado Financial Reporting System (COFRS) interface.			
1258	7.12 - System Interfaces	8.8 - Program Integrity		2	For each Program Integrity and Department's contractor recovery, offset or adjustment, send appropriate accounting information through COFRS.			
1259	7.12 - System Interfaces			1	Capture, store, and transmit to BIDM on all data elements submitted on drug related claims/encounters from PBMS.			
1260	7.12 - System Interfaces	8.3 - Client Management, Eligibility/ Enrollment		2	Process system files from the Department's Eligibility System (CBMS) and update client eligibility records as received.	Contractor processes the client eligibility file as close to real-time as possible.		
1261	7.12 - System Interfaces			Optional	Ability to accept, maintain, and link Electronic Health Record (EHR) information to client data within the System.	EHR data shall be submitted by CORHIO or other entity in the state that manages clinical data.		

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1262	7.12 - System Interfaces	8.13 - Case Management Tool		3	Develop and maintain an interface between the System and Case Management Tool that triggers automated prompts to case managers, in instances such as hospitalization, emergency room visits, new chronic condition diagnosis and multiple chronic condition diagnosis.			
1263	7.12 - System Interfaces	8.13 - Case Management Tool		3	Provide the ability to post data analytic reports to authorized System users in the case management tool generated from the BIDM.			
1264	7.13 - Rules Engine			1	Provide a web-based rules-based engine with the flexibility and capacity to support diverse and complex health care programs, including the ability to Configure alerts, notification triggers and pre-adjudication business rules.			
1265	7.13 - Rules Engine			1	Provide the ability for authorized System users to create system rules for business functions, including but not limited to: provider enrollment, managed care plan enrollment, managed care client enrollment, client service plan design, Health Benefit Plan design, rate payments, exclusionary rates, Health Benefit Plan administration, claims/encounters processing, prior authorization, pre-claims/encounters adjudication processing, program integrity validation, and reference data update functions.			
1266	7.13 - Rules Engine			1	Provide Department review and approval on the rules Configuration and rules engine design.			

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1267	7.13 - Rules Engine			1	Provide the ability to Configure rules to be date specific, including date added, date modified, start date, end date, and effective date.			
1268	7.13 - Rules Engine			1	Produce and maintain documentation regarding all business rules, including any exception handling rules.			
1269	7.13 - Rules Engine	7.5 - Training		2	Provide ongoing training and training documentation on any exception handling rules created or updated to satisfy the Department needs.	At minimum, training will occur annually. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1270	7.13 - Rules Engine			1	Provide tracking and reporting of rule usage, exception usage, and when the rules fail to work as designed, and provide recommendations to resolve rule failure.			
1271	7.13 - Rules Engine			3	Provide a user interface to the Rules Engine enabling authorized System users to easily connect and apply rules, as well as to view active and inactive rules.	User interface shall be for all environments.		
1272	7.13 - Rules Engine			3	Provide ability for the Department to create program specific alerts (e.g., to providers, clients, Department staff) through easily defined parameters.			

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1273	7.13 - Rules Engine			3	Provide and maintain online documentation linking every business rule in the Rules Engine to the particular part of the System design documents that called for the rule functionality.			
1274	7.13 - Rules Engine			1	Provide the ability to schedule implementation of rules into the System.			
1275	7.13 - Rules Engine			3	Provide the ability to clone rules, modify them and then implement them as new separate rules.			
1276	7.13 - Rules Engine			1	Provide the ability to Configure rules exception to be date specific, including date added, date modified, start date, end date, and effective date.			
1277	7.13 - Rules Engine			1	Provide the ability to respond to changes in the business by using business rules management, business process management, and business activity monitoring tools where practical.			
1278	7.13 - Rules Engine	7.2 - Project Management and Reporting		1	Provide a process for a built-in multi-level rule review and approval process that will validate logic errors, conflicts, redundancy and incompleteness across business rules to identify any conflicts in business rules as they are being developed, tested, and implemented.			
1279	7.13 - Rules Engine	7.2 - Project Management and Reporting		1	Provide a workflow and rules approval process for the rules engine.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

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1280	7.14 - Workflow Management			2	Provide a workflow engine that supports workflow access, assignments, and execution for all essential components of the business processes (e.g., provider enrollment, provider screening, client communications).			
1281	7.14 - Workflow Management			3	Provide Department access to workflow monitoring that includes indicators and statistics by sub process, organization, or individual staff.			
1282	7.14 - Workflow Management			2	Support workflow management for multiple simultaneous processes.			
1283	7.14 - Workflow Management			2	Provide the ability to create workflows that route and assign cases to the appropriate staff.			
1284	7.14 - Workflow Management			2	Support supervisory functions for workflow management (e.g., prioritization, delegation, re-routing).			
1285	7.14 - Workflow Management	8.8 - Program Integrity		2	Provide the ability to assign caseload "weights" to cases, Program Integrity requests, or PAR requests based upon difficulty or other criteria (e.g., Complexity, Priority).			
1286	7.14 - Workflow Management	8.8 - Program Integrity	8.13 - Case Management Tool	2	Provide the ability to assign authorized System users and manage capacity levels to case managers at the agency or program level, PAR reviewers, or Program Integrity reviewers.			

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1287	7.14 - Workflow Management			2	Provide an automatic real time update process as tasks are completed.			
1288	7.14 - Workflow Management			2	Create work items in workflow as a result of automated alerts when defined changes occur.			
1289	7.14 - Workflow Management			2	Establish Training Workflow for authorized System users.			
1290	7.14 - Workflow Management			3	Integrate Fiscal Agent Operations workflow management processes with Department utilized office productivity applications to support process execution. Integration with these applications will be done by leveraging the productivity application's database, or through the use of output files generated by the productivity application.			

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1291	7.14 - Workflow Management			3	Provide authorized System users the ability to monitor, intervene in and resolve rules based actions or unexpected failures, for example: <ul style="list-style-type: none">• Ability for the System to display and to generate “pull lists” or “to-do” lists.• Ability to transfer pull lists and to-do tasks to other authorized System users.• Ability for a business user to create system rules to route issues.• Ability to keep a diary or log of the investigations into the actions, and their resolutions.• Ability to track resolutions over time to identify trends and patterns.• Ability for management to monitor the workflow (duration) and caseloads (volume) of the reviewers and others in the edit workflow process.• Ability for reviewers to assign tasks and reminders to other authorized System users.• Ability to report on reviewer assignments and workloads.			
1292	7.14 - Workflow Management			3	Allow authorized System users to submit requests to update System profiles which initiates a workflow for the Department to approve, as necessary.			
1293	7.14 - Workflow Management	9.2 - FAO Business Requirements		Optional	Use the EDMS to support and assist in mapping business processes and sub-processes to the workflow application.			
1294	7.14 - Workflow Management			3	Automatically and securely route grievances and appeal requests to the authorized System users or user groups for multiple levels of review, per business rules.			

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1295	7.15 - Data Management			1	Data management within the Core MMIS and Supporting Services and the Contractor's operational policies and practices shall: <ul style="list-style-type: none"> • Meet HIPAA, HITECH, ARRA and other federal and State privacy and security requirements as they currently exist and be Configurable to assist in meeting future requirements. • Ensure security, accuracy, and timeliness of data interfaces. • Incorporate electronic and digital signatures that comply with HIPAA and State law. 			
1296	7.15 - Data Management			1	Contractor shall maintain: <ul style="list-style-type: none"> • Data Confidentiality – Prevent disclosure to unauthorized persons or systems. • Data Integrity – data cannot be modified undetectably. • Data Availability – access is not inappropriately blocked or denied. • Data Authenticity – validation of transactions. • Data Security – encryption and Department approved security protocols and processes. • Non-repudiation of Data – parties to a transaction cannot deny their participation in the transaction. 			
1297	7.15 - Data Management	8.7 - Business Relationship Management		1	Ensure secure and reliable data exchange across the Department's Medicaid enterprise and with external systems to maximize data integrity. This includes, but is not limited to: <ul style="list-style-type: none"> • A unified data exchange solution to ensure successful data exchange. • Monitors and alerts appropriate parties of potential issues. • A data model that is consistent with the Department's business processes and MITA business processes. 			

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

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

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1311	7.15 - Data Management			1	Provide and maintain documentation for all structured data.			
1312	7.15 - Data Management			3	Build and maintain a directory of all contact information of clients, providers, vendors, Department employees, and Contractor employees to support local user letter creation through data-merge in standard PC desktop applications, but still maintain Address Confidentiality Program integrity and allow for opt-out.			
1313	7.15 - Data Management	8.14 - Web Portal	8.4 - Provider Management, Enrollment/ Disenrollment	Optional	Provide the ability to accept through an interface and store an electronic picture and other biometric identifiers of each provider and/or each client. This will allow <ul style="list-style-type: none"> Providers the ability to validate that the client is who they say they are through the Web Portal. To verify if an excluded individual is attempting to enroll/re-enroll with a different name/persona as a provider. 			
1314	7.15 - Data Management			Optional	Monitor, report, and compare to client address of record via address information submitted on claims/encounters to identify when a client may have moved from their address of record, validate whether the new address is still within the service area of the currently assigned Managed Care Organization, and inform the Department, eligibility systems and/or other Department-defined entities of the possible address change.			
1315	7.15 - Data Management			2	Provide the ability to create and maintain role-based authorized System user profiles to allow for the direct data entry into the System.			

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

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1320	7.17 - System Performance Requirements			1	<p>Ensure that unscheduled system downtime (anytime the user cannot access the System or carry out business functions) due to any failures is limited. The following are indications that the system is operating outside of acceptable performance boundaries:</p> <ul style="list-style-type: none"> • Delays or interruptions in the operation of System and related services caused by inadequate equipment or processing capacity. • Components not available for use by authorized System users as required except during periods of scheduled maintenance. • Inability to adjudicate to a paid, denied, or suspended status, all claims received by the Department within one business day of receipt. • Screen response time in excess of defined response times in this RFP. • Web Portal not available for use at all times except during periods of scheduled downtime. • Inability of authorized users to create, process or store reports 	<p>Report any unscheduled System downtime within thirty (30) minutes of incident.</p> <p>Maintenance occurs on Sundays between 1:00 am - 3:00 am MT unless otherwise approved by the Department.</p>		
1321	7.18 - Enterprise Architecture Requirements			2	Provide an approach to System Configuration that can be easily updated and expanded to support changing Department needs.			
1322	7.18 - Enterprise Architecture Requirements			2	Promote an enterprise view that supports enabling technologies that align with State and nationally recognized Medicaid business processes and technologies.			
1323	7.18 - Enterprise Architecture Requirements			2	Provide an architecture that clearly defines service end points that add functionality without requiring pervasive or broad changes to the System.			

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1324	7.18 - Enterprise Architecture Requirements			2	Provide Enterprise Application Integration (EAI) to include web services technology and industry standards to promote web-based and backend System applications integration including, for example, an enterprise service bus for interfaces that are interoperable inside and outside of the Department.			
1325	7.18 - Enterprise Architecture Requirements			2	Provide a scalable and open architecture, which can interface with other systems upon implementation and in the future as required by the Department.			
1326	7.18 - Enterprise Architecture Requirements			2	Provide a service-based architecture that makes it possible to implement common interoperability and access across the Medicaid enterprise, including other applications, other agencies, federal and State systems, or by other new systems as needed.			
1327	7.18 - Enterprise Architecture Requirements			2	<p>Ensure components will integrate with the overall enterprise to:</p> <ul style="list-style-type: none"> • Provide convenient, instant access to current and historical information without requiring a separate sign-on beyond the initial authorized System user sign-on. • Employ a security approach that integrates with other system components to provide role-based access with a single log-on. • Integrate with and provide support to other system components as defined by the Department. • Produce status reports and processing statistics. • Ensure that all content and activity is date-stamped. 			

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

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1334	7.19 - User Interfaces and Navigation			1	Ensure compatibility with the following major web browsers: Internet Explorer, Safari, Google Chrome, Firefox .	Support the current version and two prior versions.		
1335	7.19 - User Interfaces and Navigation			Optional	Create web based pages accessible on mobile platforms.			
1336	7.19 - User Interfaces and Navigation			3	Provide a graphical user interface for authorized System users to define plans, benefits, and pricing.			
1337	7.19 - User Interfaces and Navigation			2	Provide an unlimited free-form text note within the System for various functions such as provider enrollment process, prior authorizations, and case management, accessible by authorized System users that includes, for example: <ul style="list-style-type: none"> Provides the ability to display the narrative sorted by user and business unit. Provides the ability to display free form narrative in chronological or reverse chronological sequence. Provides basic word processing functionality such as sentence case, spell check, auto text, bold, underline, italics, color font, bulleted lists, tabs, indents, wrap-text, tables, printable, etc. 			
1338	7.19 - User Interfaces and Navigation			Optional	Provide the ability to search the provider directory in multiple languages.	Department considers the relevant languages to be: English, Spanish, and Russian.		

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

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

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

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

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1363	7.21 - Alerts			3	Provide the ability to send and receive data or flags that trigger automated prompts for an authorized System user to perform an action based on Department defined criteria (i.e., the System sends data to the Case Management Tool that triggers automated prompts to case managers when a client has a hospitalization, emergency room visit, new chronic condition diagnosis, or multiple chronic condition diagnosis).			
1364	7.21 - Alerts	8.13 - Case Management Tool		3	Provide the functionality to send a case management alert that activity is needed. These criteria will be defined by the Department. For example: <ul style="list-style-type: none"> Criteria based on claims processed (e.g., DRG ALOS and early discharge). Conducting client assessment based on diagnosis, prior utilization, services provided, age, and/or prognosis. Performing quality review. Eligibility verifications by specified provider types (e.g., ED, hospitals). 			
1365	7.21 - Alerts	8.13 - Case Management Tool		2	Maintain a report that identifies providers with clients, or clients without providers who need a service, but that service is not currently available.			
1366	7.21 - Alerts			2	Provide the ability for authorized System users to Configure communication delivery mechanism alerts and notifications as defined by the Department, to Department staff, and Department designees.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1367	7.21 - Alerts			3	Allow users to subscribe to, and unsubscribe from, publications and content (e.g., threads, hot topics) and to receive notification by email when additions or changes are made to subscribed content.			

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

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

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

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

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

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

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

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1411	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		2	Contractor shall use a pre-defined set of criteria including priority of data source (e.g., date of death from SSA) and other criteria determined by the Department and the Contractor to resolve discrepancies in client eligibility.			
1412	8.3 - Client Management, Eligibility/ Enrollment			2	Maintain current and historical records of benefit assignment(s) for clients.			
1413	8.3 - Client Management, Eligibility/ Enrollment	9.2 - FAO Business Requirements		1	<p>Provide real-time response to client eligibility and benefit inquiries.</p> <ul style="list-style-type: none"> • Real-time responses to eligibility lookup for benefits and services. • Real-time responses for managed care enrollment/eligibility lookup. • Operate the inquiry interchange for client eligibility and enrollment verification. • Operate an Interactive Voice Response (IVR) system for eligibility inquiries. • Support switch vendor client swipe card identity and eligibility verification at the point of service. 	<p>Timeliness: The Contractor updates eligibility data from the CBMS/TRAILS in near-real time while the CBMS/TRAILS, or a replacement batch process is in place.</p> <p>Quality: Eligibility results transmitted in response to authorized queries are 100% consistent with data obtained from the Department's eligibility system(s).</p>		
1414	8.3 - Client Management, Eligibility/ Enrollment			1	Provide ability for data load staging of ongoing eligibility to produce validation reporting and error logs for reconciliation prior to loading data into the System.			

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

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

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

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

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

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

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1451	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services	8.14 - Web Portal	3	Maintain links to applicable federal and State regulations in the Provider Enrollment Tool.	Update documentation based on Department requirements.		
1452	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services		1	Fiscal Agent Operation staff shall maintain knowledge of all applicable federal and State provider enrollment and certification/licensure regulations.			
1453	8.4 - Provider Management, Enrollment/ Disenrollment	8.8 - Program Integrity		1	Record the provider termination and/or denial reason/explanation, as determined by Department business rules, with a searchable reason and explanation.			
1454	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services	8.4 - Provider Management, Information	1	Support multiple provider enrollment "roles" and process provider enrollment and contracting, as required by the Department, including but not limited to: <ul style="list-style-type: none"> • FFS provider • Billing • Rendering • Limited Pay • ACC (RCCO and PCMP) • Primary Care Provider (PCP) • Managed Care Organization • Client as a payee • In-home caregivers 			

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

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

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

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

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

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

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

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

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

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1502	8.4 - Provider Management, Information			1	Maintain an audit trail of all updates to the provider data, including date-specific provider enrollment, reenrollment, termination and demographic data.			
1503	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services		1	Maintain electronic provider files and electronic claims/encounters submitter files and update the contents as required. Incorporate the EDI enrollment of submitters, clearinghouses, and providers into the Provider Enrollment Tool so users can access trading partner information and reports.			
1504	8.4 - Provider Management, Information	8.4 - Provider Management, Enrollment/ Disenrollment		2	<p>Provide the ability for providers to update their Colorado Medical Assistance provider directory listing that is available to the public in real-time (or near real-time) through the Web Portal or Provider Enrollment Tool to allow them to update information including (but not limited to):</p> <ul style="list-style-type: none"> • Status of accepting new patients. • Descriptions of the practice (e.g, services offered, philosophy). <p>All updates to this material should be noted on search results pages (e.g., " record last updated 5/2/12"). The System shall provide the ability to send an automated message to the provider portal administrator (email address of record) that the information requires confirmation that it is current or to be updated. This may also include the ability for a scheduling component for providers to list schedule openings within a short period of time (e.g., 48-72 hours).</p>			
1505	8.4 - Provider Management, Inquiry	8.5 - Operations Management, TPL		1	Provide selected client information (e.g., managed care enrollment, benefit package enrollment) back to third parties designated by the Department (e.g., Case Management, CBMS, enrollment broker, ACC and managed care entities, CHP+, UM vendor).			

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

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1513	8.4 - Provider Management, General	9.5 - FAO Provider Management Services		1	Maintain detailed documents and procedures. Department will develop and establish detailed guidelines to ensure proper enrollment of all provider types, to include review of provider application before an approval or rejection is assigned.			
1514	8.5 - Operations Management, Claims/ Encounters Reporting	8.5 - Operations Management, Claims Processing		1	Provide the ability to accept, translate, and process electronic claims/encounters transactions, and send any appropriate associated response, containing valid formats as follows (single and batch submission): <ul style="list-style-type: none"> Dental health care claims/encounters (X12N 837D) Professional health care claims/encounters (X12N 837P) Institutional health care claims/encounters (X12N 837I) 			
1515	8.5 - Operations Management, Claims/ Encounters Reporting	8.5 - Operations Management, Claims Processing		1	Provide the ability to accept, translate, and process electronic claims/encounters transactions, and send an appropriate response, containing valid formats as follows (single and batch submission): <ul style="list-style-type: none"> Coordination of benefits data, when applicable Claims/encounters status/response 276/277 EOB/RA (X12 835) Referrals (X12 278) Claims/encounters attachments (X12 275) HL7 	The 275 transaction has not been finalized at this point. The 275 transaction will be implemented after the final EDI standard has been published by CMS.		
1516	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide a traceable and consistent unique claims/encounter identifier. Original claims/encounters and all subsequent adjustments should be linked and identifiable for a consistent audit trail.			
1517	8.5 - Operations Management, Claims/ Encounters Reporting	7.12 - System Interfaces		1	As pharmacy claims are transmitted from the PBMS, maintain in the System the unique identifier assigned by the PBMS.			

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1518	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide an audit trail that links original claim/capitation/encounter to all adjustments. This shall provide a solution to readily retrieve all claims/capitations/encounters associated with one service and identify the most recent version.			
1519	8.5 - Operations Management, Claims/ Encounters Reporting	8.14 - Web Portal	8.5 - Operations Management, Claims Processing	1	Provide and maintain the capability for online end-to-end processing of a claim (process flow) through the System, and return processing and error messages to the submitter.	As close to real time as possible		
1520	8.5 - Operations Management, Claims/ Encounters Reporting	9.3 - FAO Claim/ Encounter Related Services	7.12 - System Interfaces	1	Provide the ability for the System to reconcile claims/encounter payment information with COFRS for accounting purposes such as: <ul style="list-style-type: none"> • Void payments issued by canceling outstanding checks and/or EFTs. • Reissue payments; issue manual or automated payments. • Split payments received. • Suspend or hold a payment or group of payments based on user-defined criteria. • Automatically reverse all related financial transactions upon entry of any voided entry. • Perform mass recoupment based on user-defined selection criteria with automated provider notification to include appropriate claim detail. • Perform mass and individual financial adjustments with automated provider notification to include appropriate claim detail. 			

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1521	8.5 - Operations Management, Claims/ Encounters Reporting			1	Capture, store and maintain data necessary to: <ul style="list-style-type: none"> • Correctly adjudicate claims/encounters. • Perform online Claim/ Encounter corrections. • Maintain and perform edits and audits. • Allow online claims/encounters adjustments. • Allow online access to claims/encounters history. • Correctly price all claims/encounters at the detail service line and header level. • Allow online access to suspended claims/encounters. • Provide and allow online access to claims/encounters adjudication and status reporting and maintain claims/encounters history. 	<ul style="list-style-type: none"> • Ninety-five percent (95%) of all clean claims shall be adjudicated for payment or denial within seven (7) business days of receipt. • Ninety-nine (99%) of all clean claims shall be adjudicated for payment or denial within ninety (90) calendar days of receipt. • Non-clean claims shall be adjudicated within thirty (30) calendar days of the date of correction of the condition that caused it to be unclear. • All claims shall be adjudicated within twelve (12) months of receipt by the Contractor, except for those exempt from this requirement by federal timely claims processing regulations. • Ninety-five (95%) of claims/encounters shall be entered correctly. 		
1522	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide claim information that can be used for proving fraud and abuse cases in a legal setting. Store and make available original claim information submitted by the provider and generate facsimile of the appropriate claim format, on a claim-by-claim basis.			
1523	8.5 - Operations Management, Claims/ Encounters Reporting			1	On all Claim/ Encounter records, System shall retain client enrollment and eligibility information that was current for the dates of service at the time of processing the Claim/ Encounter.			
1524	8.5 - Operations Management, Claims/ Encounters Reporting			1	Accept and use all common, approved national standard paper claim forms.	The Department requires electronic submission of all claim forms unless they have attachments. Currently 97% of all claims are submitted electronically.		

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1525	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide a process for the storage of paper and electronic attachments associated with each claim. All information in the attachments should be viewable and searchable.	The Department requires electronic submission of all claim forms unless they have attachments. Currently 97% of all claims are submitted electronically.		
1526	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide the ability to view and search all imaged (scanned from paper) and electronic attachments associated with each Claim/ Encounter in the System.			
1527	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide the ability to view and search all imaged (scanned from paper) and electronic attachments associated with each PAR in the System.			
1528	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide ability for authorized System users to perform claim and capitation corrections in the System prior to final payment.			
1529	8.5 - Operations Management, Claims/ Encounters Reporting	8.14 - Web Portal	8.5 - Operations Management, Claims Processing	1	Provide ability for providers to perform claim corrections through the Web Portal prior to final adjudication. Provide tracking and reporting on the number of times a provider modified a claim prior to final adjudication.	Note: If providers are able to correct claims/encounters, Department must identify parameters for which corrections are allowed.		
1530	8.5 - Operations Management, Claims/ Encounters Reporting			1	Capture, store and maintain data necessary to: <ul style="list-style-type: none"> • Correctly adjudicate claims/encounters. • Perform claim/encounter/capitation corrections. • Maintain and perform pricing and editing activities. • Perform claim/encounter/capitation adjustments (including partials). • Provide access to claims/encounters/capitation history. 			

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

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

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

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1552	8.5 - Operations Management, Claims Processing	9.3 - FAO Claim/ Encounter Related Services		1	Adjudicate claims in accordance with Department policies and federal requirements.			
1553	8.5 - Operations Management, Claims Processing			1	Provide the ability to identify, edit, and adjudicate claims/encounters for services carved out of a managed care contract as a fee-for-service claim.			
1554	8.5 - Operations Management, Claims Processing			1	Provide the ability to override automated system pricing for pricing that exists on prior authorizations. <ul style="list-style-type: none"> Integrate with a Diagnosis Relationship Grouping (DRG) to determine the DRG and support DRG authorization/pricing capabilities. Allow users to manually override pricing related parameters at the detail service line and header level. 			
1555	8.5 - Operations Management, Claims Processing			1	Support rent-to-own pricing conversion (e.g., DME, supplies).			
1556	8.5 - Operations Management, Claims Processing			2	Support lower-of price methodology (i.e., invoice-plus vs. MSRP-discount). Record and collate, from submitted MSRP and/or invoice data, real-time benchmark data to validate MSRP and invoice submissions.			
1557	8.5 - Operations Management, Claims Processing			1	Each Health Benefit Plan has its own unique services that need to be edited for available benefits and limitation, and services have their separate rates and payment methodology between Health Benefit Plans.			

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

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

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

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

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

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

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

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1603	8.5 - Operations Management, Payment			1	Provide a comprehensive trading partner management process in the System that allows for the trading partner to be linked to the billing provider (where payment is going) and allow for that information to also be incorporated, updated, and viewable, in the Web Portal.			
1604	8.5 - Operations Management, Payment	8.8 - Program Integrity		1	Provide the ability to perform accounts payable and accounts receivable (AP/AR) functions: <ul style="list-style-type: none">• Track and provide user-defined aging criteria for accounts payable and accounts receivable.• Allow scheduled payments from the System to a payee based on percentages, set payment amounts or other criteria relating to the total amount owed.• Allow creation of ARs that can be a percentage of payment or a defined amount to be paid.• Allow easy online access to outstanding account summary information.• Reduce the amount of open accounts receivable by applying Claim/ Encounter or other payment amounts to the debt and automatically create accounts receivable during recoupment.• Provide the capability to allow the transfer of accounts receivable when providers go through change of ownership.• Create hierarchy(s) for resolution of ARs based on Department defined rules.			
1605	8.5 - Operations Management, Payment			1	Provide the ability to manage accounts payable and receivable transactions to be sure that they are recognized and posted, manage financial transactions related to program delivery and processing, and allow management of program funds.			
1606	8.5 - Operations Management, Payment	8.8 - Program Integrity		2	Provide the ability to track and manage existing cases, AR/AP, overpayments (i.e., check numbers payer, payee, date, amount, memo).			

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

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

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1620	8.5 - Operations Management, Payment	9.3 - FAO Claim/ Encounter Related Services		1	Provide the ability to generate and distribute notification letters to providers for accounts receivables through multiple channels (e.g., paper, email, web posting) as defined by Department.	Generate follow-up letter within thirty (30) calendar days after delivery of the initial letter.		
1621	8.5 - Operations Management, Payment	9.3 - FAO Claim/ Encounter Related Services	7.22 - System Reporting	1	Provide the ability for an authorized System user to apply payment to the correct accounts receivable (AR) record. <ul style="list-style-type: none"> Identify delinquent accounts both individually and in mass, with the proper authority based on a user-defined accounts receivable threshold. Once delinquent accounts have been identified, generate a report. Allow future claims/encounters to hit against any AR uncollectible accounts. Differentiate between federal and State funding for any written-off accounts to ensure any recovered money is appropriately allocated. Perform accounting functions on individual providers which includes a full query history of both open and uncollectible AR. Correct AP/AR and payment information with the proper authority. Allow for claim-specific AP/AR at both header and detail levels. 			
1622	8.5 - Operations Management, Payment	8.14 - Web Portal		3	Provide the ability for a provider to apply online payment to the correct accounts receivable record.			
1623	8.5 - Operations Management, Payment	8.14 - Web Portal		2	Provide authorized System users and providers access to AP/AR detail to related accounts and receipts.			

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

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

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

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1641	8.5 - Operations Management, TPL			1	Support Medicare Buy-In processing to generate automatic accretion, discontinuation, re-accretion and/or change requests for Medicare Buy-In, as applicable.			
1642	8.5 - Operations Management, TPL	8.8 - Program Integrity		1	Provide the ability to apply, track, and document recovered or recoverable monies to the appropriate claims/encounters, at the level corresponding to the allowed charge.			
1643	8.5 - Operations Management, TPL	8.8 - Program Integrity		1	Provide the ability to apply, track, and document partially recovered and partially recoverable monies to the appropriate claims/encounters, at the level corresponding to the allowed charge.			
1644	8.5 - Operations Management, TPL	9.6 - FAO Third Party Liability Support Services		1	Capture and provide to the BIDM all cash collections, post-payment recoveries, cost-avoidance, Medicare buy-in, and health insurance buy-in necessary to complete the third-party section of the CMS-64 and other Department reporting needs.			
1645	8.5 - Operations Management, TPL			1	Provide the capability to track Third Party Liability (TPL) recoveries and support the following Department functions: <ul style="list-style-type: none"> • Cost-avoidance • Trauma Editing – Medical Service Questionnaires (MSQ) • Post-payment Recovery actions • Health Insurance Buy-In • Medicare Buy-In 			
1646	8.5 - Operations Management, TPL			2	At the time of third party recovery use the FFP rate applicable at the time of original adjudication on the Claim/ Encounter and capitation (includes different FFP rate reported by service on the same Claim/ Encounter and capitation) for federal reporting.			

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1647	8.5 - Operations Management, TPL			2	Automate TPL recovery data to minimize paper transactions. System shall support the upload of recovered money and automated association of those funds to claims at the service level.			
1648	8.5 - Operations Management, TPL			Optional	Automate post payment recovery process based on federal and Department defined criteria.			
1649	8.5 - Operations Management, General	8.3 - Client Management, Information	7.12 - System Interfaces	2	Ability to report client ID discrepancies to the system of record.			
1650	8.5 - Operations Management, General	8.10 - Managed Care	Rules Engine	1	Provide the ability to define the accounting codes associated with any payment methodology and Health Benefit Plan.			
1651	8.5 - Operations Management, General			1	Provide the capability to access multiple, concurrent versions of valid/invalid code sets (such as ICD-9 and ICD-10).			
1652	8.5 - Operations Management, General			1	Define appeal types, data structures, and content necessary to process transactions as defined by current HIPAA criteria.			
1653	8.5 - Operations Management, General	8.10 - Managed Care		1	Provide the ability to assign client to provider(s) (e.g., MCOs, PCPs, PCMP, pharmacy) within a Health Benefit Plan such that the assignment cannot change without authorized approval.			

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

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1660	8.5 - Operations Management, General			1	According to Address Confidentiality Program (ACP), provide the ability for authorized System users to use the residential zip code of protected clients for calculation of premiums while protecting the privacy of these clients.			
1661	8.5 - Operations Management, General	7.13 - Rules Engine		1	Provide the ability within the Rules Engine to establish and implement new accounting codes for federal and State reporting requirements. Provide the ability to expand and adjust accounting coding based on programmatic changes, as well as new reporting requirements required by State and federal needs.	New accounting code (changes) will be ready for Department testing within five (5) business days of request to generate new code, unless otherwise agreed upon.		
1662	8.5 - Operations Management, General	7.13 - Rules Engine		1	Provide the ability to perform clinical claims/encounters edits using nationally accepted medical review criteria, including but not limited to: <ul style="list-style-type: none"> • American Medical Association Current Procedural Terminology (CPT) guidelines (including CPT modifiers). • Health Care Common Procedure Coding System (HCPCS/CPT) (including HCPCS/CPT modifiers). • Diagnosis Codes -NUBC. • American Dental Association CDT codes. • CMS claims/encounters editing guidelines. 			
1663	8.6 - Program Management	7.13 - Rules Engine		1	Provide the ability for authorized System users to define the Services, limitations, and other aspects of a Health Benefit Plan.			
1664	8.6 - Program Management	8.9 - Care Management		1	Provide the ability to identify, track, and report unduplicated participants enrolled in 1915C programs, other waiver programs, and other long-term care services.			

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

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

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1677	8.6 - Program Management, Rate Setting			1	Provide the ability to identify active codes that have not had a pricing update based on the most current update period.			
1678	8.6 - Program Management, Reference	9.2 - FAO Business Requirements	7.13 - Rules Engine	1	Provide systematic ability to perform mass updates to reference files as defined by the Department, for such periodic updates (e.g., quarterly and annual HCPCS updates, annual APR/DRG update, NCCI updates).			
1679	8.6 - Program Management, Reference	9.2 - FAO Business Requirements	7.13 - Rules Engine	1	Provide ability for authorized System users to manually update reference files as defined by the Department.			
1680	8.6 - Program Management, Reference	7.12 - System Interfaces		1	Transmit all reference files to the BIDM.			
1681	8.6 - Program Management, Reference	9.3 - FAO Claim/Encounter Related Services		1	Maintain all codes (e.g., revenue and HCPCS/CPT/CDT codes) and provide online update and inquiry access, including: <ul style="list-style-type: none"> • Coverage information • Restrictions • Service limitations • Automatic error codes • Pricing data • Effective and end dates for all items 	Codes will be updated and reviewed periodically as defined by the Department.		
1682	8.6 - Program Management, Reference			2	Provide and maintain a coding reference library, in the System, that contains not only diagnosis and procedure codes, but the combinations of codes that can be used to identify and/or classify more complex concepts such as disease states, chronic conditions, possible fraudulent billing, and Provider Preventable Conditions.			

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1683	8.6 - Program Management, Reference			1	Provide the ability in the System to select any code, (e.g., DRG, REV code, CPT) in any System screen and automatically launch a feature that provides information about the code (e.g., description, limitations, PAR requirements).			
1684	8.6 - Program Management	7.13 - Rules Engine		2	Within a Health Benefit Plan, provide the ability to group individual, ranges of codes, and combinations of code sets to define episodes of care or service combinations, including but not limited to the following types of codes: <ul style="list-style-type: none">• ICD diagnoses and procedures.• HCPCS/CPT/CDT.• Procedure modifiers.• Revenue codes.• Bill types.• Places of service.• Provider taxonomy.• Provider type.			
1685	8.6 - Program Management, Reference	7.13 - Rules Engine		1	Provide the ability for authorized System users to add or remove modifiers, on any procedure codes, and/ or procedure code modifier relationships.			
1686	8.6 - Program Management, Reference	9.3 - FAO Claim/ Encounter Related Services		1	Maintain, monitor, and publish online for providers an electronic searchable crosswalk of the HIPAA adjustment reason codes and remark codes to edits within the System.	Ensure that the most up-to-date code standards are used.		
1687	8.6 - Program Management, Reference	9.2 - FAO Business Requirements		1	Maintain, monitor, and publish online for providers reports, manuals, bulletins, online listings and other documents as specified by the Department.			

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1688	8.6 - Program Management, Reference			1	Provide the ability in the System to store, maintain, and query all reference data with effective dates to support claims processing. This includes code sets such as modifiers, provider type, third party resource codes, and occurrence codes.			
1689	8.6 - Program Management, Reference			1	Provide the ability to function “natively” with National Provider Identifier (NPI)/ taxonomy, Accredited Standards Committee (ASC) X12 Version 5010, and Revision 10 of the International Classification of Diseases (ICD-10), without the need for crosswalks to legacy standards.			
1690	8.6 - Program Management, Reference			1	Provide reference files containing all data required to provide validation and pricing verification during claims/encounters processing for all approved claim types and reimbursement methodologies.			
1691	8.6 - Program Management, Reference			1	Provide the ability to retrieve archived reference data.			
1692	8.7 - Business Relationship Management			3	Employ an electronic tracking mechanism to locate archived source documents or to purge source documents in accordance with HIPAA security provisions.			
1693	8.8 - Program Integrity	9.2 - FAO Business Requirements		1	Provide access to all data elements as required by the Department and all additional data required for appropriate analysis of the Colorado Medical Assistance program.	Data shall be available within the system for six (6) years and archived after six (6) years, or unless otherwise directed by the Department.		

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1694	8.8 - Program Integrity	5.3 - COMMIT Project Phases, Data Conversion		1	Facilitate the transfer of legacy MMIS-based SURS data to the BIDM-based SURS program	Wherever case tracking resides, need to bring in existing data.		
1695	8.8 - Program Integrity			3	Provide the ability, in the System, to identify claims/encounters currently, and previously, subject to audit or recovery down to the line detail level.			
1696	8.8 - Program Integrity			Optional	Provide the ability to conduct pre-payment program integrity reviews independently of receiving information from the BIDM. The pre-payment analytics identify fraud, waste, abuse, upcoding, unnecessary services and other irregular billing or service practices.			
1697	8.8 - Program Integrity	8.14 - Web Portal		Optional	Within the Client Portal, provide the ability to automate referrals, that include the EOMB, to the Department's Program Integrity Section when a client identifies services on an EOMB that were not actually received.			
1698	8.8 - Program Integrity	9.5 - FAO Provider Management Services	8.5 - Operations Management, Enrollment/Disenrollment	1	Validate provider identity through fingerprinting, as specified in the ACA Provider Screening Rule.			
1699	8.8 - Program Integrity	8.4 - Provider Management, Information		1	Provide the ability for authorized System users to view, search, sort and flag providers that are identified with sanctions, terminations, and exclusions.			

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1700	8.9 - Care Management	9.5 - FAO Provider Management Services		2	Maintain, for each EPSDT enrollee, current and historical EPSDT screening data, referrals, diagnoses, immunization data and treatments for abnormal conditions identified during the screenings, based on periodicity schedule, and be able to link the follow up treatments to the screenings for reporting purposes. Allow authorized providers access to this information, and provide online, updateable document templates for all EPSDT notices for authorized System users.			
1701	8.9 - Care Management			2	Provide the ability to generate manual and automatic initial and follow up EPSDT notices, based on Department-defined periodicity schedules.			
1702	8.9 - Care Management			2	Match and track client treatments and referrals (including EPSDT) using paid claims/encounters data based on Department-approved criteria. Provide the ability to generate an automated referrals to providers and case managers.			
1703	8.9 - Care Management			2	Provide the ability to allow providers to request case management follow-up for clients (including EPSDT).			
1704	8.9 - Care Management			2	Provide the ability to cross reference case management activities to overall client care management and maintain history record over time.			

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1705	8.9 - Care Management			2	Provide the ability to capture and store a provider's plan of care for a client and make it available to authorized System users.	Note: A provider's plan of care may be supplied through various electronic or paper formats depending on type and scope of service provision. The System shall be able to accept various formats including scanned documents or a data entry option. The state envisions that online uploads or HIE connections for care planning will have set System requirements that providers shall be able to accommodate to upload automatically		
1706	8.9 - Care Management			3	Provide the ability to store qualitative (text) data related to client health management.			
1707	8.9 - Care Management	7.12 - System Interfaces		3	Provide reports to the Department, or data to the BIDM for it to provide reports, to assist in the coordination of care for all clients (e.g., children and pregnant women covered by EPSDT, Utilization Management, Health Management, Disease Management). In addition to administrative data, reports should leverage known clinical data from EPSDT online input, local immunization registries, known EHR/HIE available data, and supplied CCD data from external systems to maximize reporting value.			
1708	8.9 - Care Management	7.12 - System Interfaces		2	Provide the ability to collect, track and maintain survey information of clients for all Colorado Medical Assistance programs and feed to BIDM.			

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1709	8.9 - Care Management	8.13 - Case Management Tool	7.12 - System Interfaces	3	Provide the ability to collect, track, and search all health demographics information (e.g., BMI, diagnostic information, medications, pregnancy) related to notes, history, contacts, eligibility, correspondence, authorizations, care plans, claims/encounters, capitations, state health information exchange data, attachments, financial, and appeals, all based on security roles.	Note: The Department cannot provide specific data elements that will exist at this point due to upcoming creation of HIE. The Department anticipates the Contractor to provide solutions.		
1710	8.10 - Managed Care			2	Provide the ability for default (passive) managed care enrollment using multiple criteria including having mechanisms to distribute clients among multiple available managed care plans, and across programs, to protect preexisting provider-client relationships that existed prior to enrollment. The State enrollment broker will manage active enrollments.	Ability to review at least once a year		
1711	8.10 - Managed Care			1	Identify when clients enrolled in a Managed Care Organization are getting direct access to physicians not enrolled with the Managed Care Organization not paid through FFS or another Health Benefits Plan, but are instead paid by the managed care organization.			
1712	8.10 - Managed Care	7.13 - Rules Engine		1	Provide the ability to define the rate and the pricing methodology according to Department policy, CMS, national coding standards, and HIPAA standards separately from FFS claim process. And to perform capitation and encounter pricing according to Department policy, CMS, national coding standards, and HIPAA standards, as completely as claim pricing.			
1713	8.10 - Managed Care	7.13 - Rules Engine		1	Provide the ability to price encounters based off any provider ID field contained in HIPAA transaction.			

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1714	8.10 - Managed Care	8.5 - Operations Management, Payment		1	Provide the ability to pay different case management PMPM rates to providers based on client and/or provider demographics.			
1715	8.10 - Managed Care	8.5 - Operations Management, Payment		1	Provide the ability to make lump sum incentive payments to providers based on provider performance, demographics, or other external parameters etc.			
1716	8.10 - Managed Care	8.3 - Client Management, Eligibility/ Enrollment	7.13 - Rules Engine	1	Provide the ability to auto-enroll clients into a Managed Care Organization using multiple criteria within the System, that does not need direct intervention by the Department's enrollment broker to enroll the client.			
1717	8.10 - Managed Care	8.3 - Client Management, Eligibility/ Enrollment	7.13 - Rules Engine	2	Provide an auto-enroll mechanism in the System that will distribute clients managed care organization or Health Benefit Plans.			
1718	8.10 - Managed Care	8.3 - Client Management, Eligibility/ Enrollment	7.12 - System Interfaces	2	Provide the ability to enroll clients based on preexisting provider-client relationships as determined by claims based attributions that existed prior to the current enrollment.			
1719	8.10 - Managed Care	7.13 - Rules Engine		2	Provide the ability to add clients in the same household in the same Managed Care Organization or Health Benefit Plan.	The Department will provide client's household information through the eligibility interface to facilitate this process.		
1720	8.10 - Managed Care	7.13 - Rules Engine		2	Provide the ability for the System to automatically assign a child to the parent's or caretaker's Managed Care Organization or Health Benefit Plan.	The Department will provide client's household information through the eligibility interface to facilitate this process.		

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1721	8.10 - Managed Care	7.13 - Rules Engine		1	Provide the ability for authorized System users to create a hierarchy in the System to prioritize managed care enrollment, including auto-disenrollment from lower priority programs.			
1722	8.12 - EDMS			2	Documents shall be indexed based on mutually agreed upon meta-data (e.g., provider ID, document type, TCN) and the solution shall provide version control and multiple search options based on indexing functionality approved by the Department and transmit to BIDM.			
1723	8.12 - EDMS	7.12 - System Interfaces		2	All imaged documents shall be stored in the EDMS and be accessible from the System. Access to the EDMS shall be controlled to ensure compliance with HIPAA privacy and security requirements regarding security of protected health information (PHI).			
1724	8.12 - EDMS			2	Provide the ability for authorized System users to print and download any EDMS content from search.			
1725	8.12 - EDMS			Optional	Provide the ability to expand EDMS for the Department's document management and workflow process.			
1726	8.12 - EDMS			2	Provide the ability for EDMS to have OCR and scanning capability for direct data entry and imaging (e.g., paper claims and attachments, claims/ encounters reporting, and correspondence, PARs).			
1727	8.13 - Case Management Tool			3	Provide the ability to collect and maintain current and historical multiple comprehensive assessment data across populations and programs.			

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1728	8.13 - Case Management Tool	8.14 - Web Portal		2	Provide the ability to collect, edit and maintain information on Program Approved Service Agency (PASA) administration, including their contact information, the Community Center Boards with which they work, and the services the agencies are approved to provide.			
1729	8.13 - Case Management Tool			2	Provide the ability to track a client eligible for specific services after major changes such as the client's provider leaving the program and changes to the client's eligibility for specific (e.g., waivers, other long-term care benefits and services, and benefits utilization services). Alert the client's case manager of such changes.			
1730	8.13 - Case Management Tool			2	Provide the ability to capture, identify, and alert the date of a participant's plan of care (POC) assessment completion and the date of the next POC reevaluation, if applicable.			
1731	8.13 - Case Management Tool			1	Provide the ability to track, manage and maintain case management activities through the following: <ul style="list-style-type: none"> • Allow for intake, screening, referrals, presentation of services and benefits available to the client and functional eligibility determination. • Allow for assessment and client service plan creation, maintenance, amendment and authorization(system and manual authorization process of prior authorization requests). • Coordination and facilitation activities. • Scheduling. • Measuring progress toward completion of "goals". • Creating correspondence. • Scheduling site visits to provider and client. • Utilizing an alert/follow-up system. 			

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1732	8.13 - Case Management Tool			1	Provide the ability to create, track, and monitor all case management activities (e.g., notes, history, eligibility, contacts, correspondence, authorizations, claims/encounters, attachments, financial, and grievances and appeals).	As close to real time as feasible		
1733	8.13 - Case Management Tool			3	Produce monitoring reports to determine if services approved in the provider plan of care are provided and communicate the information to authorized System users.			
1734	8.13 - Case Management Tool			1	Update client information as client needs change or a significant event occurs.	As close to real time as feasible		
1735	8.13 - Case Management Tool			1	Provide the ability for an authorized System users to enter, edit, and identify critical incidents (e.g., sentinel events for behavioral health, nosocomial infections, medical errors) for all provider types.			
1736	8.13 - Case Management Tool			Optional	Create, track, maintain, monitor, and report the pre-admission screening process for all levels of Pre-Admission Screening and Resident Review (PASRR).			
1737	8.13 - Case Management Tool			1	Provide the ability to coordinate the pre-admission screening process for all levels of Medicaid Pre-Admission Screening and Resident Review (PASRR).			

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1738	8.13 - Case Management Tool			1	Provide the ability to create and maintain case management correspondence and notifications, to include: <ul style="list-style-type: none"> • Template development and the ability for authorized System users to select desired correspondence and notices from a list of available templates. • Display, print, and save case management related correspondence. • Allow authorized System users to manage creation of correspondence and notices based upon user Configurable event-driven criteria. • Allow authorized System users to select address information on correspondence and notices based on address(es) of record. • Allow authorized System users to add and record free form text to individual or groups of case management correspondence. 			
1739	8.13 - Case Management Tool			3	Support the pre-admission screening process for long-term care cases (10A process) with capabilities for timeliness, synchronization, updates to the approval process, validation against eligibility, Change-of-Ownership (CHOW), discharge date, and Pre-Admission Screening and Annual Resident Review (PASRR).			
1740	8.13 - Case Management Tool	7.13 - Rules Engine		1	Provide the ability to set Service Plan Spending Limits (SPSL), for example service limits (caps and unit limits) in the Client's Service Plan. Provide the ability authorize System users to override SPSLs and enter individual spending limits/caps when necessary.			
1741	8.13 - Case Management Tool			2	Provide the ability to collect, track, edit, maintain, and alert a client's waiting list information for specific services or enrollment in the Health Benefits Plan.			

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1742	8.13 - Case Management Tool			2	Provide the ability for authorized System users to submit Critical Incident Reporting Forms in the Case Management Tool for authorized System users to review. Provide the ability for the authorized System users to review, accept, or reject a critical incident. The Case Management Tool shall include automated electronic workflows that enable the authorized case manager to submit a state-approved Critical Incident Report form to specific authorize System users. The electronic workflow should also allow the authorized System user to create a Critical Incident case from the submission and either accept or reject it following review. The Case Management Tool will capture all Critical Incidents and link them to the individual client.			
1743	8.13 - Case Management Tool			1	Provide the ability to collect, track, maintain and transmit to BIDM all data for the functional assessment and score from the ULTC100.2 in the Case Management System.			
1744	8.13 - Case Management Tool	7.12 - System Interfaces		2	Provide the ability to flag Long Term level of care determination processes and provide results to the eligibility systems (e.g., CBMS, TRAILS).	Trigger will be sent near real-time as feasible to the eligibility systems and the BIDM.		
1745	8.13 - Case Management Tool			2	Provide the ability for authorized System users to search, sort, and update specific case data and health demographic information.			

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1746	8.13 - Case Management Tool			2	Provide client records management capability enabling authorized System users a single view of claims/encounters history with any related alerts, attachments, appeals, fair hearing, and any other related associations including case members, family directed caretakers, and known outside program support, all based on security rights.			
1747	8.13 - Case Management Tool			3	Provide automated workflow for the case management process.			
1748	8.13 - Case Management Tool			3	Provide the ability for authorized System users (e.g., Case Managers) to select a provider based on services identified in the Client Service Plan.			
1749	8.13 - Case Management Tool			3	Provide the ability to identify services by provider.			
1750	8.13 - Case Management Tool	8.3 - Client Management, Communication		3	Provide the ability to securely communicate with clients in the community and case managers (e.g., text, mobile access, email, direct mail).			
1751	8.13 - Case Management Tool	8.9 - Care Management	8.10 - Managed Care	2	Provide the ability to identify clients with special health care needs and inform case management or the managed care entities of these clients at enrollment or throughout eligibility.			

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1752	8.13 - Case Management Tool			3	Provide authorized System users the ability to access online case-related clinical protocols (defined business rules) for review and assessment.			
1753	8.13 - Case Management Tool			2	Create case management monitoring files by case/family/account, as well as an individual file.			
1754	8.13 - Case Management Tool	7.12 - System Interfaces		3	Provide the ability, within the Case Management Tool, for case managers to access information from and input information to EDMS (e.g., provider correspondence, case management correspondence).			
1755	8.13 - Case Management Tool			3	Provide the ability to group case managers by contract, employment or other criteria for reporting, management, managerial oversight and transmit to the BIDM.			
1756	8.13 - Case Management Tool			1	Provide the ability to capture, track, and maintain case management by type (e.g., medical case management, EPSDT, LTSS, RCCO) and transmit to BIDM.			
1757	8.13 - Case Management Tool			Optional	Provide the ability for providers to “check in” and “check out” when performing time-based or home-based services when performing time-based or home-based services, which information is validated and confirmed with claims/encounters data when the claim is submitted.			
1758	8.13 - Case Management Tool			2	Provide ability for other individuals (e.g., fieldworkers) who are not case managers to upload quality performance measures and other data into the Case Management Tool.			

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1759	8.13 - Case Management Tool			Optional	Provide the ability to collect, edit, and update a program quality survey data of major services.			
1760	8.13 - Case Management Tool			Optional	Provide the ability to upload batch survey data.			
1761	8.13 - Case Management Tool	7.12 - System Interfaces		1	Provide the ability to accept Support Intensity Scale (SIS) data from the SIS Online system.			
1762	8.13 - Case Management Tool			1	Provide the ability to calculate support levels and Client Service Plan authorization limits for services. Support Intensity Scale data and case management factors are used to determine the levels and limits.			
1763	8.14 - Web Portal			1	Make available online to providers and other authorized System users information on services available and limits on those services by Health Benefit Plan and client.			
1764	8.14 - Web Portal	7.12 - System Interfaces	7.6 - Security and Confidentiality	2	Provide the ability for authorized System users, including providers, to access the BIDM via the Web Portal, to view and download ad hoc and standardized reports.			
1765	8.14 - Web Portal			1	Provide the ability for providers to directly and efficiently enter one or more HIPAA transactions, through the Web Portal, that comply with the ACA requirements.			

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1766	8.14 - Web Portal	7.14 - Workflow Management		3	Provide the ability for workflow management to sort, route, and create alerts to the proper work group based on the Web Portal actions.			
1767	8.14 - Web Portal			1	Provide the ability for providers to access Department 'reference' files of common applicable codes and provide the capability for providers to extract and download user-defined parts of the reference files for their own purposes.			
1768	8.14 - Web Portal			2	Provide on-line systems and processes to eliminate, wherever possible, paper transactions.			
1769	8.14 - Web Portal			1	Provide the ability for authorized System users to access and download electronic X12 reports and HIPAA related reports.			
1770	8.14 - Web Portal	9.5 - FAO Provider Management Services	9.6 - Third Party Liability Support Services	3	Provide the ability for a provider to submit updated client TPL information, and forward that information via workflow to the appropriate recipients.			
1771	8.14 - Web Portal	8.13 - Case Management Tool		1	Facilitate interactive, role-based functionality within the Web Portal where Nursing Facility providers can electronically submit and obtain approval for Post Eligibility Treatment of Income (PETI) forms. Ensure integration of the PETI submission process with the Case Management System for inclusion of PETI information with client data.			

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1772	8.14 - Web Portal			1	Provide the ability for authorized System users to create and securely transmit data through the Web Portal.	Providers should have the ability to create and securely transmit data files and ad hoc reports to the Department via the Web Portal. Users should have the ability to create and securely transmit data files also (not just reports).		
1773	8.14 - Web Portal			1	Provide the ability for providers to complete online submission for all HIPAA standard transactions, and Department identified non-standard transactions (e.g., PAR status inquiry, warrant report, accept/reject report) via the Web Portal. Other non-standard transactions shall be accommodated using the Change Management Process.			
1774	8.14 - Web Portal	7.12 - System Interfaces		1	Provide the ability to access the following Pharmacy content: <ul style="list-style-type: none"> • Web announcements. • Training schedules and enrollment. • Information on the diabetic supply program. • Various forms including prior authorization form. • Information on maximum allowable costs. • Information on preferred drug lists. • Information on prescriber lists. • Pharmacy meetings. 			
1775	8.15 - Colorado Registration and Attestation Requirements			1	Provide the ability to support the Colorado Registration and Attestation, including accepting provider applications, monitoring providers, and payment of incentives to eligible providers that adopt and demonstrate Meaningful Use (MU) of a certified EHR technology (i.e. State Level Registry (SLR) Attestation Application).			

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1776	8.15 - Colorado Registration and Attestation Requirements			1	<p>Provide a tool for registration for enrollment and attestation that will allow providers and the Department's authorized System users to access, provide, and maintain information in accordance with their security role as defined below:</p> <ul style="list-style-type: none"> • Allow secure provider login. • Allow providers to review and edit their demographic information as applicable. • Allow for role-based screens (Enrolled Provider (EP) or Eligible Hospital (EH)). • Allow inactivation of eligibility upon removal from program. • Allow Department authorized System users to review and approve attestation information. • Provide payment calculation function. • Initiate payment cycle or payment reporting as defined by requirements in conjunction with the System. • Manage appeals support function. • Review quality metrics. • Provide an online help and user manual. 			

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1777	8.15 - Colorado Registration and Attestation Requirements			1	<p>Provide the ability to support the Colorado Registration and Attestation; including:</p> <ul style="list-style-type: none"> • Receive seed data from MMIS. • Establish and maintain records for providers requesting payment from the Department. • Receive batch files from NLR for new providers that signed up for HITECH Medicaid Incentives (20-30 fields per record). • Match NLR file to seed data (audit step). [Provider not found in queue.] • Send batch files to NLR with eligibility approval notification (9 fields). • Receive attestation information submitted to CMS by eligible hospitals (14+ fields). • Request prior payment information from NLR (duplicate check) (14 fields). • Receive prior payment information from NLR (duplicate check) (7 fields). • Provide payment information to NLR. • Receive program switch notifications. • Receive switch between states notifications. • Send removal notifications to NLR-B6 transactions to the NLR to terminate or suspended a provider under investigation or suspension. <input type="checkbox"/> Receive hospital cost report information from NLR. • Calculate provider incentive payment amount based on payment rules and eligibility/attestation criteria. 			
1778	8.15 - Colorado Registration and Attestation Requirements	9.2 - FAO Business Requirements		1	<p>Provide a comprehensive, searchable data repository with history to store information for the Colorado Registration and Attestation. This includes:</p> <ul style="list-style-type: none"> • Documenting, tracking, and attesting to provider usage including the Meaningful Use of Electronic Health Records. • Supporting provider payment process according to federal EHR program guidelines. • Documenting and validating payment for certified EHR systems. • Coordinating overlapping program (Medicare/Medicaid) and multi-state claims to prevent duplicate or overpayments. 			

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1779	8.15 - Colorado Registration and Attestation Requirements			1	Provide a hosted solution at the Contractor site (e.g., hardware, software) and all technical operations, maintenance, and support associated with the Colorado Registration and Attestation functionality.			
1780	8.15 - Colorado Registration and Attestation Requirements			1	Receive and provide data to NLR in accordance with CMS interface specifications.			
1781	8.15 - Colorado Registration and Attestation Requirements			1	Receive batch files from NLR for new providers that signed up for Colorado Registration and Attestation incentives. (20-30 fields per record) <ul style="list-style-type: none"> Match NLR file to seed data (audit step). [Provider not found in queue.] Send batch files to NLR with eligibility approval notification (9 fields). 			
1782	8.15 - Colorado Registration and Attestation Requirements			1	Receive attestation information submitted to CMS by eligible hospitals (14+ fields).			
1783	8.15 - Colorado Registration and Attestation Requirements			1	Request prior payment information from NLR (duplicate check of 14 fields).			
1784	8.15 - Colorado Registration and Attestation Requirements			1	Receive prior payment information from NLR (duplicate check of 7 fields).			

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1785	8.15 - Colorado Registration and Attestation Requirements			1	The Contractor must provide detailed instructions for the providers to enroll on the Provider Outreach website. The System shall provide validation edits (x5), data sets (x3), audit rules (x1) and reports (x10-12) to the provider outreach website for the EHR incentive program.			
1786	8.15 - Colorado Registration and Attestation Requirements	9.2 - FAO Business Requirements		1	Ensure that the payment file is transmitted to MMIS and returned to the Colorado Registry and Attestation (SLR).			
1787	8.15 - Colorado Registration and Attestation Requirements	9.2 - FAO Business Requirements		1	Perform and maintain validation edits (x5) , data sets (x3) , audit rules (x1) , reports (100 hours/year), and an outreach page in the Attestation Application.			
1788	8.15 - Colorado Registration and Attestation Requirements	9.2 - FAO Business Requirements		1	Provide ongoing maintenance support and implement any modifications or new requirements mandated by CMS as part of the Medicaid Incentive Payments for Providers within CMS mandated timeframes.			
1789	9.2 - FAO Business Requirements	7.4 - Deliverable Requirements	7.2 - Project Management and Reporting	1	Report on Systems project progress and status in writing no less than weekly. The use of real-time dashboard presentations is preferred to allow key metrics to be available in near real time. Weekly reports shall include the status of schedule, performance (quality/scope/technical/operations), risks/issues/opportunities, staffing, and other pertinent metrics. The Contractor shall be responsible for preparing and distributing meeting minutes for the Department review, and maintaining final approved agenda/minutes.	Agenda and status report will be delivered 24 hours prior to the meeting. Minutes shall be distributed no later than COB on the third business day following the meeting.		

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1790	9.2 - FAO Business Requirements	7.2 - Project Management and Reporting		1	Contractor will provide weekly reports that includes metrics on interactions, through the web portal and all other mediums used for communications by the Contractor with clients and providers.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1791	9.2 - FAO Business Requirements			1	Establish and participate in weekly Fiscal Agent Operations status meetings with key Department personnel to discuss progress, issues, problems, and planning. The Contractor shall report on current operations status, progress on System maintenance, claims/encounters inventory balances, claims/encounters backlogs, data entry backlog, and suspense file status, and modification activities separately. The Contractor shall be responsible for preparing and distributing a meeting agenda. The Contractor shall be responsible for preparing and distributing meeting minutes for Department review, and maintaining final approved agenda/minutes.	Agenda and status report will be delivered 24 hours prior to the meeting. Minutes shall be distributed no later than COB on the third business day following the meeting. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1792	9.2 - FAO Business Requirements	9.11 - FAO Call Center Services		1	Contractor will provide weekly call center reports on telephonic communications with clients and providers that includes calls answered, length of calls, hold time, and abandoned calls. If requirement 1857 - Optional Tier-One Client Call Support is provided, then this requirement includes communication with clients and providers.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1793	9.2 - FAO Business Requirements			1	Operate and support all reference data maintenance functions, files and data elements necessary to meet the requirements of the Department.			
1794	9.2 - FAO Business Requirements	9.5 - FAO Provider Management		3	Support easy-to-use data-merge functionality delivering clean contact data and Department prescribed standard texts into standard PC desktop applications.	All CAPS change to Sentence Case, properly punctuate names like McNally, correct salutations (Mr. Ms.), correct zip codes with addresses, etc.		

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1795	9.2 - FAO Business Requirements			1	Coordinate System and supporting systems-related interactions between the Department and other contractors required to manage and execute a process using the System and supporting systems.			
1796	9.2 - FAO Business Requirements	7.2 - Project Management and Reporting		1	Provide an efficient and effective System reporting process. This includes, but is not limited to: Incorporate Department comments and revisions • If a Deliverable is rejected, Contractor shall work with the Department to determine review schedule • If a Deliverable is rejected, the Department will determine the changes the Contractor shall perform before it will be reviewed again • Support report balancing and verification procedures. • Maintain comprehensive list of standard reports and their intended use. • Maintain online access to at least four (4) years of selected management reports.	Respond to Department requests for general information about the reports within four (4) business hours. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1797	9.2 - FAO Business Requirements	9.11 - FAO Call Center Services		1	Maintain client records in the System and provide response to provider inquiries on client claims, services, or benefits, as appropriate.			
1798	9.2 - FAO Business Requirements			1	Maintain the appropriate level of knowledgeable staff that are capable of testing, validating and documenting operational impacts of changes to the System.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1799	9.2 - FAO Business Requirements			1	Identify and notify the Department of all errors and discrepancies found in the System.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

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1800	9.2 - FAO Business Requirements			1	Establish and lead cross Contractor and Department operational status meetings (i.e., with CBMS, BIDM, PBMS, UM contractors) when determined necessary by the Department.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1801	9.2 - FAO Business Requirements	5.5 - FAO Phases	7.2 - Project Management and Reporting	1	Assist in developing processing forms and instructions to be used internally with Department staff.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1802	9.2 - FAO Business Requirements			1	Maintain in accordance with 45 CFR Part 74, accounting books, accounting records, documents, and other evidence pertaining to the administrative costs and expenses of this Contract to the extent and in such detail as shall properly reflect all revenues; all net costs, direct and apportioned; and other costs and expenses, of whatever nature, that relate to performance of contractual duties under the provisions of this Contract. The Contractor's accounting procedures and practices shall conform to generally accepted accounting principles, and the costs properly applicable to this Contract shall be readily ascertainable.			
1803	9.2 - FAO Business Requirements			1	Provide the ability to adjust the timing of any payment cycle as directed by the Department.			
1804	9.2 - FAO Business Requirements			1	Assist Department staff and the Department's contractors with research, resolution, and response to client and provider issues related to the System or Fiscal Agent Operations brought to the Department's attention.			

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1805	9.2 - FAO Business Requirements			3	Provide the ability to do a 'warm hand-off' between the Colorado Health Benefits Exchange (COHBE) call center and the Fiscal Agent Operations call center.			
1806	9.2 - FAO Business Requirements	7.5 - Training Requirements	7.20 - Online Help Requirements	1	Provide an online help and user manual related to the Colorado Registration and Attestation.			
1807	9.2 - FAO Business Requirements	9.12 - FAO Help Desk Services		1	Provide a Tier 1 help desk to support provider questions regarding the Colorado Registration and Attestation (SLR).			
1808	9.2 - FAO Business Requirements			1	The Contractor shall provide any Fiscal Agent Operations support necessary for the BIDM to complete CMS37 and CMS64 reporting.			
1809	9.2 - FAO Business Requirements			1	Support the appeals, reconciliation, and report provider and program compliance for the Colorado Registration and Attestation.			
1810	9.2 - FAO Business Requirements			1	Provide a Provider Outreach Page that will allow for access to supported EHR solutions (related to Colorado Registration and Attestation (SLR)). This includes: <ul style="list-style-type: none"> • Providing EHR branding for the State. • Supporting links to State pages, Department pages, CMS, ONC, and other program pages as defined by the Department, and implement a provider workbook to assist providers with their attestation submissions. 			

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1811	9.2 - FAO Business Requirements			1	Maintain provider communication; including Provider Outreach, Appeals and Audit Program Staff (beyond included appeal and audit edits), and proprietary EHR integration as part of the Colorado Registration and Attestation.			
1812	9.2 - FAO Business Requirements			1	Provide and maintain a secure environment for the Colorado Registration and Attestation that ensures confidentiality in accordance with all federal and State statutes, regulations, rules or Executive Orders. Contractor shall also comply with the security and confidentiality requirements of this RFP and Health Insurance Portability and Accountability Act of 1996 (HIPAA) Business Associate Addendum. Confidentiality of information shall not be distributed or sold to any third party nor used by Contractor or Contractor's assignees and/or subcontractors in any way except as authorized by this Contract. Confidential information shall not be retained in any files or otherwise by Contractor. Disclosure of such information may be cause for legal action against Contractor. Defense of any such action shall be the sole responsibility of the Contractor.			
1813	9.2 - FAO Business Requirements			1	Ensure the confidentiality of all Colorado Registration and Attestation information not available to the general public. The Contractor shall report any requests for the release of confidential information to the Department within twenty-four (24) hours of receipt of the request. contained within the directory and documents issued by CMS containing the NCCI methodologies, individual edits and instructional guidance and policies (the "Medicaid NCCI File Information"). The Contractor shall not use any Medicaid NCCI File Information for other than Medicaid business and shall not share any confidential Medicaid NCCI File Information with any third parties unless the Department directs the Contractor to do so in writing. The Contractor shall report any requests for the release of confidential information to the Department within twenty-four (24) hours of receipt of the request. The Contractor shall not retain any confidential NCCI File Information longer than is necessary to implement the edits and ensure that they function properly. The Contractor shall not incorporate the Medicaid NCCI File Information into proprietary products for resale.			

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1814	9.3 - FAO Claim/ Encounter Related Services			1	Review, process, and finalize any suspended claims, capitations, or encounters regardless of entry source.			
1815	9.3 - FAO Claim/ Encounter Related Services			1	Monitor encounter reports and encounter processing to ensure accuracy.			
1816	9.3 - FAO Claim/ Encounter Related Services			1	Document claims/encounters billing processes, policies and procedures and make available online to users and providers.			
1817	9.3 - FAO Claim/ Encounter Related Services	7.13 - Rules Engine		1	Provide the ability for authorized System users to identify and limit services within a Benefit Health Plan and by a specific client, based on utilization criteria established by the Department.			
1818	9.3 - FAO Claim/ Encounter Related Services	9.5 - FAO Provider Management Services	8.14 - Web Portal	1	Provide the specific reason(s) to providers describing the status of the claim/encounter. Providers shall be able to obtain this information electronically, via the help desk, or when viewing claims/encounters status via the Web Portal.			
1819	9.3 - FAO Claim/ Encounter Related Services			1	Apply voids and adjustments to the claims/encounters as identified by the Department's contractors or Department, within the claims/encounters processing cycle.	Voids and adjustments shall be applied in the timeframe specified by the Department.		
1820	9.3 - FAO Claim/ Encounter Related Services			1	Provide the ability for authorized System users to reduce payment, in whole, part, or by percentage, to a provider based on Department requirements and record the reduction and methodology on the claim at the service detail level.			

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1821	9.3 - FAO Claim/ Encounter Related Services			1	Identify, analyze, and correct errors that have resulted in improper claims/encounters processing (e.g., if final edit dispositions are incorrect, incorrect loaded rate), trace to the source, reprocess as needed, and report to the Department.			
1822	9.3 - FAO Claim/ Encounter Related Services			1	Receive and process all encounter transactions.			
1823	9.3 - FAO Claim/ Encounter Related Services	9.7 - FAO Program Integrity Support Services		1	Verify that the service on a claim is consistent with the provider's specialties, licenses, trainings, certifications, accreditations, taxonomy, or other Department-granted special permissions or characteristics.			
1824	9.3 - FAO Claim/ Encounter Related Services	7.2 - Project Management and Reporting		1	Provide reconciliation reporting on all claims/encounters processes.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1825	9.3 - FAO Claim/ Encounter Related Services	9.5 - FAO Provider Management Services		1	Generate a post payment review report(s) based on claims/encounters adjudication criteria and specific edit(s) as established by authorized System users.			
1826	9.3 - FAO Claim/ Encounter Related Services			1	Provide the ability to run additional or modify financial cycles outside of the predetermined schedule.			
1827	9.3 - FAO Claim/ Encounter Related Services	7.13 - Rules Engine		1	Provide the ability to suspend payments for specific services (e.g, HCBS waiver services) furnished to individuals who are inpatients of a hospital, nursing facility, or ICF/ID, or who is enrolled in PACE.	Note: Information will be provided directly by authorized System user data entry into the System or through an interface with the Department of Human Services.		

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1828	9.3 - FAO Claim/ Encounter Related Services			3	Flag, re-price, suspend, or deny claims/encounters when a particular claim is not followed up, or associated with an expected second claim.			
1829	9.3 - FAO Claim/ Encounter Related Services			3	Provide the ability to process encounters for any Colorado Medical Assistance program client, including those who are not Medicaid eligible.			
1830	9.4 - FAO Prior Auth Services			1	Edit claims/encounters based on presence of prior authorization.			
1831	9.5 - FAO Provider Management Services	8.13 - Case Management Tool		Optional	Provide a web based survey tool that the Contractor or Department can use to develop and administer client and provider surveys that will capture electronic responses and pass the information to BIDM for analysis.	Facilitate Department defined surveys of providers to be done at least quarterly. Communicate results to providers as directed by the Department.		
1832	9.5 - FAO Provider Management Services			1	Complete Provider Enrollment process (including any necessary re-validation and screening) by providing notification (electronic or by paper letter) of acceptance/ rejection as a Colorado Medical Assistance program provider. Require providers that have been terminated to re-enroll in the program and meet all Department policies and instructions. Allow providers to enroll or Health Benefit Plan or to limit services to specific populations (i.e., some providers may not provider services to Non-Medicaid clients or provide services to only CHP+ clients).	Notify enrolling provider of any missing or incomplete enrollment information within five (5) business days of identifying missing or incomplete enrollment information at any time throughout the enrollment, credentialing, and verification process. Finalize enrollment process within five (5) business days when provider has submitted all necessary documentation.		

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1833	9.5 - FAO Provider Management Services			1	Reevaluate provider enrollment based on Department established policies.	Notify enrolling provider of any missing or incomplete enrollment information within five (5) business days of identifying missing or incomplete enrollment information at any time throughout the enrollment, credentialing, and verification process.		
1834	9.5 - FAO Provider Management Services			1	Inactivate or suspend all providers not responding to recertification or relicensure requirements in accordance with guidelines from the Department.			
1835	9.5 - FAO Provider Management Services			1	Develop and/or maintain the public facing Medicaid enterprise website and web pages as determined by the Department.	Update content within the timeframe as determined by the Department. Note: Department will address with SLA.		
1836	9.5 - FAO Provider Management Services			1	Manage, publish, update, index, and provide electronic public access to the Colorado Medical Assistance program communications, guides, forms, and files including, but not limited to, the following: <ul style="list-style-type: none"> • Colorado Medical Assistance program newsletters. • Provider billing manuals, bulletins, announcements, and enrollment forms. • Transaction companion guides. • Procedure and diagnosis reference lists. • Frequently asked questions (FAQs). 			
1837	9.5 - FAO Provider Management Services			1	Provide telephone and electronic access to client Eligibility Verification and HIPAA transactions free of charge to providers and all other Department-approved contractors.			

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1838	9.5 - FAO Provider Management Services	9.11 - FAO Call Center Services		1	Implement and manage a help desk for provider relationship management for the Colorado Registration and Attestation (SLR).			
1839	9.5 - FAO Provider Management Services	9.12 - FAO Help Desk Services		1	Implement and manage a help desk for provider relationship management, coordinate with other contractors to manage, support, and resolve provider enrollment issues, electronic transactions and inquiries and SLR inquiries.			
1840	9.5 - FAO Provider Management Services	9.7 - FAO Program Integrity Support Services	7.12 - System Interfaces	1	<p>Conduct background checks on providers' owners, officers, directors, partners, agents, managing employees, affiliates and subcontractors for sanctions, terminations, and exclusions, in accordance with the ACA Provider Screening Rule.</p> <p>Contractor shall conduct background checks upon the provider's application, at re-verification, and upon Department request.</p> <p>Contractor shall, at minimum, utilize information from the following systems to perform background checks:</p> <ul style="list-style-type: none"> • LEIE/MEDEPLS • NPPES • Medicare terminations • Other state Medicaid or CHP terminations • HHS' health care Integrity & Protection Database • Social Security Administration's Death Master File 			
1841	9.5 - FAO Provider Management Services			1	Respond to and resolve provider inquiries related to the scope of this Contract.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1842	9.5 - FAO Provider Management Services		8.14 - Web Portal	1	Provide and support online training addressing all aspects of Web Portal functionality. Develop and make available updates to the online training materials as new functionality is added to the Provider Enrollment Tool. Coordinate training with other contractors, as needed.	Updated training modules shall be developed at least a month before the web changes go live (to allow time for training in advance).		
1843	9.5 - FAO Provider Management Services	8.5 - Operations Management, Claims Processing		2	Allow the provider to electronically appeal any denials, as well as to challenge the amount of payment.			
1844	9.5 - FAO Provider Management Services			1	Require that providers update/confirm address and other contact information every six months, according to business rules, and through an automated process.			
1845	9.6 - FAO Third Party Liability Support Services	7.12 - System Interfaces		2	Provide the ability to receive an interface file from the Department's HIBI contractor to track if the client is enrolled in HIBI.	Note: The Legacy System stores TPL resource and carrier tables and utilizes the data contained in the resource table to cost avoid or pay claims based on the presence or absence of active TPL resource(s). HIBI payments were generated from the HIBI tab on the TPL resource file and HIBI recoveries were tracked in the MMIS claims as history only credit transactions. Currently, (as of 7/1/2012) our contractor HMS generates and tracks HIBI payments and recoveries within their own systems. The Legacy System no longer handles HIBI payments and recoveries.		
1846	9.6 - FAO Third Party Liability Support Services	7.12 - System Interfaces		1	Maintain TPL carrier and resource files and update member and carrier information as received. Maintain historical TPL eligibility and coverage in the System.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1847	9.6 - FAO Third Party Liability Support Services			1	Provide TPL eligibility and coverage information to providers when client eligibility is verified by providers.			
1848	9.6 - FAO Third Party Liability Support Services	7.12 - System Interfaces		1	Provide files to the Department's contractors for data exchanges with insurance carriers and governmental agencies for use in recoveries, utilization review, etc.			
1849	9.6 - FAO Third Party Liability Support Services	7.12 - System Interfaces		1	Maintain and update Medicare participation information when received from external sources.			
1850	9.7 - FAO Program Integrity Support Services			1	Process, record, and track using an automated tracking system, all sanctions against providers, per Department specifications, as initiated by CMS, the federal OIG, other State agencies, or the Department.			
1851	9.7 - FAO Program Integrity Support Services			1	Perform quality control on all reference file updates to ensure the integrity of data.			
1852	9.7 - FAO Program Integrity Support Services	9.3 - FAO Claim/Encounter Related Services	7.13 - Rules Engine	2	Provide the ability to edit claims/encounters, based on provider referral conflict of interest as defined by the Department.			
1853	9.8 - FAO Client Premium Management Services	7.12 - System Interfaces		1	Process premium payment billings from CMS (Medicare), and update the Medicare Buy-In files accordingly.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1854	9.8 - FAO Client Premium Management Services			1	Price and apply client's cost share to claims/encounters.			
1855	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		1	Provide the appropriate technical or operational support based on call issue, and provide the appropriate staff to answer the question(s).			
1856	9.11 - FAO Call Center Services			3	Support an online provider complaint tracking, resolution, and reporting process that allows the Contractor to proactively identify trends. Contractor shall provide summary reporting to the Department on a routine basis.			
1857	9.11 - FAO Call Center Services			Optional	Ability to expand the Contractor call center to accept client calls and provide tier-one support to assist in offering solutions and information to general questions regarding the Colorado Medical Assistance program and transfer more complex calls to the Department's Customer Call Center 8:00 am to 5:00 pm MT, Monday - Friday.			
1858	9.11 - FAO Call Center Services			1	Provide and maintain an Interactive Voice Response (IVR) function that provides callers with straightforward menu options to reach the appropriate prerecorded information or a live operator.	The IVR shall be available 24 hours a day/7 days a week.		
1859	9.11 - FAO Call Center Services			1	Provide a dedicated inbound email address for providers to use as part of the Customer Service Center.			
1860	9.11 - FAO Call Center Services			1	Provide the Department with weekly and monthly reports on all inquiries, the nature of the inquiries, and the timeliness of responses to inquiries for the call center and help desk activity.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1861	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		1	Provide a centralized call center and help desk database or reporting capability that creates, edits, sorts, and filters tickets or electronic records of calls made to the call center and help desk categories that can be accessed and utilized by the Department for provider and client tracking and management.			
1862	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		1	The Contractor will staff a Call Center/Help Desk from 8:00 am to 5:00 pm MT, Monday - Friday .			
1863	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		Optional	The Contractor will staff a Call Center/Help Desk from 7:00 am to 7:00 pm MT.			
1864	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		Optional	Provide call-center, help desk, web knowledge based forum and other support to users of data-merge functionality.			
1865	9.11 - FAO Call Center Services			Optional	Provide and support Provider Customer Relationship Management (CRM) software licenses that can be expanded to be utilized by all employees in Department so that the Department's contact with providers can be noted in the same system as the Contract, which will allow communications with providers to be more efficient.			
1866	9.12 - FAO Help Desk Services			2	Provide call-center, help desk, web knowledge base forum and other support to users, including System and Provider Enrollment support.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1867	9.13 - FAO Mailroom			1	Provide a mailroom and print center to support provider relationship management, claims/encounters adjudication, and required client and provider communication functions.			
1868	9.14 - FAO Online Document Repository	7.14 - Workflow Management		2	Provide an on-line, real-time communications tracking tool with role-based access to monitor and document system updates, day-to-day business, and exchanges between Contractor(s) and the Department.			
1869	9.14 - FAO Online Document Repository	7.14 - Workflow Management		2	Provide the ability to collaborate on documentation (e.g., system, project, provider communication materials) via editing capabilities. Include the ability to limit editing of certain documents by type and/or origination. Track and maintain version history of documents and related attachments that have been edited.			
1870	9.14 - FAO Online Document Repository			2	Ensure that all project and Contract documents are made available on the electronic data repository and that all documents available on the repository are the most current and prior versions, as determine necessary by the Department, of the document available.			
1871	10.2 - Invoicing			1	The Contractor shall invoice the Department on a monthly basis, by the fifteenth (15th) Business Day of the month following the month for which the invoice covers. The Contractor shall not submit any invoice for a month prior to the last day of that month.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1872	10.2 - Invoicing			1	<p>The monthly operating payment invoice shall contain all of the following for the month for which the invoice covers:</p> <ul style="list-style-type: none"> The fixed monthly fee portion of the Maximum Monthly Payment, described in Appendix E – Pricing Schedules. <p>—The price for the Deliverable payment portion of the Maximum Monthly Payment, described in Appendix E — Pricing Schedules, only if all Deliverables described in that section are accepted by the Department and are received by their required due dates for the month that invoice covers.</p>			
1873	8.9 - Care Management	8.11 (Electronic Data Interchange)		1	Provide the ability to accept, translate, process and respond to the X12 notification transaction named Health Care Services Review Notification and Acknowledgement (278N).			
1874	8.4 - Provider Management, Enrollment/ Disenrollment	7.12 - System Interfaces	9.5 - FAO Provider Management Services	1	The Contractor shall be responsible for screening, enrollment, disenrollment, and management of pharmacy providers as required under the ACA Provider Screening Rule. The Contractor shall be responsible for sending provider enrollment files from the Core MMIS and Supporting Services to the PBMS contractor.			

Requirement Points Allocation						
	BPR Stage	Implementation Stage I	Implementation Stage II	Implementation Stage III	Ongoing MMIS Operations and Fiscal Agent Operations Phase	Will Not Meet
Mandatory	N/A	N/A	N/A	N/A	N/A	Disqualification
Priority 1	1.5	1.5	1.5	1.25	1	0
Priority 2	1.25	1.25	1.25	1.25	1	0
Priority 3	1	1	1	1	1	0
Optional	1	1	1	1	0.75	0

Offeror Response: Raw Tabulation							
	BPR Stage	Implementation Stage I	Implementation Stage II	Implementation Stage III	Ongoing MMIS Operations and Fiscal Agent Operations Phase	Will Not Meet	Total
Mandatory	0	0	0	0	0	0	0
Priority 1	0	0	0	0	0	0	0
Priority 2	0	0	0	0	0	0	0
Priority 3	0	0	0	0	0	0	0
Optional	0	0	0	0	0	0	0
Total:							0

Evaluation Validation: Reduced Tabulation							
	BPR Stage	Implementation Stage I	Implementation Stage II	Implementation Stage III	Ongoing MMIS Operations and Fiscal Agent Operations Phase	Will Not Meet	Total
Mandatory	0	0	0	0	0	0	0
Priority 1	0	0	0	0	0	0	0
Priority 2	0	0	0	0	0	0	0
Priority 3	0	0	0	0	0	0	0
Optional	0	0	0	0	0	0	0
Total:							0

FINAL RAW TABULATION							
	BPR Stage	Implementation Stage I	Implementation Stage II	Implementation Stage III	Ongoing MMIS Operations and Fiscal Agent Operations Phase	Will Not Meet	Total
Mandatory	0	0	0	0	0	0	0
Priority 1	0	0	0	0	0	0	0
Priority 2	0	0	0	0	0	0	0
Priority 3	0	0	0	0	0	0	0
Optional	0	0	0	0	0	0	0
Total:							0

Offeror Response: Points Awarded							
	BPR Stage	Implementation Stage I	Implementation Stage II	Implementation Stage III	Ongoing MMIS Operations and Fiscal Agent Operations Phase	Will Not Meet	Total
Mandatory	N/A	N/A	N/A	N/A	N/A		
Priority 1	0	0	0	0	0	0	0
Priority 2	0	0	0	0	0	0	0
Priority 3	0	0	0	0	0	0	0
Optional	0	0	0	0	0	0	0
Total Points:							0

Final Evaluation Validation: Reduced Points							
	BPR Stage	Implementation Stage I	Implementation Stage II	Implementation Stage III	Ongoing MMIS Operations and Fiscal Agent Operations Phase	Will Not Meet	Total
Mandatory	N/A	N/A	N/A	N/A	N/A		
Priority 1	0	0	0	0	0	0	0
Priority 2	0	0	0	0	0	0	0
Priority 3	0	0	0	0	0	0	0
Optional	0	0	0	0	0	0	0
Total Points:							0

FINAL REQUIREMENT POINTS ALLOCATION							
	BPR Stage	Implementation Stage I	Implementation Stage II	Implementation Stage III	Ongoing MMIS Operations and Fiscal Agent Operations Phase	Will Not Meet	Total
Mandatory	N/A	N/A	N/A	N/A	N/A		
Priority 1	0	0	0	0	0	0	0
Priority 2	0	0	0	0	0	0	0
Priority 3	0	0	0	0	0	0	0
Optional	0	0	0	0	0	0	0
Total Points:							0