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RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Public Knowledge, LLC		
Address:	600 Airport Rd.		
City:	Lakewood	State:	New Jersey
		Zip Code:	08701-59951
Business Designation:	☐ Individual ☒ Limited Liability Company (LLC) ☐ Sole Proprietorship ☐ Public Service Corp ☐ Partnership ☐ Corporation ☐ Nonprofit		
Minority and Women Owned Designation*:	☒ Not Applicable ☐ American Indian ☐ Service Disabled Veteran ☐ African American ☐ Hispanic American ☐ Women-Owned		
	☐ Asian American ☐ Pacific Islander American		
	AR Certification #: _____ * See Minority and Women-Owned Business Policy		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
Contact Person:	Stacey Moss	Title:	President and CEO
Phone:	(307) 287-8941	Alternate Phone:	(732) 942-3999
Email:	SMoss@pubknow.com		
CONFIRMATION OF REDACTED COPY			
☐ YES, a redacted copy of submission documents is enclosed. ☒ NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.			
☒ Prospective Contractor does not and shall not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

Authorized Signature: _____ **Title:** President and CEO
Printed/Typed Name: Stacey Moss **Date:** 6/21/24

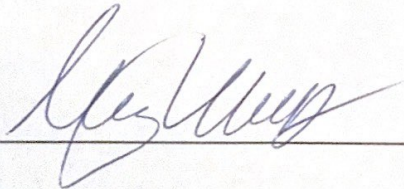
SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

N/A

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____



Printed/Typed Name: Stacey Moss, President and CEO

Date: _____

6/21/24

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: June 6, 2024
SUBJECT: 710-24-076 Medicaid and Other Human Services Procurement Support

The following change(s) to the above referenced RFP have been made as designated below:

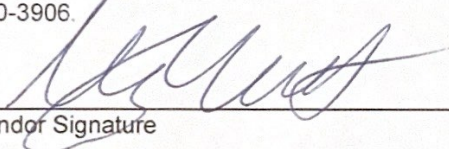
- ☐ Change of specification(s)
☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

OTHER

- Exhibits 1 and 2 – remove and replace with Revised Exhibits 1 and 2
- Add Attachment I – Client History Form

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov, (501) 320-3906.



Vendor Signature

6/21/24

Date

Public Knowledge, LLC

Company

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____

☐ Yes ☒ No Public Knowledge, LLC

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: _____

YOUR LAST NAME: Moss

FIRST NAME Stacey

M.I.: _____

ADDRESS: 600 Airport Rd.

CITY: Lakewood

STATE: New Jersey

ZIP CODE: 08701

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%) Position of Control
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature [Signature] Title President and CEO Date 6/21/24

Vendor Contact Person Stacey Moss Title President and CEO Phone No. (307) 287-8941

Agency use only

Agency Number 0710

Agency Name Department of Human Services

Agency Contact Person

Contact Phone No.

Contract or Grant No.



Equal Opportunity Policy

Public Knowledge® (PK) is an equal-opportunity employer. We seek to employ individuals who qualify based on merit and ability alone.

PK will recruit, hire, train, promote, transfer, pay, and take all other employment actions without regard to an individual's race, color, citizenship, national origin, ancestry, sex (including pregnancy), gender, gender identity, religion, age, genetic information, disability, sexual orientation, marital and familial status, veteran status or any other basis protected by applicable federal, state or local law.

PK expects that all employees shall be treated equally without regard to these characteristics. As a government contractor, PK adheres to applicable legal requirements to ensure equal employment opportunities, including maintaining an affirmative action program and plan, which is updated annually and available for review upon request.

To report any concerns or complaints about the enforcement of this policy, please follow the reporting procedure set forth in the Anti-Discrimination and Anti-Harassment Policy. No retaliatory action will be taken against you for raising a good faith concern under this policy.

PROPOSED SUBCONTRACTORS FORM

• **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 General Experience	10
A. Elaborate on the experience of assigned staff listed on #3 of the Client History Form. Describe each assigned qualified staff's direct experience related to the description including a description of project(s).	5 points
When we consider staffing for a given project, our primary concerns are qualifications and availability. We understand that qualified resources who do not have adequate time cannot do their best work. Our staff regularly report on their utilization, an indicator of hours spent on project work and internal initiatives. When we propose a resource for your project, it means that we have confirmed their skills, qualifications, and availability to support the project. Below, we map the key personnel we have assigned to your project and their experience related to your descriptions. We describe each project and the associated role in the resumes included in Appendix A.	
Assigned Staff, Role, and Role Description	Direct Experience
Alicia Hansen Project Manager Ten years of combined experience in project managing solicitations	15 combined years of experience ✓ Project managing solicitations Montana Program for Automating and Transforming Healthcare , Department of Public Health and Human Services and State Information Technology Services Division, Senior Advisor, 9/2021–12/2024 EVV Procurement Support , Nevada Division of Health Care Financing and Policy, Project Manager, 3/2022-6/2022 All Payer Claims Database Planning and Procurement Support Project , Nevada Division of Health Care Financing and Policy, Project Manager, 10/2021-6/2022 Health Information Technology (HIT) Planning and Assessment Support Project , Nevada Division of Health Care Financing and Policy, Project Manager, 7/2021–3/2022 Medicaid Management Information System Modernization Implementation and Certification Support, Phase III , Nevada Division of Health Care Financing and Policy, Project Manager, 12/2015-8/2021 Pharmacy Benefit Manager Procurement Planning and Support , Nevada Division of Health Care Financing and Policy, Project Manager, 12/2020-6/2021 EVV Procurement, Implementation, and Certification Support , Nevada Division of Health Care Financing and Policy, Project Manager, 1/2018-11/2020 MPATH Data Analytics Population Health Module Final Certification Evidence Review , Montana Department of Public Health, Montana State

	Information Technology Services Division, Project Manager, 3/2020–11/2020 Behavioral Risk Factor Surveillance System, Nevada State Health Division, State Coordinator and Project Manager, 1/2007-8/2011
Brittany Goode Procurement Subject Matter Expert (SME) Ten combined years of experience in writing and executing complex procurements	22 combined years of experience ✓ Writing and executing complex procurements Temporary Position Contract Procurement Assistance, Wyoming Department of Health, Division of Healthcare Financing, Procurement Analyst and SME, 1/2024–7/2024 Immunization Unit Procurement Support, Wyoming Department of Health, Public Health Division, Project Manager, 4/2024-6/2025 Project Management and Procurements Management and Monitoring Support, North Carolina Department of Health and Human Service, Division of State-Operated Healthcare Facilities, Project Manager, 6/2023–12/2024 Development and Implementation of Policies and Procedures, North Carolina Department of Health and Human Services, Procurement Manager, 1/2022–5/2023 Prior roles focused on procurement and contracts management, government contracts and grants, and grants and subaward management: North Carolina Department of Health and Human Services, Procurement Manager, 1/2022–6/2023 North Carolina Department of Health and Human Services, Contract Manager, 12/2020–1/2022 Town of Cary, Transportation Program Coordinator, 1/2019–12/2020 RTI International, Senior Project Management Specialist, 11/2017–1/2019 North Carolina Department of Health and Human Services, Grants and Subawards Manager, 11/2016–10/2017 North Carolina Department of Transportation, Lead Transportation Program Planner, 1/2012–6/2016 City of Colorado Springs, Contracting Analyst, 3/2011–1/2012
Deborah Lemmon MES SME For up to two proposed staff, five combined years of experience soliciting MES modules or components for State programs with 500,000 or more Medicaid beneficiaries	4 combined years of experience ✓ Soliciting MES modules or components ✓ 500,000 or more Medicaid beneficiaries Colorado MMIS Project, Colorado Department of Health Care Policy and Financing, Procurement SME, 9/2021-7/2024 1,308,507 Medicaid beneficiaries (including CHIP) as of 2/2024 Information Technology Services Integrated Eligibility System (IES) Program IV&V, New York State Department of Health, IV&V Lead, 10/2018-8/2019

	• 7,021,637 total Medicaid enrollment (including CHIP) as of 2/2024 Medicaid Information Technology Architecture 3.0 State Self-Assessment, West Virginia Bureau for Medical Services, Project Manager, 1/2012-2/2017 • 521,861 total Medicaid enrollment (including CHIP) as of 2/2024 Administrative Purchasing Procurement, West Virginia University, Senior Project Manager, 2009-2011
Katherine Olbekson MES and Government Procurement SME For up to two proposed staff, five combined years of experience soliciting MES modules or components for State programs with 500,000 or more Medicaid beneficiaries AND at least one proposed staff member with five (5) years of experience leading governmental procurement projects.	7 combined years of experience ✓ Soliciting MES modules or components ✓ 500,000 or more Medicaid beneficiaries ✓ Leading government procurement projects Medicaid Enterprise Solutions IV&V Project, Colorado Department of Health Care Policy and Financing, Lead Procurement Specialist, 1/2022-6/2024 • 1,308,507 Medicaid beneficiaries (including CHIP) as of 2/2024 Medicaid MMIS Replacement Project: Wyoming Integrated Next Generation System Project (WINGS), Wyoming Department of Health (WDH), Division of Healthcare Financing (DHCF), Procurement, Contract, and Certification Manager, 8/2014-2/2019
Kassie Gram Protest Advisor Experience addressing protests for high-cost state or federal solicitations	13 years of experience ✓ Addressing protests for high-cost state or federal solicitations Project Management and Procurements Management and Monitoring Support, North Carolina Department of Health and Human Service, Division of State-Operated Healthcare Facilities, Executive Advisor, 9/2023–11/2023 North Carolina Procurement Acquisition Support Services, North Carolina Division of Social Services, Project Advisor, 3/2021-12/2022 Health Information Technology Solicitation Writer, Colorado Department of Health Care Policy and Financing and Office of eHealth Innovation, Contract Administrator, 9/2016–6/2021 Medicaid Information Technology Architecture 3.0 State Self-Assessment, Colorado Department of Health Care Policy and Financing, Project Manager, 11/2019–7/2020 Medicaid Eligibility Customer Service Center Reprocurement, Wyoming Department of Health, Division of Healthcare Financing, Project Manager, 5/2019–3/2020 Medicaid Management Information System Replacement Planning (Phase 3), Nevada Department of Health and Human Services, Division of Healthcare Financing and Policy, Organizational Change Management Lead and Medicaid Information Technology Architecture State Self-Assessment Lead, 3/2018–11/2019 Technical Assistance for Supplemental Nutrition Assistance Program

(SNAP) Electronic Benefit Transfer (EBT)/Temporary Assistance for Needy Families Electronic Payment Card (TANF-EPC) Reprocurement, Iowa Department of Human Services, Division of Adult, Children, and Family Services, Project Manager, 12/2016-6/2019

Colorado Benefits Management System Procurement Assistance, Colorado Department of Health Care Policy and Financing, Solicitation Lead, 11/2015–11/2016

Administrative Services Organization Procurement Pricing Modeling and Consulting, South Carolina Department of Health and Human Services, Contract Administrator, 5/2016–10/2016

Medicaid Information Technology Architecture 3.0 State Self-Assessment, Colorado Department of Health Care Policy and Financing, Project Manager, 11/2015–5/2016

Wyoming Eligibility System and Wyoming Medicaid Customer Service Center Reprocurements, Wyoming Department of Health, Division of Healthcare Financing, Project Manager, 6/2015–5/2016

Medicaid Process and Information Technology Strategic Alignment, Wyoming Department of Health, Division of Healthcare Financing, Consultant, 10/2014–6/2015

Medicaid Information Technology Architecture 3.0 State Self-Assessment, Wyoming Department of Health, Division of Healthcare Financing, Project Manager, 10/2014–5/2015

B. Provide resume and narrative for all proposed key personnel including proposed subcontractors (if applicable), who will be performing project activities. Resumes and narrative must include description of qualifying experience and/or projects, length of service for all qualifying experience, as well as education and/or certifications.

5 points

Below, we provide a narrative for each proposed key personnel providing procurement support for your projects. We also provide information about our Arkansas Client Success Team, which will support our proposed personnel on your procurement projects. Individual resumes for our proposed key personnel are included in Appendix A. Resumes list qualifying experience and projects, length of service for all qualifying experience, and education and certifications.

Should any staff need to be replaced due to unforeseen circumstances, our project manager will, with complete transparency and per contract terms, submit a request to substitute another fully competent staff member of equal qualification. We use a knowledge transfer and shadow approach to train new staff at our expense, not yours.

PK has the staff skills and experience necessary for your Medicaid and other human services procurement support needs and will not require subcontractors to complete the work successfully.

Alicia Hansen, Project Manager

For over 18 years, Alicia has been helping public agencies manage, improve, understand, and use their data and systems. With extensive experience with Medicaid, IV&V, and procurement projects, she served as the project manager or deputy project manager for MMIS modernization for the state of Nevada for over five years. Alicia has worked with many public health registries and reporting systems, maintaining data collection, analysis, and reporting quality and managing the procurement, implementation, and certification of critical system rollouts and upgrades. She also played a key role in conducting a Health Information Technology Environmental Scan and updating the State Medicaid Health Information Technology Plan for the state of Nevada. Before joining PK, Alicia managed grants and procurements for the Nevada State Health Division as Chief Biostatistician. Her background includes 15 years of project management experience, ToP® Facilitation Methods training, and master's level education in mathematics, which equips her to make sound financial decisions to maintain project health.

Brittany Goode, Procurement SME

With 22 years of experience writing and executing complex procurements and leading governmental procurement projects, Brittany is skilled in delivering strategic procurement solutions, spearheading policy and procedure development to enhance operational efficiency, and overseeing rigorous financial and auditing compliance. Her

background includes managing a robust portfolio of over 1,000 government contracts, including memorandums of agreement and memorandums of understanding, financial assistant agreements, and purchase of service agreements. Additionally, Brittany's experience extends to two years of experience soliciting MES modules or components for state programs and grant and sub-award management, utilizing her expertise to navigate complex federal and non-federal agreements. Her recent procurement work includes projects with the states of North Carolina and Wyoming, where she has served as both a subject matter expert and project manager. Before PK, she was the Procurement Manager for the North Carolina Department of Health and Human Services and was integral in contract management, grant management, and fiscal monitoring. Brittany is a Prosci® Certified Change Management Practitioner and has undergone business administration, procurement, and supply chain management training.

Deborah Lemmon, MES SME

Deborah is an expert in Medicaid information management and healthcare technology. She is currently acting as a key advisor on Colorado's Medicaid Management Innovation and Transformation (COMMIT) Project. Deborah brings four years of experience consulting on MMIS and Integrated Eligibility procurement efforts, participating in requirements gathering, reviewing vendor proposals and demonstrations, and reviewing vendor contracts. For 12 years, she served as an IV&V lead for Integrated Eligibility and Enrollment (IES) Systems. She has also worked on Administrative Services Organization (ASO) projects and Medicaid, Information Technology Assessment (MITA) State Self-Assessment projects. As chair of the Agile Best Practices Committee for the Private Sector Technology Group (PSTG), she focused on identifying and communicating Agile best practices that have been successfully implemented in Medicaid enterprises to increase adoption and drive positive outcomes. She developed the Medicaid Readiness Assessment for a Procuring Agile Development Services Survey Tool and presented results to the States System Technology Advisory. With a master's in software engineering, Deborah's commitment to excellence has led to developing best practices and standardized processes that positively impact the healthcare technology landscape.

Katherine Olbekson, MES and Government Procurement SME

Katherine is an accomplished professional specializing in Medicaid and IT Legacy and Enterprise healthcare systems. She has 18 years of experience in Medicaid, with seven years leading governmental Medicaid modularity procurement projects. Before becoming a consultant, she was a proposal writer with PK and gained familiarity and expertise with Medicaid procurements nationwide. Katherine has also written and executed complex Medicaid project procurements and state and federal funding approval documents for Wyoming. She has demonstrated expertise in procurement management, IT project document development, and certification. Her extensive background includes over four years as a PMO Lead on an MMIS Replacement project and over three years supporting the Colorado Department of Health Care Policy and Financing on a Medicaid Enterprise Solutions IV&V project as a Lead Procurement Specialist. Additionally, before joining PK, she served as the Decision Support System (DSS) and MMIS Operations Manager for Wyoming's Office of Medicaid.

Kassie Gram, Protest Advisor

Kassie has provided procurement assistance for 13 years on over 20 contracts exceeding \$20 million. Because of her understanding of the procurement process and the importance of a clearly written solicitation, only one (Iowa) contract involved a protest that progressed beyond the initial protest review. Her procurement experience includes developing solicitations, evaluating proposals, leading procurement planning sessions, and addressing protests. Kassie served as a procurement analyst supporting the Iowa Department of Human Services through contract negotiations and provided reporting and analysis during the protest of the Quality Improvement Organization (QIO) award. Kassie and PK provided critical analysis and expertise that prevented the protest from being validated, and the original contract award was upheld. Much of Kassie's procurement experience has involved procuring diverse services for government agencies, such as Medicaid-related services and IT solutions. As PK's Senior Vice President of Business Development and our NASPO ValuePoint PASS Program Director Lead, Kassie brings a wealth of procurement and contract management expertise, with a strong focus on government agencies and healthcare services.

Arkansas Client Success Team

The key personnel we have proposed for your project will receive support from our Arkansas Client Success Team, comprising firm leadership who bring decades of experience and expertise needed to support your Medicaid and other human services procurement efforts. This approach provides our project team with consistent, competent, and transparent procurement development and support. The Client Success Team is tasked with understanding Arkansas' priorities and needs, fostering and maintaining collaborative relationships with DHS, tailoring project design and services to your needs, and providing on-the-ground expertise and support to the PK project team and DHS. Our staff's connection to the community is an essential part of our approach to delivering high-quality services and support to your procurement projects. Our Client Success Team will apply the expertise gained from PK's inclusion on DHS' Medicaid Related Services Qualified Vendor List. The Arkansas Client Success team includes:

- **Stacey Moss, President and CEO:** Stacey has over 20 years of experience in procurement, acquisition, OCM, and project management in government agencies. She is a lawyer and certified Project Management Professional® and is adept at managing projects and tracking statutes, rules, and regulations. Stacey is PK's

NASPO ValuePoint PASS Contract Lead and has provided executive supervision for PK's current contract since the award in 2019.

- **Elizabeth Black, Regional Vice President:** Elizabeth has 30 years of experience in leadership and management, public policy, and practical approaches to change and implementation. As a regional vice president, she provides regional leadership, serves as an advisor to our key personnel, and completes a final review of deliverables to confirm that the highest quality products and services are delivered to DHS. Elizabeth will represent PK in contract negotiations and facilitate the resolution of critical issues as requested by our project manager or DHS. Elizabeth also calls Arkansas home.
- **Tracy Malone, Arkansas State Lead:** Tracy has five years of experience developing and implementing efficient procurement processes and supporting agencies in procuring evidence-based services. As PK's Arkansas state lead, she assesses current trends and needs of the state's ever-changing landscape. She helps identify opportunities and potential challenges to advise on the direction of PK's project work in Arkansas.
- **Crystal Dalmasso, Client Success Consultant:** Crystal uses her 12 years in project management to help government agencies overcome complex challenges and succeed in their endeavors. As a client success consultant, she identifies opportunities and connections to enhance PK's presence and understanding of needs, gaps, and solutions for clients throughout the region. Crystal fosters and maintains relationships with clients and stakeholders throughout Arkansas before and after the project lifecycle.
- **Alli Anderson, Programs Practice Director:** Alli has 16 years of experience with project management and procurement within the public services sector and excels in coordinating end-to-end processes, from procurement to implementation and ongoing support. Alli represents PK leadership and staff as the primary point of contact for our NASPO ValuePoint PASS Master Agreement efforts.
- **Ron Puent, Systems Practice Director:** Ron has more than 25 years of public sector and Medicaid experience to advise our technical teams. His background includes managing operations programs, supporting large-scale system implementations, managing fiscal agent business units, and facilitating adherence to international privacy rules and regulations. Ron has led several MMIS system certification efforts, has been the project manager or lead analyst on IV&V projects in Colorado, Minnesota, Montana, South Carolina, and Wyoming, and has managed numerous MMIS module procurement efforts.
- **Colin Watkins, Health and Medicaid Industry Director:** Colin has 14 years of experience in and a comprehensive understanding of state Medicaid operations, including gathering requirements and developing RFPs to comply with federal requirements and aligning the technical aspects with project outcomes identified by his clients. He has managed the acquisition of services and solutions for various government projects. Colin understands the Centers for Medicare and Medicaid Services (CMS) along with other federal and state regulations, as demonstrated by his expertise in rigorously verifying compliance and upholding Medicaid Information Technology Architecture (MITA) standards such as the Pennsylvania MMIS 2020 Modernization effort.
- **Naomi Snodgrass, Vice President of Management Consulting:** Naomi has over 30 years of experience supporting government clients in planning and implementing federal and state health and human services programs. As a project manager, she has led project teams in large procurements for multiple state agencies, including system procurement and evaluation, quality assurance and IV&V, business and operations assessments, user requirements definition, organizational preparedness, operational readiness, alternatives assessments, communication strategies and outreach, roadmap development, and policy development and documentation.

In addition to our proposed staff and Arkansas Client Success Team, our consultants are not siloed; they work across service areas and industries. Even if they are not bid on a project, our consultants still provide information and expertise to our project teams. With more than 70 management consultants on our staff, we strike the ideal balance of small firm flexibility with big firm resources because of our parent company, the GLI Capital Group. Our size affords consultants the time, energy, and availability to cultivate rich client relationships. It also means that our proposed team has access to consultants with various areas of expertise to leverage knowledge and insights.

E.2 Medicaid Enterprise System Experience	15
A. Describe the Prospective Contractor's experience assisting with procurements related to Medicaid Enterprise Systems.	5 points

PK has a proven track record of supporting Medicaid Enterprise Systems (MES) procurements, as demonstrated by our recent engagements with state agencies:

From 2011 to 2013, PK provided procurement strategy development during the Medicaid Information Technology Architecture (MITA) Framework was heavily enforced. Early adopters began to see the possibilities and advantages of

breaking up their traditional Medicaid Management Information System (MMIS) into modules and using the Seven Standards and Conditions framework. With our help, Colorado's procurement strategy determined three modules that would later be considered their MES: Core MMIS (Claims Processing, Business Intelligence and Data Management (BIDM System), and the Pharmacy Benefit Management System (PBMS). PK assisted all procurement phases from procurement strategy development, stakeholder engagement, requirements drafting, solicitation drafting, question and answer response, and proposal evaluation plan (PEP) design.

In 2014, PK was invited to participate in a national workgroup of experts to create a handbook to redefine Medicaid systems, create outcomes-based requirements, and develop tools to assist states with procurement during the transition from Big Bang MMIS to the MES concept. This publication was called "A Bold Solution for a Broken System: A Handbook for MMIS Reform."

From 2014 to 2021, PK and the state of Wyoming partnered to plan and release a series of procurements and internal projects to replace their legacy MMIS in a manner that would achieve federally mandated capabilities in a cost-effective manner. The Wyoming Integrated Next Generation System (WINGS) project approach is modular, with MMIS as a service model. PK used industry best practices and extensive organizational and business process knowledge to provide effective procurement support. The team assisted DHCF with module vendor identification, vendor fair coordination, and documentation, and requirements drafting and provided an evaluation model to support DHCF modular development. In 2022, we also provided Implementation and User Acceptance Testing (UAT) support for the Benefits Management System (BMS) that serves as the core claims processing and financial management system.

From 2017 to 2018, PK provided project management support, technical expertise, and acquisition support services to the Iowa Department of Human Services (DHS) in the procurement of multiple MES contracts. We facilitated activities during the contract negotiations and execution phase, resulting in the successful operationalization of six Medicaid service contracts: Quality Improvement Organization (QIO) Services, Member Services, takeover of Core Medicaid Management Information System (MMIS) Services, Provider Services, and Revenue Collections and Estate Recovery Services.

From 2021 to 2022, PK led an Alternatives Analysis and Requirements Documentation initiative in Colorado to procure the PBMS with HCPF. This project involved developing a comprehensive vision and detailed RFP requirements tailored to optimize operational efficiency and service delivery. The procurement was developed for the primary point of sale and claims adjudication engine, as well as ancillary systems and services that included a Drug Rebate system, a preferred drug list (PDL) application, and a Realtime Benefit Tool. All modules were successfully procured and are being developed and configured for implementations soon.

Similarly, in Nevada, from 2020 to 2022, PK provided strategic planning and procurement services to the Department of Health and Human Services, DHCFP. Our role included assisting with implementing and enhancing the EVV System. We worked closely with stakeholders to define requirements, validate existing functionalities such as PCS, and incorporate new functionalities for HHS required by the 21st Century CURES Act. We consulted stakeholders with deep knowledge of what is needed for both PCS and HHS, probing to be sure all requirements were thoroughly captured and clearly outlined. Lessons learned from the initial implementation were leveraged for system improvements. PK also prepared all necessary documentation, including the cost proposal template, to support a comprehensive RFP process. A vendor was selected, and the new system was successfully implemented in early 2024. PK's approach emphasizes collaboration, stakeholder engagement, and compliance with regulatory standards to deliver tailored solutions that meet the unique needs of Medicaid programs. We are committed to leveraging our expertise to effectively support the Arkansas MES procurement goals.

Lastly, PK has held board positions on the MES Private Sector Technology Group (PSTG) from 2022 to present. PSTG convenes Medicaid Industry experts to collaborate and offer frameworks, tools, and guidance to states as they navigate procurement and implementation of these complex system environments.

B. Describe the Prospective Contractor's and proposed subcontractors (if applicable) subject matter expertise specifically related to the procurement of Medicaid programs.

5 points

PK has demonstrated significant expertise in supporting Medicaid program procurements, exemplified by our recent projects:

In Washington, PK collaborated with the State Health Care Authority (HCA) on the Interoperability Patient Access API Project. This initiative focused on implementing CMS-regulated standards-based APIs to grant patients access to their adjudicated claims and clinical information through third-party applications. PK's role encompassed performing an initial project readiness assessment, an independent quality assurance report, and project lessons learned and closeout report. Today, Washingtonians benefit from being able to access their data through third-party apps of the individual's choice.

In Colorado, PK partnered with the Office of eHealth Innovation (OeHI) and HCPF to develop prototype requirements for the Medicaid Social-Health Information Exchange (S-HIE). This project supported the enhancement of care coordination by facilitating the exchange of health and social services data, addressing Social Determinants of Health

(SDoH) through a statewide interoperable ecosystem. PK conducted extensive stakeholder interviews, formulated business requirements, and contributed to the Financing Options Report, guiding Colorado's Medicaid model evolution. These projects highlight PK's capability to navigate complex Medicaid landscapes. Our approach integrates industry best practices, stakeholder collaboration, and compliance with regulatory frameworks to deliver solutions that optimize program efficiency and member outcomes.

PK stands ready to leverage our experience and expertise to support Arkansas in achieving its Medicaid and other procurement support program objectives.

C. Describe the Prospective Contractor's and proposed subcontractor's (if applicable) subject matter expertise specifically related to the procurement of Medicaid programs and information technology systems.

5 points

We are procurement professionals. PK was founded in 1988 to address the high rate of project failures for new information systems. Supporting health and human services agencies through organizational and technological change and procurement are still the main areas of focus. Because of our regular work with government agencies, we are deeply familiar with the issues encountered by all our clients: limited staff, timeline constraints, and tight budgets.

A highlight of our experience includes a longstanding partnership with the Wyoming Department of Health, Division of Healthcare Financing (DHCF), spanning 25 years. This collaboration has been pivotal in supporting Wyoming's MMIS transformation, known as the Wyoming Integrated Next Generation System (WINGS). Beginning with an IT feasibility study and business process mapping, PK guided Wyoming through a modular approach to modernizing its Medicaid enterprise. Our contributions encompassed facilitating vendor fairs, conducting alternatives analysis, and developing comprehensive procurement strategies aligned with Medicaid Information Technology Architecture (MITA) standards.

Our involvement extended to overseeing key procurements such as PBMS, SI with Enterprise Service Bus (ESB), Data Warehouse (DW) with Business Intelligence Tools, and others critical to the WINGS initiative. Additionally, we assisted Wyoming in securing federal funding through Advanced Planning Documentation (APDs) and navigating Medicaid Enterprise Certification processes.

Our role in Wyoming's MES transformation also included developing project management frameworks, conducting user acceptance testing, and providing organizational change management support. This holistic approach provided seamless integration and stakeholder engagement throughout the project lifecycle.

We will meet Arkansas DHS' needs by tailoring our experience with diverse funding models and evolving procurement methods. We have been an approved service supplier for the NASPO ValuePoint PASS cooperative agreement since 2019. PASS vendors are recognized leaders in providing procurement services in all phases of the acquisition process.

For over 30 years, we have supported government agencies in all phases of the acquisition process, including procurement planning, market research, requirement definition, solicitation drafting, evaluation, award, contract management, and contract monitoring. Our consultants have worked on more than 50 procurement-related projects in the past five years. This work has spanned 16 states and two national programs. More than half of these procurement projects have supported health and Medicaid-related agencies.

E.3 Procurement Experience

40

A. Describe the Prospective Contractor's and proposed subcontractor's (if applicable) subject matter expertise specifically related to Arkansas Procurement Law.

5 points

Stacey Moss and Brittany Goode bring their legal and procurement expertise, respectively, to this project to understand and apply Arkansas Procurement Law. Collectively, they will confirm the solicitation process conforms to Arkansas' procurement rules, mitigate legal risks, and manage procurement activities. The figure below demonstrates our understanding of the law, which we will apply during the solicitation process.

Arkansas Procurement Law follows a well-defined structure with several key stages

	Needs Assessment & Planning (Internal): •Government entity identifies a need for goods or services. •Defines requirements, budget, and timeline. •Determines the appropriate procurement method (competitive bidding vs. sole source).
	Preparation (Government Entity): •Develops bid solicitation documents outlining specifications and evaluation criteria. •Obtains necessary approvals.
	Pre-qualification: •For certain procurements, vendors may need to pre-qualify before submitting bids.
	Solicitation & Vendor Selection (Public): •Publishes bid solicitation documents through designated channels •Qualified vendors submit bids or proposals within the specified timeframe. •Government entity evaluates submissions based on pre-established criteria to select the most advantageous offer.
	Contract Negotiation & Award (Government Entity & Winning Vendor): •Negotiations may occur to finalize contract terms and pricing (especially for RFPs). •Contract is awarded to the winning vendor.
	Contract Performance & Administration (Ongoing): •Winning vendor delivers goods or services as per the contract. •Government entity monitors performance and ensures adherence to contract terms.
	Protest & Dispute Resolution (Optional): •Vendors may protest the solicitation prior to the submission date •Unsuccessful vendors may file protests if they believe the process was unfair. •A designated body reviews the protest and issues a decision.

We will actively stay updated on changes to the Arkansas Procurement Law through resources like the Arkansas Department of Transformation and Shared Services website and guidance from the Arkansas Department of Human Services. To prevent an award protest, we will develop a comprehensive proposal evaluation plan and help you to make an informed decision while reviewing responses to a solicitation. Our methodology works. We have never had a project overturned in a protest.

We understand that one of the essential aspects of Arkansas Procurement Law is to foster effective competition by using competitive bidding. We also understand the importance of encouraging competition to procure the best value for service or systems, and we will apply our best practices to your procurements. For example, hosting vendor fairs and releasing requests for information can generate interest early in the process.

B. Describe the Prospective Contractor's and proposed subcontractor's (if applicable) subject matter expertise specifically related procurement planning and research.

5 points

Our acquisition planning process begins with a visioning session. We use the Institute of Cultural Affairs (ICA) Technology of Participation (ToP®) Group Facilitation Methods to guide a meaningful discussion with collaborative decision-making. Our process results in consensus and a realistic, achievable plan to meet the objectives you identify during the process. By including all stakeholders in the visioning session, we begin to generate buy-in for the upcoming changes. We also understand your objectives, which help us focus on research and development of the solicitation while limiting the time commitment from DHS staff.

The visioning session will result in strategies for requirements definition, scope of work development, solicitation and evaluation planning, strategic teaming, and cost estimation. We will document these strategies, develop a roadmap for the procurement, and identify the process improvements needed to guide our market research. We have supported numerous agencies with planning and research during the development of their modular MES procurements.

We will use the planning outcomes to develop our research parameters. We will leverage the visioning outcomes to guide and inform our requirements research so that your requirements will result in an RFP tailored to your needs. In addition to our own procurement best practices research repository, we have access to a government procurement portal for sample procurements and scopes of work. We will also leverage lessons learned from similar MES procurement projects we have supported. We supplement this knowledge base by researching other State Medicaid procurements and models. We will then analyze our research and provide you with a Procurement Best Practice Report.

We describe our planning work with Wyoming in the Sample section. We have also done similar work in other states. For example, we supported Colorado Health Care Policy and Financing (HCPF) with conducting an Environmental

Scan that included a review of their Core Medicaid Management Information System (MMIS) and fiscal agent investments. This project work also included evaluation and assessment of the benefits and costs of leveraging existing investments versus new investments into a new platform. We conducted market research and collected lessons learned on various existing processes and practices, as well as new best practices and technologies. We then transitioned to the development of a solicitation and contract documentation for their updated MES modules.

We supported the Nevada Division of Health Care Financing and Policy (DHCFP) with their MMIS replacement planning. Our work included:

- **Best Practice Research:** Conducted research to identify industry and state best practices and coordinated Nevada's Medicaid modernization vendor fair.
- **Alternatives Analysis:** Identified and established a structured approach to conducting an analysis of MMIS replacement options. Our approach results in cost savings and efficiencies throughout the process.
- **Business Case Development:** Developed Nevada's Technology Investment Request document, which was a business case for securing State budget authorization for system design, development, and implementation.
- **Solicitation Support:** Conducted requirements identification and validation activities and established a procurement strategy and an RFP to solicit a system vendor to replace Nevada's MMIS.
- **IAPD Development:** Developed and submitted an IAPD to CMS to request federal funding for the implementation.
- **Requirements Traceability Matrix:** Mapped Nevada's MMIS requirements to CMS' Medicaid Enterprise Certification Toolkit (MECT) to enable tracking and validation of requirements throughout the MMIS replacement project.
- **IV&V Vendor RFP Development:** Developed an IV&V RFP to support the solicitation of IV&V vendor services for the DDI phase of Nevada's MMIS replacement project.

We include other examples of planning and research in the table below:

Agency, Project Name, Dates	Project Description
Hawaii Social Services Division Comprehensive Child Welfare Information System (CCWIS) Project Procurement Support 3/2021 to 3/2024	The Hawaii Social Services Division (SSD) is procuring a modular CCWIS compliant with 45 Code of Federal Regulations (CFR 95.613). SSD contracted PK to assist with securing qualified vendors and professional services to expand its procurement capacity in support of Hawaii's CCWIS implementation project.
Hawaii State Department of Health Med-QUEST Division (MQD) Kauhale On-Line Eligibility Assistance (KOLEA) Maintenance and Operations (M&O) RFP 9/2022 through 12/2023	The State of Hawaii Department of Human Services, Med-QUEST Division (MQD) engaged with PK to provide planning, solicitation, source selection, contract monitoring, and vendor performance evaluation for the re-procurement of maintenance and operations (M&O) services and enhancements to the Medicaid Enrollment & Eligibility (E&E) Solution, also known as the Kauhale On-Line Eligibility Assistance (KOLEA) system.
Colorado Department of Corrections Medical, Behavioral Health, and Substance Abuse Provider Compensation Market Research 3/23/2022 through 6/2022	The Colorado Department of Corrections (DOC) uncovered challenges in appropriately funding and locating service providers. Meeting inmates' needs for medical, behavioral health, and substance abuse resources has become difficult due to availability and price variability. It has also been challenging to forecast costs for budgeting purposes. We conducted market research on reimbursement models to inform DOC's future budgeting requests.
Colorado Department of Health Care Policy and Financing Health Information Technology Solicitation Writer Master Contract 9/2016 through 6/2021	For the Colorado MMIS re-procurement under the Health Information Technology (HIT) master contract, we performed market research, alternatives analysis, procurement planning, requirement drafting, and created HCPF's first MES module Invitation to Negotiate (ITN).
Colorado Governor's Office of Information Technology Colorado Benefits Management System	We assisted the Colorado DHCPF, Office of Information Technology (OIT), and Department of Human Services (DHS) with planning for the modernization of their eligibility and enrollment system with

(CBMS) Environmental Scan, Alternatives Analysis, and Roadmap 7/2022 through 6/2023	environmental scan interviews, reporting, alternatives analysis, and roadmap development.	
Mississippi Department of Child Protection Services Mississippi Department of Child Protection Services Cost Allocation and Financing Support 1/2023 to 12/2023	To support the delivery of trauma-informed, evidence-based services that increase placement stability, kinship supports, and timely permanency, we worked with the Mississippi Department of Child Protection Services (MDCPS) to design a revised approach to fundamental fiscal activities, plans, and protocols to increase capacity and increase federal reimbursement.	
Nevada Department of Health and Human Services, Division of Healthcare Financing and Policy All Payer Claims Database Planning and Procurement Support 10/2021 to 1/2023	PK provided planning and procurement services to assist the Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFF), State Purchasing, the Office of Analytics, and other stakeholders in securing a vendor to implement an All Payer Claims Database (APCD) for Nevada. PK also assisted with reviewing and updating proposed regulations pertaining to the data to be collected by the APCD.	
Wyoming Department of Family Services, Social Services Division Comprehensive Child Welfare Information System (CCWIS) Planning and Procurement and WYOSAFE Implementation Support 9/2019 through 9/2024	We supported in planning, research, and analysis efforts. We developed scope and requirements, drafted an RFI and RFP, supported vendor conferences, offered evaluator training, offered scoring and evaluation support, drafted contract documentation and supported contract negotiations. We also supported change management efforts and the development of vendor management tools. Following contract support efforts, we have transitioned into ongoing support of change management, project management, Advanced Planning Document (APD) completion, and quality assurance for the startup and implementation of their new CCWIS, named WYOSAFE.	
Wyoming Department of Health, Division of Healthcare Financing PK has assisted the Department of Health, Division of Healthcare Financing (DHCF) and the Wyoming Department of Family Services (DFS) with 48 procurements since 2017.	For the Wyoming Integrated Next Generation System (WINGS) Procurement Assistance project , we used industry best practices and extensive organizational, business process, and IT expertise to provide effective procurement support. The team assisted DHCF with module vendor identification, vendor fair coordination, documentation, requirements drafting, and provided an evaluation model to support DHCF modular development.	
Wyoming State Construction Department Wyoming State Construction Department Construction Document Assistance 4/2020 to 11/2022	PK assisted the newly formed Wyoming State Construction Department (SCD) with the development of new rules, policies, procurement templates, and contract templates. This was done to increase efficiency and sharing of processes, expertise, resources, and information. This project included significant stakeholder and working group involvement as well as presentations to legislative bodies.	
PK brings substantial procurement planning and research expertise, as evidenced by our successful engagements across multiple states and health and human service agencies. Our proven methodologies, strategic insights, and commitment to compliance with regulatory requirements make us well-equipped to support and advance Arkansas's goals.		
C. Describe the Prospective Contractor's and proposed subcontractor's (if applicable) subject matter expertise specifically related to Public Procurement Probity.		5 points
PK has significant experience related to public procurement probity. We prioritize upholding the highest integrity, transparency, and ethical conduct standards in all our procurement activities. Our approach to public procurement is guided by a commitment to probity, ensuring fairness, impartiality, and accountability throughout the procurement process.		

We have a demonstrated history of implementing thorough probity measures in our procurement engagements, including comprehensive risk assessments, conflict-of-interest management, and transparency mechanisms. Our team is adept at developing and implementing procurement processes that minimize the potential for misconduct, bias, or impropriety, thereby safeguarding the integrity of the procurement process and promoting public trust and confidence.

Additionally, we provide training and guidance to our clients and stakeholders on probity-related matters, equipping them with the knowledge and tools needed to uphold ethical standards and navigate potential ethical challenges effectively.

Overall, our expertise in public procurement probity helps our clients to have confidence in their procurement processes' fairness, transparency, and integrity, ultimately leading to successful outcomes and public trust in the procurement system.

D. Describe the Prospective Contractor's and proposed subcontractor's (if applicable) subject matter expertise specifically addressing Protests for high-cost state or federal solicitations.

5 points

PK brings considerable experience in managing protests related to high-cost procurements, including state and federal solicitations. While PK has assisted with protests in Iowa, Colorado, Montana, and Wyoming, it is important to note that our approach emphasizes helping clients avoid protests altogether. Most protests gain traction when agencies do not have or deviate from an evaluation plan. By leveraging our deep understanding of relevant laws, regulations, and industry best practices, we collaborate closely with clients to anticipate potential protest issues proactively. This proactive approach allows us to mitigate risks effectively and resolve disputes swiftly, ensuring smooth procurement processes and successful outcomes for our clients.

E. Describe the Prospective Contractor's and proposed subcontractor's (if applicable) subject matter expertise, specifically negotiations.

5 points

PK has supported contract negotiations in Colorado, Hawaii, Iowa, and Wyoming to optimize outcomes for our clients. Because we have helped with the solicitation process, we are well positioned to help educate the Attorney General's (AG) Office on the key elements of the solicitation and provide efficiencies to the state during negotiations. We also assist in developing the statement of work (SOW) and contracts and track revisions resulting from contract negotiations.

During the early stages of modularity procurements, PK acted as a legal convenor between our subcontracted MMIS Law specialist and the State of Colorado's AG to assist in the negotiations around Intellectual Property (IP) definitions. Traditionally, "ownership" was defined by the funding source, usually the state and federal government. In the MES transformation, modularity has focused on commercial off-the-shelf (COTS) products with minimal customization, therefore causing issues with the previous definition of "ownership." We supported Colorado in changing its definition.

We also provided strategic support to the Wyoming Department of Family Services with its Comprehensive Child Welfare Information System (CCWIS) and Early Childhood Integrated System (ECIS) in developing and implementing contract strategies. In Iowa, we served as the negotiations coordinator and facilitator by managing logistics, maintaining negotiation meeting minutes, evaluating vendor requests for impact on the SOW, as well as updating the SOW to reflect discussions.

Throughout our engagements, we emphasize an outcome-oriented approach to negotiations, focusing on achieving measurable improvements in service delivery, organizational effectiveness, and client outcomes. Our negotiation strategies are grounded in data-driven insights, best practices, and a deep understanding of regulatory requirements. We are committed to leveraging our negotiation skills to support Arkansas procurement objectives effectively.

F. Describe the Prospective Contractor's and proposed subcontractor's (if applicable) subject matter expertise specifically related to facilitating demonstrations, oral presentations, and/or interviews.

5 points

Our default evaluation approach includes the opportunity for demonstrations, orals, and/or interviews (demonstrations) so you have a chance to hear directly from the vendor and ask questions about how their proposed service or solution will work. We generally recommend moving forward with vendor demonstrations unless there is a clear front-runner after you complete the initial evaluation.

We frequently help our clients develop agendas, so vendors understand the focus area during the demonstrations. We also can coordinate meeting logistics and facilitate the meeting. Our Proposal Evaluation Plan (PEP) will include information on how to score orals and the evaluation weight assigned to demonstrations so both you and the vendor clearly understand the scoring and selection process. We used this process in Wyoming on multiple modules, allowing Wyoming to gain a first-hand understanding of what the top-scoring vendors' systems looked like and how it functioned. In addition to supporting the Wyoming Department of Health, Division of Healthcare Financing, we have also supported the Division of Family Services with demonstrations. In Wyoming alone, we have provided demonstration support on over ten projects. We have also supported demonstrations in Iowa, where we also facilitated

the demonstrations, and Colorado.

PK is committed to leveraging this demonstrated expertise to support Arkansas in its procurement objectives for Medicaid and other human services, ensuring effective facilitation of demonstrations to meet the state's specific needs and requirements.

G. Describe the Prospective Contractor's and proposed subcontractor's (if applicable) subject matter expertise specifically related to evaluations.

5 points

Once you receive responses to a solicitation, we help you manage risks, score costs appropriately, and avoid vendor gaming and protests to make an informed decision. Our proven evaluation approach includes custom scoring sheets for proposals and oral presentations to help you choose the best vendor for your budget and project. However, the key to a successful evaluation loops back to your procurement strategy. There should be no surprises during the evaluation.

Our PEPs include detailed evaluation criteria, an overview of the source selection process, descriptions of our selection tools, descriptions of the evaluation committee roles and responsibilities, and detailed steps by source selection phase. Our proposal evaluation toolkit includes standard score forms, scoring tools, and other proposal evaluation templates. We then train your staff, so we know they are knowledgeable in the PEP. Our PEP results in an understandable and user-friendly process for the evaluation team that withstands scrutiny in the event of a protest.

The table below includes examples of evaluation support:

Agency, Project Name, Dates	Project Description
Hawaii Social Services Division Comprehensive Child Welfare Information System (CCWIS) Project Procurement Support 3/2021 to 3/2024	The Hawaii Social Services Division (SSD) is procuring a modular CCWIS compliant with 45 Code of Federal Regulations (CFR 95.613). SSD contracted PK to assist with securing qualified vendors and professional services to expand its procurement capacity in support of Hawaii's CCWIS implementation project.
Hawaii State Department of Health Med-QUEST Division (MQD) Kauhale On-Line Eligibility Assistance (KOLEA) Maintenance and Operations (M&O) RFP 9/2022 through 12/2023	The State of Hawaii Department of Human Services, Med-QUEST Division (MQD) engaged with PK to provide planning, solicitation, source selection, contract monitoring, and vendor performance evaluation for the re-procurement of maintenance and operations (M&O) services and enhancements to the Medicaid Enrollment & Eligibility (E&E) Solution, also known as the Kauhale On-Line Eligibility Assistance (KOLEA) system.
Wyoming Department of Family Services, Social Services Division Comprehensive Child Welfare Information System (CCWIS) Planning and Procurement and WYOSAFE Implementation Support 9/2019 through 9/2024	We developed scope and requirements, drafted an RFI and RFP, supported vendor conferences, offered evaluator training, provided scoring and evaluation support, drafted contract documentation and supported contract negotiations. We also supported change management efforts and the development of vendor management tools. Following contract support efforts, we have transitioned into ongoing support of change management, project management, Advanced Planning Document (APD) completion, and quality assurance for the startup and implementation of their new CCWIS, named WYOSAFE.
Wyoming Department of Health, Division of Healthcare Financing PK has assisted the Department of Health, Division of Healthcare Financing (DHCF) and the Wyoming Department of Family Services (DFS) with 48 procurements since 2017.	For the Wyoming Department of Health, Division of Healthcare Financing (DHCF), we have provided requirements drafting, RFP drafting, proposal evaluation support, and stakeholder engagement for our master contract. Sample master contract projects include: We provided RFP drafting and proposal evaluation support for a new RFP for medical rate analysis and reimbursement assistant services for our New Rate Analysis Procurement Support project . We helped DHCF draft new RFP requirements to meet the new legislative requirements and guide changes to the RFP, requirements, and evaluation approach based on lessons learned from the prior RFP. We also delivered training and education to DHCF staff on procurements. We provided proposal evaluation support for the Utilization Management Vendor Proposal Evaluation Support project . We assisted DHCF with the proposal evaluation phase, developed

	evaluation materials, conducted evaluation training, and facilitated the RFP scoring process. We facilitated and documented requirements through working client sessions and developed draft and final RFPs and Proposal Evaluation Plans (PEPs) for each procurement for the Rate Setting Procurement Assistance project. We facilitated vendor oral presentations, an evaluation process, and a lesson learned discussion for the Rate Setting procurement. For the Wyoming Integrated Next Generation System (WINGS) Procurement Assistance project, we used industry best practices and extensive organizational, business process, and IT expertise to provide effective procurement support. The team assisted DHCF with module vendor identification, vendor fair coordination, documentation, requirements drafting, and provided an evaluation model to support DHCF modular development.	

H. Describe the Prospective Contractor's and proposed subcontractor's (if applicable) subject matter expertise specifically related to writing and executing complex procurements.

5 points

PK brings knowledge and skills in writing and executing complex procurements across 16 states and 25 plus different agencies. We understand that importance of each step in the procurement process and how it leads to success in the next phase. We have a defined methodology that leads to success, but a key component of our methodology is meeting your unique needs.

Public Knowledge® Procurement Support Methodology



We include examples of complex procurements in the tables throughout this section, and discuss our writing and execution support for Wyoming in the sample section below. Another example from Wyoming is our support for the Wyoming Division of Healthcare Financing in conducting market research for Psychiatric Evaluation Services, focusing on competitive procurement that adhered to stringent service provider evaluation protocols. We applied our expertise to enhance the procurement process, preventing conflicts of interest and ensuring equitable consideration of in-state and out-of-state service providers. The roadmap included:

1. **Needs Assessment:** Identification and assessment of organizational needs or requirements that drive the procurement process. This may involve analyzing current capabilities, gaps, and future needs.
2. **Market Research:** Conducting research to understand the market landscape, including potential suppliers, their capabilities, market trends, pricing, and available technologies or solutions.
3. **Strategy Development:** Formulating a procurement strategy aligned with organizational goals and objectives. This includes decisions on procurement methods (e.g., competitive bidding, sole source), risk management strategies, and supplier relationship management.
4. **Solicitation Planning:** Planning the solicitation process, which may involve drafting Requests for Proposals (RFPs), Requests for Quotes (RFQs), or Requests for Information (RFIs). This step outlines the criteria for supplier selection and evaluation.
5. **Vendor Evaluation and Selection:** Evaluating vendor proposals or bids against predefined criteria. This includes scoring processes, evaluation committees, and methods for a fair and objective selection.
6. **Contract Negotiation and Award:** Negotiating contract terms and conditions with selected vendors to achieve favorable terms while aligning with legal and regulatory requirements. This step also involves awarding contracts to chosen suppliers.
7. **Implementation Planning:** Planning for the implementation of procured goods or services, including logistics, timelines, and integration with existing systems or processes.
8. **Performance Monitoring and Management:** Establishing mechanisms to monitor supplier performance

against contract terms and Key Performance Indicators (KPIs) allows for verification that suppliers deliver as per agreed-upon standards and objectives.

9. **Continuous Improvement:** Identifying opportunities for process improvements, cost savings, and enhanced supplier relationships through ongoing evaluation and feedback loops.
10. **Compliance and Ethics:** Ensuring that all procurement activities adhere to legal and ethical standards, including transparency, fairness, and avoidance of conflicts of interest.
11. **Risk Management and Monitoring:** Integrated risk management and monitoring frameworks are implemented to mitigate procurement-related risks and uphold compliance with regulatory requirements effectively.

At PK, we are committed to delivering transparent and effective procurement solutions that advance the well-being of Arkansas citizens. Our comprehensive expertise helps us strategically plan, meticulously execute, and rigorously evaluate each procurement initiative so that it achieves optimal outcomes and stakeholder satisfaction.

E.4 Approach and Methodology	45
A. One service objective of DHS is to reduce the number of hours spent by DHS subject matter experts and executive staff in developing scopes of work and associated solicitation materials. The Awarded Contractor will participate in high level discussions around service limitations and objectives and receive historical contract documents, requirement matrices, and other written materials as an initial artifact archive. Describe the approach and methodology of how the Prospective Contractor will utilize this archive and/or materials researched by the Prospective Contractor to draft solicitation documents with a minimal draw on DHS staff hours.	5 points

We applaud DHS for its approach to drafting requirements primarily through development in accordance with the approved procurement strategy and DHS' decisions and only conducting focused requirements sessions on areas of concern. This is essential to a solid partnership between PK and DHS as we work to minimize the hours needed from the DHS team, while ensuring DHS input, needs, and priorities are reflected in the solicitations. Our approach begins with facilitating focused discussions with subject matter experts, executive staff, and procurement personnel to understand DHS's vision and objectives of the MES Core and DSS and each potential project thereafter. We hold these initial conversations with a participative facilitation approach and other collaborative tools and processes to build effective internal, client, and joint project teams, helping to elicit DHS input and priorities effectively and efficiently.

During planning, we focus on identifying DHS AME needs and the best strategies to meet those needs. Next, we shift our efforts to research. We leverage your strategic priorities to guide and inform our understanding of project aims, limitations and service elements. We use our procurement best practices research repository and leverage access to a government procurement portal for sample procurements and scopes of work. Our research includes reviewing and evaluating Medicaid enterprise system solutions implemented by other states, assessing different vendor offerings and solutions, and documenting industry best practices. We complete this research through an environmental scan and sometimes a Request for Information (RFI).

From the beginning, we will work closely with your procurement representatives to establish a foundation that aligns with DHS's goals and State procurement laws and rules. This approach provides a clear process for subsequent solicitations, promoting consistency and saving time across the enterprise effort.

Throughout the process, PK will minimize the demand on DHS's staff by streamlining meetings and providing clear and succinct updates and reports on our progress. As appropriate we will schedule walkthroughs and working sessions with DHS staff from whom we need input to minimize their hours. We use consistent language in our outreach to DHS staff, will schedule meetings well in advance, and will work with your schedule cycle. We also provide agendas and meeting objectives ahead of time so when we ask your team to come to a meeting, it is purposeful and does not waste time. For any targeted requirements sessions, we will provide the drafted content at least a week ahead of time to allow your team to review and come in to the meeting prepared. At PK, we believe that best practices for meetings can have a significant impact on your time, such as:

- Each meeting has a purpose that serves a specific function in the solicitation framework.
- Every meeting is built only from elements that support the meeting's function.

Our approach acknowledges the impact and effort to DHS staff of a project such as this, which takes time from their day-to-day responsibilities. By promoting collaborative decision-making and ensuring transparency, PK can deliver detailed procurement strategies that optimize outcomes for Arkansas's Medicaid and human services initiatives, aligning with DHS's mission to enhance service delivery efficiency and effectiveness.

B. A service objective for DHS is to receive timely, well-informed, and project- specific initial recommendations for procurement strategies. For each project, the awarded Contractor will meet with subject matter experts, executive staff, and procurement staff for a high-level discussion of project limitations and objectives. Describe the approach and methodology of how the Prospective Contractor will mobilize their expertise, experience, research resources to identify and recommend an initial project procurement strategy.	5 points
PK is committed to providing timely and well-informed initial recommendations for procurement strategies to Arkansas DHS. Developing a procurement strategy for the individual module projects, and the overall AME modernization effort is critical to achieving the outcomes you want while optimizing time and financial resources. The initial procurement strategy emphasizes priorities and opportunities that are part of an overall strategy aligned with DHS' AME objectives to: • Successfully establish specified Medicaid and other human services contracts that maximize value, innovation and effectiveness for Arkansans; • Manage risk and support the success of each solicitation project; and • Reduce the resource investment of DHS staff through limiting the hours needed by SMEs and executive staff and an effective communication strategy. Our process begins by designing and facilitating an overall vision and strategic roadmap planning session. We will first conduct a series of procurement planning sessions with key stakeholders. Vision and roadmap planning provides you with markers for your journey, resulting in a set of guiding principles to guide each future AME module. Our approach to recommending and defining procurement strategies for each project includes: Identify stakeholders to attend the visioning and strategic roadmap session: We will work with you to identify the subject matter experts, executive staff, and procurement staff for each session. Review DHS artifacts, supporting documentation, and best practices research: We will thoroughly research the resources provided to establish the context and document what's most important to you in each solicitation project. Develop agenda and meeting facilitation materials: Your team will have the agenda and any pre-materials well in advance of the session. Facilitate a visioning session to identify solicitation guiding principles and strategies: Facilitation is essential for successful collaboration among stakeholders. It is more than leading a meeting. It is how we bring our procurement support team to your project through accountability, transparency, and collaboration. This includes cross-stakeholder coordination to align them with a shared vision and path forward. We use the Institute of Cultural Affairs (ICA) Technology of Participation (ToP®) group facilitation methods to lead collaborative and productive meetings. ToP® methods emphasize a shared vision while identifying and acknowledging the barriers to implementation. We will use these methods to support the visioning and strategic roadmap session. As part of this process, an alternatives analysis for specific module projects may be performed. PK has a defined, scalable alternatives analysis methodology that has been demonstrated over time to help a state identify and justify a solicitation approach or solution that is technically, financially, and operationally feasible. Over the years, we have developed and maintained a library of possible criteria such as achievability, technical interoperability, scalability, and cost-benefit analysis from which to select. Through collaboration with DHS stakeholders, we conduct these steps: • Develop criteria based on the procurement strategy and desired scope. • Define and document the alternatives to be reviewed. • Research and analyze each alternative. • Compare alternatives against the criteria to determine the pros and cons and develop a Draft Alternatives Analysis report. • Facilitate an alternatives analysis meeting with DHS reviewers and evaluators to rank the alternatives based on the criteria. Our approach includes both qualitative and quantitative analysis and assessment to provide DHS with a comprehensive understanding of the strengths and implications of each possible solicitation approach. PK tailors every aspect of the procurement strategy to meet your specific needs and objectives. We prioritize clarity, efficiency, and strategic alignment to maximize the impact of procurement activities on your initiatives. The result is a set of strategic guiding principles that serve as the foundation for the solicitation development.	

C. Describe how the Prospective Contractor's approach and methodology to procurement strategy incorporates predictive or progressive analysis to reduce risk for project-specific, downstream concerns.	5 points								
The procurement strategy must stand the test of time over the solicitation cycle so that not only does it convey support and buy-in for the projects, it supports how solicitation materials are developed, evaluated and a contract is awarded. The reality is that over time, issues or risks are introduced that necessitate a look at the strategy to consider changes to the foundational guiding principles (or vision) or even the accompanying strategies. For example, if one of the procurement principles is "to encourage an end state module solution with performance and automation gains over the current system", there could be any number of risks or issues that become evident further in the solicitation effort. These could be factors such as requirements requested that represent costly, customized features, representing a scope increase. In these events, we rely on predictive and progressive analysis to mitigate the risks. We recognize the critical importance of proactive risk management in achieving successful outcomes in Medicaid and other human services procurements. To achieve this, our methodology includes the following steps: Predictive Analysis: We utilize data-driven techniques and historical insights to anticipate potential challenges and risks early in the procurement process. This involves analyzing past trends, market conditions, and regulatory changes to identify potential disruptions and develop proactive mitigation strategies. We also develop a risk management plan and set up a Risk and Issue Log to track and address identified risks and issues. The log includes fields that identify the risk or issue as well as a description, risk rating, remediation actions, and notes. Progressive Analysis: We continuously assess and refine how we address issues and risks throughout the procurement lifecycle based on real-time data and stakeholder feedback. This approach allows us to promptly adapt to evolving project dynamics and stakeholder needs. We analyze data to quantify variances and classify each as a risk (potential impact) or issue (current impact), assess their probability and impact, assign risk ratings, categorize and prioritize them, and recommend response strategies. The risk and issue log is updated regularly to provide transparency and proactive management of risks and issues. By combining these analytical approaches, we enhance our ability to anticipate and mitigate project-specific risks and manage unforeseen challenges effectively. This proactive stance safeguards project timelines and budgets while strengthening overall project resilience and success.									
D. A service objective for DHS is to receive ongoing recommendations to manage risk associated with emergent issues, such as revisions in Federal guidance or regulation, market changes, or shifts in business needs that may occur throughout the solicitation process. Describe the Prospective Contractor's approach and methodology for monitoring, identifying, and defining, emergent issues. Describe how the Prospective Contractor designs project-specific solutions to manage risk associated with those emergent issues.	5 points								
Our approach to managing emergent issues related to Arkansas Medicaid and other human services procurement centers on proactive monitoring, rapid identification, and decisive action to mitigate risks. Our experience has provided many lessons learned and insight into the impacts of emergent issues. We understand the importance of staying abreast of evolving Federal guidance, regulatory changes, market dynamics, and shifting business needs throughout the solicitation process. The table below addresses some of the more common challenges and recommended mitigation strategies we've experienced in similar projects. <table border="1"> <thead> <tr> <th>Challenge in Modular Medicaid Projects</th><th>Typical Mitigation Strategy</th></tr> </thead> <tbody> <tr> <td>Funding shortfalls or reductions are introduced once the project is underway.</td><td>Consider carving out certain functionality or features to a later fiscal year. Work with budget and finance staff to look for alternative funding sources through grants, private-public sector partnerships, multiple state partnerships, waivers, or participation in demonstration projects.</td></tr> <tr> <td>Regulatory changes or priorities shift so that State-level executive or legislative interest or demands require the project to pivot in response to those changes through functionality, contracting approach, performance expectations, partnership opportunities, or other impacts.</td><td>Conduct a review of project status and resources; consider a facilitated session with executives and other decision makers to review the focus of the project and identify needed changes to the plan or other parts of the project.</td></tr> <tr> <td>Lack of understanding about existing Medicaid enterprise</td><td>Conduct a business process documentation effort in advance of project start. This can be used to support</td></tr> </tbody> </table>		Challenge in Modular Medicaid Projects	Typical Mitigation Strategy	Funding shortfalls or reductions are introduced once the project is underway.	Consider carving out certain functionality or features to a later fiscal year. Work with budget and finance staff to look for alternative funding sources through grants, private-public sector partnerships, multiple state partnerships, waivers, or participation in demonstration projects.	Regulatory changes or priorities shift so that State-level executive or legislative interest or demands require the project to pivot in response to those changes through functionality, contracting approach, performance expectations, partnership opportunities, or other impacts.	Conduct a review of project status and resources; consider a facilitated session with executives and other decision makers to review the focus of the project and identify needed changes to the plan or other parts of the project.	Lack of understanding about existing Medicaid enterprise	Conduct a business process documentation effort in advance of project start. This can be used to support
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business processes.	future reorganization around business processes if desired.
Project staff are not able to dedicate enough time to the project due to their regular operational or program support jobs.	Consider fully assigning subject matter/program area experts full time to work side-by-side with the project manager for each module effort.
Lack of clarification about vendor exclusions for each module exists which impacts the procurement cycle.	Clearly lay out the list of modular procurements and map to vendor qualifications and contract exclusions. For example, if there are contracts that, if a vendor wins, excludes them from bidding another component.
Engagement and long-term support of the enterprise vision within the organization is not sustained.	Provide and share the vision across the Agency and assess readiness and acceptance for change through an organizational change management (OCM) effort.
Sustaining vendor interest in a market with other states also engaged in procurements for the same resources.	Consider the impact of changes to the solicitation timelines to minimize the overlap with other states.
Availability of vendors in the marketplace.	Allow vendors to bid on and win more than one component if they are standalone modules.
Modularity approaches depend on a large number of complex interfaces.	Document and clean up interfaces early in the project as a dedicated effort. An inventory and analysis of each interface should be performed.
Modules may approach “configurability” differently from each other.	Provide documentation of all business rules, logic and policies to each vendor upon contract initiation phase so that they can ensure their configuration approach will produce the correct results.
Procurement and contract management of multiple contracts is a big effort.	Look for opportunities to streamline procurement and contracting through templates and core RFP components that can be leveraged across projects.
Our approach to monitoring, identifying, and defining emergent issues, and managing associated risk includes the following components: 1. Monitoring and Identification: We utilize our industry expertise and firm resources to continuously scan for changes in Federal guidance, regulations, market trends, and business environment. This includes leveraging industry databases, regulatory alerts, and stakeholder consultations to promptly identify emergent issues that may impact our projects. PK's Health and Medicaid Community of Practice is supported by numerous subject matter experts knowledgeable with the Medicaid program and technology landscape. One of our proposed team members is involved as a member of the Private Sector Technology Group that focuses on key technical and policy issues important to the Medicaid industry. 2. Definition and Assessment: Once identified, we define and assess the potential impact of emergent issues on our projects in a collaborative way in our teams and with Arkansas DHS. This involves a thorough analysis of the implications on project timelines, budgets, compliance requirements, and stakeholder expectations. As issues are identified, we communicate and share our analysis and recommendations with you in real time, and do not wait for a status report or other scheduled opportunity. 3. Designing Project-Specific Solutions: Based on our assessment, we tailor project-specific solutions to effectively manage identified risks. These are based on our experience, research and information gathering from DHS as well as other states and the industry in general. Solutions may include: • Rapid adjustment of project plans and timelines to accommodate new regulations or guidance. • Development of alternative procurement strategies to mitigate market volatility or business shifts. • Implementation of proactive communication strategies to keep stakeholders informed and engaged during transitions. 4. Continuous Evaluation and Adaptation: Throughout the solicitation process, we maintain a dynamic approach, continuously evaluating the effectiveness of our solutions and adapting them as needed. This	

approach helps to keep your procurement strategy aligned with emerging challenges and evolving project requirements. By incorporating these practices into our approach, we mitigate the risks associated with emergent problems, improve the project's resilience, and boost stakeholder confidence. Our proactive stance means that Arkansas DHS consistently receives ongoing recommendations and effective solutions for navigating the complexities of procurement environments with agility and foresight.	
E. A service objective of DHS is to establish effective targeted communications between the Prospective Contractor and DHS stakeholders. The Contractor will coordinate multiple agency stakeholders during the solicitation posting to award process. How will the Prospective Contractor approach communicating with internal DHS stakeholders including the OP team to coordinate successful processes from solicitation posting to award. Specifically, what targeted methods will be used to avoid standing meetings and dead time associated with them?	5 points
PK will develop a Communication and Engagement Plan with materials that support messaging, terminology, input gathering, and reporting strategies throughout the project. We will continuously coordinate with internal DHS stakeholders, including the OP team, and individuals to document and communicate regarding the solicitation milestones, updates, and regular information sharing. PK employs a proactive, targeted communication approach that will seamlessly include communication from solicitation posting to award. We do not depend on standing meetings but instead plan targeted communications through: 1. Actionable Communication Plan: PK will develop a comprehensive communication plan that outlines clear objectives, messaging strategies, and communication timelines. This plan addressed how we will communicate with stakeholders to provide timely and relevant information, minimizing delays and maximizing engagement throughout the solicitation process. 2. Tailored Communication Channels: We recognize the inefficiencies of standing meetings and instead implement targeted communication methods tailored to DHS stakeholders' specific needs and availability. This includes leveraging digital platforms, such as collaborative project management tools and virtual communication channels, to facilitate real-time updates and discussions without the constraints of scheduled meetings. 3. Stakeholder Engagement Strategies: We prioritize stakeholder engagement through personalized interactions and timely updates. This approach promotes openness, encourages clarity, maintains momentum, and inspires proactive participation from all parties involved, thereby reducing potential dead time and ensuring continuous progress towards project milestones. By adopting these targeted communication methods, PK can enhance collaboration, make decision-making processes more efficient, and effectively manage project complexities from the solicitation posting to the awarding stage. Our experience engaging stakeholders provides DHS with proactive support customized to its unique needs and operational dynamics, fostering project success and stakeholder contentment.	
F. Contracts established from designated solicitation projects must include key performance metrics and associated financial penalties for insufficient performance. As part of the solicitation documentation, the Contractor will develop the key performance indicators for each project. Describe the Prospective Contractor's approach and methodology to identify, track, define, prioritize, and draft these metrics and measures of key performance indicators while developing scope of work requirements.	5 points
The identification and documentation of Key Performance Indicators (KPI's) and Service Level Agreements (SLA's) is a significant part of the requirements development process. KPIs and SLAs have some foundational facets that must be present if they are to effectively support strong contract performance and monitoring. These include: • They must reflect the important areas for the vendor to focus on, so that, by doing so, the module implementation and vendor performance will meet the needs of Arkansans who are covered by the Medicaid program. • They must include the measurement standard and benchmark baseline data to indicate achievement of the measure. • The KPI or SLA must be able to measured from reporting period to reporting period (monthly or quarterly, etc) using data that is available, accessible, and that demonstrates data integrity. If a contractor requires data from another vendor for the KPI, this should be monitored closely by DHS to ensure the data is provided in accordance with the requirements. • There should ideally not be so many KPIs that they are unable to be monitored. We recommend a core set of KPIs across the contract, with additional phase specific measures as the project progresses. • The effectiveness of financial penalties or incentives for assumption of risk or exceeding measures is based on	

the willingness of the State to assess and administer them. They can be helpful for making sure the vendor is meeting contract expectations.

PK approaches the development of key performance indicators (KPIs) for designated solicitation projects with a meticulous methodology ensuring effective project oversight and accountability.

Our approach to identifying, tracking, defining, prioritizing, and drafting metrics and performance indicators includes the following components

1. **Identification and Definition:** PK initiates this process by collaborating closely with DHS stakeholders to identify the critical performance areas essential for the project's success. By holding stakeholder meetings and conducting a comprehensive review of the project documentation, we aim to make KPIs relevant, measurable, and aligned with the project's objectives.
2. **Tracking and Prioritization:** Once identified, KPIs are tracked using structured metrics that monitor performance against established benchmarks. These metrics are prioritized based on their significance to project success, ensuring that efforts are focused on areas critical to achieving desired outcomes and focus efforts where they matter most.
3. **Drafting and Documentation:** PK drafts KPIs with clear and precise definitions, measurement criteria, and associated performance thresholds. Each KPI is documented in alignment and compliance with contractual requirements and is regularly reviewed and updated as needed to reflect evolving project dynamics and stakeholder expectations.
4. **Integration with Performance Management:** Our approach seamlessly integrates KPIs into performance management frameworks, which includes scheduled performance reviews and corrective action planning. This makes performance assessments comprehensive, actionable, and aligned with contractual obligations.

Incorporation of Provided KPIs and Penalties:

PK acknowledges the specific KPIs provided by Arkansas DHS, including:

Staffing Management: Ensuring compliance with minimum staffing levels and timely filling of vacancies to avoid penalties associated with understaffing.

Performance Management: Adherence to performance review schedules, development of corrective action plans (CAPs), and timely submission of deliverables to meet contractual obligations.

Data Retention and Reporting: Timely production and correction of project records to comply with state and federal regulations, avoiding penalties related to non-compliance with record retention standards.

PK's approach carefully aligns each KPI with Arkansas DHS's operational priorities and contractual requirements. PK can work closely with Arkansas DHS to enhance project transparency, accountability, and overall performance excellence by developing a structured framework of KPIs and associated penalties.

G. Describe the Prospective Contractor's approach to managing and monitoring requirement updates as changes occur. These projects may include multiple divisions throughout DHS.	5 points

More than half of contract issues arise from omitted, faulty, or misunderstood requirements. We combine extensive requirements research, facilitation experience, and documentation expertise to develop clear and accurate requirements, so you get the outcomes you intend. We write the solicitation to help you define and communicate your needs in a way that attracts attention and generates competition among the most qualified bidders. State agencies must attract qualified vendors who will deliver value-added services. We can help with targeted tactics that generate more interest. Examples of these tactics include procurement fairs, pre-proposal conferences, pre-release procurement announcements, and the release of a bidder's library prior to the release of the solicitation. We can also help with creative procurement and requirements models to allow vendors an opportunity to use their expertise. Essential to this overall aim is that PK will systematically manage and monitor requirement updates across projects within the Arkansas DHS through:

- **Iterative Planning and Execution:** Using agile principles where applicable to enhance flexibility and adaptability to changing requirements.
- **Continuous Monitoring and Reporting:** Regularly monitoring project progress against baseline requirements, with real-time reporting to DHS divisions to maintain transparency and accountability.
- **Stakeholder Engagement:** Proactively engaging with DHS divisions and stakeholders throughout the requirement updates process, ensuring alignment with organizational goals and expectations.
- Our approach to managing requirement updates includes these components:
- **Initial Requirements Analysis:** PK begins by conducting a thorough initial requirements analysis in collaboration with DHS stakeholders from various divisions, along with the review of existing requirements matrices, other state research, and current AME contracts. This stage involves gathering comprehensive insights into project goals, scope, constraints, and regulatory considerations and results in a Requirement

Breakdown Structure (RBS) for the project.

- **Structured Change Management Process:** PK implements a structured change management process embedded within our project management framework. This process is designed to systematically capture, assess, and prioritize requirement changes as they arise during project execution.
- **Documentation and Communication:** All requirement updates are meticulously documented in the requirement tool to maintain clarity and accountability. PK establishes transparent communication channels with DHS divisions and stakeholders, which facilitates the timely dissemination of updated requirements and any associated impacts on the project's scope, schedule, or budget.
- **Impact Assessment and Mitigation:** Upon identification of requirement changes, PK conducts thorough impact assessments to evaluate potential implications on project deliverables, resources, and stakeholder expectations. Mitigation strategies are promptly developed and implemented to address deviations from the original project plan.
- **Integration with Project Controls:** Requirement updates are seamlessly integrated with PK's project controls, including scheduling, budgeting, risk management, and quality assurance processes. This integration helps all changes to be managed within the framework of project governance and in compliance with DHS standards.
- PK remains committed to continuous improvement by incorporating feedback from DHS divisions and stakeholders into our approach. This iterative process enhances our ability to anticipate and adapt to evolving requirements effectively, ultimately delivering successful project outcomes that meet the needs of Arkansas DHS.

A few of the ways we address the management of requirements are included in the table below.

Recommendations for Managing Requirements Process

Create an initial Requirement Breakdown Structure (RBS).	Creating an RBS allows the full scope of the effort to be clearly laid out to support requirements development. Additionally, general and enterprise level requirements that may be shared across solicitations and modules can be clearly identified as distinct from the functional, system and business requirements for the specific module.
Identify common language and terminology for requirements development.	As part of the start of requirements development, create a standard operating process for requirements with preferred terminology (e.g., vendor, bidder or contractor; client or member, etc.) This saves time for future updates and QA.
Consolidate the information requirements in a single section of the RFP.	Spreading requirements from section to section leads to missed requirements and makes it more challenging for evaluators to find the necessary information. Checklists and requirement matrices are helpful to vendors as they gather the information they need to provide you with everything you require.
Group requirements by category.	Grouping by category helps the evaluators and the vendor prioritize and organize requirements.
Differentiate contract requirements from response requirements.	Differentiating contract and response requirements helps vendors focus on the information required for their response to the procurement and distinguish those from the scope of work requirements.
Consider which requirements are must haves.	As requirements and business needs are articulated, being deliberate about which requirements are truly prescriptive vs. those that can be met through the bidder's proposed solution is important. For prescriptive requirements, if the requirement is under-specified it may be hard to monitor and commit the contractor to, however if it is over-prescribed, the state may not get what it intends.

H. Describe the Prospective Contractor's approach to managing and monitoring remote personnel to ensure high productivity.	5 points
PK has been a remote firm since its inception. We effectively manage and monitor remote personnel to achieve high productivity. We have leveraged our extensive experience in remote workforce management to develop tailored strategies to support productivity and maintain operational efficiency across various projects within the Arkansas DHS. Our approach includes: Project Leadership: Our team is overseen by an engagement vice president (EVP) and project manager (PM) who are responsible for ensuring our team is delivering quality, meeting timelines and other project measures, and effectively delivering on our scope of work. They monitor performance and provide feedback, coaching, and resources needed to keep the remote team at the highest level of performance. Regular Communication and Collaboration: We emphasize regular communication and collaboration through virtual meetings, collaborative tools, and structured reporting mechanisms. This facilitates seamless interaction among team members, enhances project visibility, and promotes a cohesive remote work environment. At PK, we have weekly project sync calls, as well as individual targeted calls between the PM and team member. These provide the opportunity to address project priorities, current and upcoming work, and any issues. In addition, team building initiatives and having fun together support how we build our teams for the most productive effectiveness. Technology and Infrastructure: PK invests in advanced technology infrastructure and tools that support remote work operations effectively. This includes secure communication channels, cloud-based collaboration platforms, and virtual private networks (VPNs) to safeguard data integrity and facilitate efficient remote access. We are aware that for this project, we are required to use DHS enterprise software for project functions and to support DHS' FOIA compliance, we will not use our corporate or private email for any communications related to DHS project(s). Training and Development: We prioritize continuous training and professional development initiatives designed specifically for remote staff, focusing on enhancing skills, promoting self-management, and fostering a culture of continuous improvement. This approach keeps our team adaptable to evolving project requirements and industry best practices. Our firm values of Teamwork and Drive are demonstrated by strong team collaboration and each individual taking responsibility for helping the team's performance, over individual status. PKers are focused on being engaged in their work and truly support each other. This is how we bring the level of productivity to your project to ensure your goals are being achieved. Performance Monitoring and Feedback Loops: PK implements regular performance monitoring and feedback loops to assess individual and team performance against established benchmarks. This proactive approach allows us to address challenges promptly, recognize achievements, and refine strategies to optimize productivity. Adherence to Policies and Guidelines: We strictly adhere to organizational policies and guidelines, including cybersecurity, data protection regulations, and remote work protocols. This adherence facilitates regulatory compliance and maintains a safe working environment for all remote personnel. By implementing these strategies, PK effectively manages and monitors remote personnel, ensuring high productivity, collaboration, and responsiveness across all projects within the Arkansas DHS.	
I. Describe what mitigation tactics will be used when a project is delayed, or tasks are not completed as expected.	5 points
In managing projects for Arkansas DHS, PK will adhere to a proactive risk management approach to mitigate delays effectively. Our risk management strategy encompasses several key mitigation tactics: Early Identification and Assessment: We prioritize early identification of potential delays through regular project monitoring and reporting. This allows us to assess risks promptly and take preventive actions. Contingency Planning: PK develops comprehensive contingency plans tailored to each project's unique risks. These plans outline alternative approaches, resource reallocation strategies, and task prioritization or adjustments to mitigate any identified risks promptly. Collaborative Problem Solving: We promote an environment where project teams engage in proactive problem-solving. This approach helps us to address challenges collectively and leverage diverse perspectives and expertise within the team. Clear Communication and Transparency: Transparent communication is fundamental in our risk mitigation strategy. We maintain open channels with stakeholders, including Arkansas DHS, to provide timely updates on project status, challenges, and mitigation efforts. Adaptive Project Management: PK utilizes adaptive project management methodologies that allow for flexibility in responding to unexpected delays. This includes responsive practices such as iterative planning, continuous monitoring, and adaptive resource allocation.	

6. Performance Reviews and Corrective Actions: Regular performance reviews enable us to identify deviations from expected timelines. If deviations occur, PK promptly initiates corrective actions outlined in our risk management plan to realign efforts and minimize further impact on project schedules. By integrating these mitigation tactics into our project management approach, PK is able to promptly and effectively address delays, thereby maintaining project momentum and meeting the expectations of Arkansas DHS.	
E.5 Sample Note: The sample solicitation provided in support of the section below may have any identifying information anonymized or redacted but should retain as much of the original document as possible for evaluation purposes.	40
A. Provide a sample solicitation and relevant associated materials produced by the Respondent meeting the following criteria: - Established a service contract with a total (multi-year) contract value of more than \$50 million dollars (\$50,000,000) - The established contract received funding through a partnership with a federal agency using an Advanced Planning or equivalent process.	
Note: The following criteria are specific to the sample provided and will be scored in comparison to the sample.	
We have partnered with the Wyoming Department of Health, Division of Healthcare Financing (DHCF) for over 25 years, providing expertise on its MMIS. This trust has allowed us to partner with Wyoming throughout its MES transformation. We supported Wyoming with the planning and procurement of numerous modules, including: - Pharmacy Benefit Management System (PBMS) - System Integrator (SI) with Enterprise Service Bus (ESB) - Data Warehouse (DW) with Business Intelligence Tools - Fraud, Waste, Abuse Analytics and Case Tracking (FWA) - Provider Enrollment, Screening, and Monitoring - Benefit Management System and Services (BMS) - Electronic Visit Verification (EVV) The modules we supported received 90/10 federal funds because of the IAPDs we helped prepare. The sample solicitation we are providing is BMS, which is available in Appendix B. With our support, DHCF successfully awarded a contract to Client Network Services, LLC (CNSI) on March 20, 2020, for \$123,246,637.	
B. Describe how the initial procurement strategy was identified for the solicitation.	5 points
Wyoming's journey to modularity began in 2014 when the State Medicaid Director requested an IT feasibility study and business process mapping project to understand the current state of Wyoming's Medicaid-related systems. Other goals were coordinating systems, identifying improvements, documenting critical paths for system and IT modernization, and providing input to the MMIS replacement strategy. The feasibility study and business process mapping showcased the current inefficiencies and triggered discussions to increase efficiencies. We facilitated multiple visioning sessions with leadership to discuss options and benefits if Wyoming shifted to a modular approach, and in 2014, Wyoming requested our assistance with their MES transformation project. Wyoming did not want a "big bang" solution. Wyoming methodically planned and executed removing its legacy system and made incremental moves into modularity using a project charter and governance structure we helped develop. Initially, Wyoming called the project the MMIS Replacement Project, and we were brought in to assist with the following: - Developing an approach and completing a Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A). - Facilitating a series of vendor fairs to understand vendor offerings around MMIS services. - Facilitating an alternatives analysis to evaluate the best options using our unique	We helped develop the project's branding to generate buy-in and excitement from stakeholders and help Wyoming communicate the enormity of the project and its importance. Wyoming named its MES transformation the Wyoming Integrated Next Generation System (WINGS) and has tracked progress on the WINGS' webpage available at https://health.wyo.gov/wp-content/uploads/2020/03/MMIS-Vendors-WY-Status-Update-for-WINGS-project_2020.03.25-1.pdf.

alternatives analysis process. • Developing a procurement strategy. • Assisting with project management activities, including reporting to stakeholders, tracking project tasks and activities, and conducting meeting facilitation. Using the IT feasibility study, alternatives analysis outputs, and MITA SS-A, Wyoming decided to move toward modularity and requested our help with the procurements. Our procurement work initially started with research and developing a requirements breakdown structure to identify each module's functional components, including the BMS.	
C. Describe how this procurement addressed concerns identified in the initial solicitation strategy discussions.	5 points
Using the results of the MITA assessment, our alternatives analysis, and the procurement roadmap, Wyoming identified the following ten objectives for its MMIS procurement strategy, which the BMS supported: 1. Comply with the CMS Seven Standards and Conditions to receive enhanced federal financial participation (FFP). • BMS is part of Wyoming's modular approach to system development. It pushed Wyoming to mature its approach to business and data and aligned it with industry standards. It supports timely claims processing and effective communication with providers, beneficiaries, and the public. It promotes the use of data and reporting to improve decision-making and connects with the state's health information exchange. 2. Develop a flexible system platform to accommodate future programs and initiatives. • The BMS' procurement focused on outcomes and configuration, allowing the solution to adapt to Wyoming's evolving needs. 3. Procure adaptable solutions to enhance decision-making and increase management efficiencies. • BMS reporting supports program oversight, budgeting, and review. 4. Automate workflow management from one worker's queue to another. • The BMS allows users to log in and access work queues for review, routing, and closing tasks to other workflow users. 5. Implement business intelligence and data analytic services to enable accurate, real-time data and reporting to meet changing business and management needs. • The BMS pulls data to support trend analysis, audits, program administration, hearings, appeals, and fraud, waste, and abuse. 6. Provide standardized and automated electronic communication capabilities that will allow WDH to move to electronic communication options. • The BMS provides electronic communications regarding claims processing and payment to providers. 7. Provide real-time and centralized access to clients, providers, benefit plans, claims, and case and care management data and information. • The BMS has an electronic user interface where providers can log on to see a claim's status in real-time beyond "in process." Providers can also run reports to see the total number of claims submitted and their status. 8. Create an online, electronic client Web Portal that improves clients' ability to view and self-manage their information. • The BMS Web Portal allows providers and clients to access information about a claim and prior authorizations. The BMS also has a provider call center and help desk, including Interactive Voice Response (IVR) software and case management services. 9. Create an online, electronic provider enrollment application that will collect required information to support decisions regarding approving or denying a provider's request to supply medical assistance. • The web portal allows providers to check eligibility with a detailed description of covered benefits and utilization information, where the member is with copays, and what might need prior authorization. 10. Design a Medicaid solution for bi-directional integration with the new Data Warehouse solution. • The BMS integrates with the DW for claims processing and TPL services. The BMS receives TPL information from internal and external sources and matches data to support recovery processes.	

We also use a Requirements Breakdown Structure during the early stages of the project. This method helps us group requirements, making it easier to visualize the full scope and interaction between modules and identify core requirements that cross all modules.	
D. Describe the processes and techniques used to collect and prioritize information.	5 points
We co-facilitated an industry workgroup in which Wyoming participated to investigate, analyze, and recommend approaches to outcomes-driven measures for MMIS as a service. The Center for Digital Government and the Governing Institute published an article that is available at https://papers.governing.com/A-Handbook-for-MMIS-Reform-1556.html#:~:text=A%20Handbook%20for%20MMIS%20Reform%20A%20traditional%20MMIS,project%20E2%80%99s%20difficulty%20and%20risk%3B%20and%20delays%20drive%20. This effort informed the process we developed for analyzing alternatives for MMIS solutions and resulted in our recommendations to Wyoming to develop outcome-based requirements. We wanted Wyoming to understand the options and potential limitations for its BMS, so we hosted vendor fairs and released an RFI and a draft RFP. We used this information and the MITA SS-A and alternatives analysis to draft the initial BMS requirements. Next, we facilitated requirement sessions with DHCF staff and made real-time updates. Finally, we drafted the RFP with the requirements and completed a thorough internal review before providing it to DHCF for its review. DHCF reviewed the RFP, and then we made the final updates before releasing it.	
E. Describe challenges and limitations throughout the development of the solicitation and what tactics were used to overcome them.	5 points
Initially, Wyoming planned to release three procurements: 1. PBM 2. SI and ESB Services / DW / Business Intelligence / FWA 3. BMS, which would include dental, institutional, and medical claims processing, with potentially separate awards to vendors. The intent was to award BMS in January of 2017. After completing the vendor fairs and conducting more research, Wyoming, with our recommendations, decided to procure its modules differently. PBM initially included TPL, which Wyoming decided was not the most logical module to house TPL. Wyoming then split the second procurement into four procurements and added provider enrollment, screening, and monitoring. These changes dramatically impacted the timeline and resulted in the rework of multiple procurements. Based on our research, vendor recommendations, and watching other states implement modularity, Wyoming decided to include TPL in the BMS. The goal was for the BMS to manage claims processing and other support services, including system reporting for program oversight, budgeting, and review. This required an update to the BMS requirements. With our support, Wyoming adjusted the initial procurement strategy to develop more tailored modules that addressed the specific needs identified in the initial objectives. Ultimately, Wyoming ended up with an MMIS that fit its unique needs.	
F. Describe what project management methodologies and tools were used to ensure project success.	5 points
We used our project management methodology to track scope, schedule, and budget. We provided state reports at our monthly meeting with the State Medicaid Agent, during which we discussed risks and issues and jointly developed mitigation strategies. Our transparency in discussing risks resulted in fewer issues that could have impacted the schedule and budget. At the onset of the WINGS project, we developed a document repository and communication protocols, which we continued to use for the BMS. We applied best practices and lessons learned from other WINGS procurements to the BMS. For example, in our staffing plan, we knew the importance of having additional PK consultants available during the Q&A period to support DHCF in efficiently addressing questions. We also improved each procurement's evaluation training and process, resulting in efficiencies for the BMS evaluation team. We used our internal QA process to review all deliverables before submission to DHCF or the public. Our project manager acted as the single point of contact for DHCF and our team. The project manager had weekly sync meetings with the team to track their progress, answer questions, and impart best practices from relevant phases of other WINGS procurements. While some of our team was new, the project manager and a few others were part of past WINGS	

procurements. This allowed us to transfer knowledge while also giving new team members a chance to develop their procurement skills. New team members provided a fresh perspective.	
G. Describe experience, roles, and responsibilities in negotiations including any required expertise and testimony for this sample.	5 points
We developed a Proposal Evaluation Plan (PEP), available in Appendix C, that guided the evaluation team during the review process. The PEP used the review criteria in the RFP and guided the award decision using a weighted scoring system, see Appendix D, for the technical response, cost response, and orals. Four vendors responded to the solicitation. Our training of the evaluation team and the PEP guided them through the process, resulting in their selection. There was no protest. We worked with the Attorney General to develop the contract, which was executed without issue.	
H. Describe how Prospective Contractor maintained compliance with all federal funding requirements including IAPD, APD, or similar, submissions and timeline for this sample.	5 points
We assisted Wyoming with drafting APDs, IAPDs, and Planning APDs to secure and retain federal matching dollars for Design, Development, and Implementation (DDI) efforts for the BMS. We also assisted Wyoming with required CMS' reporting and obtaining state funds through the budget justification process. We completed this work in 2018 following CMS phases and milestones, as identified in the Medicaid Eligibility and Enrollment Life Cycle (https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/01%2520meet%25201_1%2520medicaid%2520eligibility%2520and%2520enrollment%2520life%2520cycle.pdf).	
I. Provide an example of a protest in which the Prospective Contractor had to coordinate including a summary of your responsibilities/involvement, basis of the protest, and outcome. If no protest occurred in the course of the sample solicitation provided, a protest from another project is acceptable.	5 points
None of the Wyoming modular procurements were protested. In Iowa, however, we did assist our client with a protest. The Iowa Department of Human Services (DHS) is the single state agency responsible for administering the state's Medicaid program. Iowa DHS re-procured five professional and system services contracts, including Medicaid QIO Services, Member Services, Takeover of Core MMIS Services, Provider Services, and Revenue Collections and Estate Recovery Services. Due to the volume of procurements and tight timeframes to operationalize these contracts, the Iowa DHS contracted with PK to support the question-and-answer process, evaluation process, negotiation and execution of the resulting contract, and operational readiness. Iowa DHS selected a QIO services vendor, but an unsuccessful vendor protested. We supported Iowa through the appeals process, including testifying. Iowa DHS successfully defended its selection, in part due to our testimony and documentation during the evaluation process, and the original contract award was upheld.	
E.6 Project Management and Reporting	25
A. Explain how the Prospective Contractor will ensure there are enough experienced and qualified personnel dedicated to each project to ensure successful completion.	5 points
In accordance with PK's project management methodology, ensuring adequate staffing of experienced and qualified personnel for each project is of utmost importance to achieving successful outcomes. PK has a systematic approach to resource management that guarantees the right expertise is allocated to projects based on specific requirements and complexity. 1. Resource Planning and Allocation: We begin resource planning during our initial proposal response development, assessing resource needs based on the project scope, objectives, and timeline. We identify the skills and experience levels required for successful execution while remaining mindful of the budgetary impact of bringing on heavily experienced resources. We recognize that our teams are most gratified when working on projects that excite and energize them, so prior to any assignment, we communicate with our teams about the opportunity and determine whether volunteers meet the skill and expertise needed. 2. Skill Matching and Assignment: PK aligns personnel with projects based on their demonstrated competencies and past performance. Consequently, our team members have the essential qualifications to make valuable contributions to project deliverables. If a key team member unexpectedly leaves, our ongoing succession planning enables us to suggest a replacement with equal or greater experience and expertise, subject to your approval. 3. Continuous Talent Development: PK prioritizes ongoing professional development and training to enhance the skills and capabilities of our personnel. Investing in continuous learning initiatives helps our team remain proficient in current methodologies and best practices relevant to their roles. Our internal project management methodology promotes team development at all levels, so individuals' competence and confidence grow with	

each engagement. Additionally, we seek out training opportunities for tools and methods that are of interest to our clients and the work they undertake.

4. **Quality Assurance and Oversight:** PK maintains rigorous quality assurance protocols throughout project lifecycles to monitor team performance and provide compliance with project requirements. Regular performance reviews and feedback mechanisms allow for proactive identification and resolution of staffing challenges.
5. **Scalability and Flexibility:** PK maintains a scalable staffing model that adapts to project fluctuations and evolving needs. This flexibility allows us to adjust resource allocations rapidly in response to changing project dynamics or unexpected challenges. For this effort, we intend to use a core team of experts supported by a resource pool who can flex to meet project needs. This will allow the core team to focus their energy where it is most valuable while preventing any timeline deviations on our part.
6. **Collaborative Team Dynamics:** PK promotes a collaborative environment where team members leverage their diverse expertise to address project complexities collectively. This enhances problem-solving capabilities and facilitates seamless project execution.

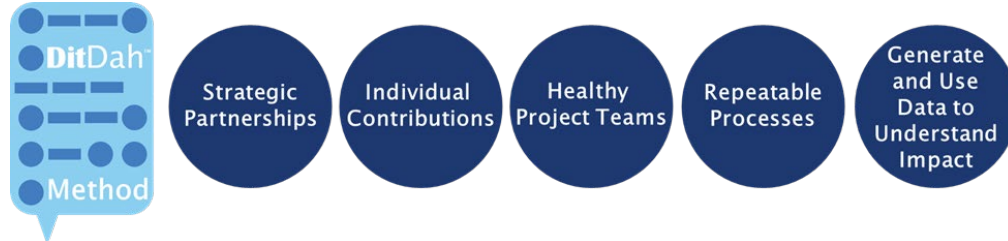
By adhering to these principles within the PK project management methodology, we are confident we can provide Arkansas DHS with the necessary expertise and dedication for successful completion.

- B. Describe the Prospective Contractor's experience with creating a comprehensive project plan. Provide an outline of the approach which describes the Prospective Contractor's ability to be flexible to adjust changes in priorities and your company's network of expertise to leverage changes.

5 points

To manage client projects, we supplement the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) guidelines with our proprietary **DitDah™ Method**. Our methodology is named after the dots (Dits) and dashes (Dahs) of Morse Code, which revolutionized communication and business practices and bridged gaps of time and space to bring people together. The **DitDah™ Method** strengthens PMBOK's task-based approach to project strategy with a focus on the people side of projects through strategic partnerships, healthy project teams, and individual contributions. We also draw on more than 30 years of project management experience to customize and improve on PMBOK's performance reporting techniques and repeatable project management processes.

The figure below illustrates our project management methodology.



Strategic Partnerships. Internal and external stakeholders often have competing interests. We focus on building the trust needed to make informed decisions and resolve issues quickly. We communicate clearly and regularly and use a collaborative consulting approach involving the right people at the right time.

Individual Contributions. Building personal capacity fosters innovation, creative problem-solving, and team effectiveness. We promote individual growth through regular feedback, coaching, mentoring, one-on-one meetings, and opportunities for professional development.

Healthy Project Teams. Attending to team dynamics, behaviors, and relationships increases project efficiency and quality. We use participative facilitation methods and other collaborative tools and processes to build effective internal, client, and joint project teams.

Repeatable Project Management Processes. A well-defined strategy and rigorous application of sound processes keep projects on track to achieve the desired outcomes. We adapt our proven tools and techniques, rooted in PMBOK best practices, to meet client's unique needs. Our repeatable process will keep this project on track.

Generate and Use Data to Understand Impact. We will keep your project on track using data-driven monitoring, measuring, and reporting. Understanding impact helps our clients answer questions about how successful the project is or what needs to be changed in the project to get to the anticipated and desired outcomes. Data is about managing expectations and helps support project decision-making for better outcomes. We supplement PMBOK's approach with additional industry-leading data tools and techniques to provide accurate and predictive project insight.

Our **DitDah™ Method** will make the best use of your time and strengthen our approach to the provision of procurement development and support services. Our Project Management Plan describes the approach, methods, and standards we will use in the project. It includes the components illustrated in Figure 1.

Figure 1: AR DHS Project Management Plan



It is essential to plan carefully for any state procurement initiative, and effective plans must strike a balance between being comprehensive and agile. Our project management plan processes can adapt to changing priorities and respond to them. Our approach involves thorough monitoring of project progress and performance throughout the project's lifecycle. We achieve this by:

Scope Management: Scope change controls are integral to our approach. We address any contract or scope issues promptly by documenting the possible scope change request and the most appropriate resolution that may result in updating schedules, project plans, budgets, and deliverable trackers as needed.

Schedule Management: The initial baseline project work plan will include key dates and milestones for the work included in the project scope. The PK project manager will meet regularly with the DHS Contract Manager to discuss any planned changes to the PK deliverable schedule. If we make significant changes to the timing of PK deliverables, we will notify the DHS team.

We refer to the project work plan and schedule to plan staff resources and complete our work. Advance scheduling of deliverables helps us have appropriate resources available. The PK project manager is responsible for identifying, securing, and managing the resources assigned to the project. Resources related to the type of work required to produce the contracted deliverables are identified.

Budget Management: The PK project manager receives a weekly report of hours expended to date for each workstream or task and provides direction to the PK team on how to spend time on activities supporting the procurement development and support work. If an issue arises with the budget, the PK project manager works with the project team on a mitigation plan. This could include restructuring the work or escalating the issue to the PK Engagement Vice President.

Deliverable Standards and Control: We follow a consistent deliverable development process to ensure we meet the requirements for content and quality of our deliverables. This includes the use of deliverable norms providing a consistent style and layout for all deliverables. Changes to project deliverables are tracked via change request logs that accompany deliverables. Deliverables include a version history table that lists the different versions of the document created during production, draft submittal, and final submittal. All final work products are stored on the DHS collaborative SharePoint site. The PK project manager will review all project deliverables before they are submitted to the Arkansas DHS project.

Issue and Risk Management: We follow specific steps to identify, document, and resolve issues and risks that impact the scope, schedule, cost, or quality of the procurement development and support services. We classify variances as either risks (potential impacts) or issues (current impacts) and will promptly notify Arkansas DHS of significant issues. Our processes assess risk probability and impact, assign risk ratings, and prioritize risks and issues accordingly. Our process is to document formal issues and decisions in our internal issue and risk log. Risk response strategies will be developed in collaboration with the Arkansas DHS Project Manager and team. These strategies include mitigation plans, risk acceptance, risk transfer, or risk avoidance based on best and worst-case impact scenarios identified during our analysis. We understand the frustration that can come with risk mitigations that aren't actionable and feasible, and our teams to provide creative solutions based on lessons learned and experience.

Communication Management: Communication management aims to ensure that project stakeholders receive the information they need when they need it. During project initiation, we will document the meetings and other methods of communication pertinent to the delivery of procurement development and support services to the Arkansas DHS and provide contact information for key stakeholders in a stakeholder registry. We will document project meetings, other information sharing, including the type of information, responsibility for dissemination, frequency and method.

Progress Reporting: We have a multi-faceted approach to progress reporting so that Arkansas DHS will have access to progress reporting information that is current, that highlights areas that need your attention, and that depicts progress against the project work plan and key milestone dates.

We conduct regular status reporting calls and facilitate project status meetings to keep stakeholders informed. This proactive communication helps identify emerging issues early and adjust strategies accordingly. Our project manager will serve as the primary point of contact, but additional resources will always be available for project discussions.

We maintain detailed documentation throughout the project, including Risk/Issue/Action Item Logs, project plan updates, and status reports. This documentation maintains transparency and facilitates informed decision-making by stakeholders.

We will use the DHS collaborative SharePoint site to post progress reporting communications and updates. We use data that reflects the importance of your priorities to demonstrate impact and progress toward DHS' AME goals and will make this available on a dashboard available through the site. These impact measures may change over time, depending on the phase of the project, but will likely include data analytics to measure and forecast variances from the project plan. This includes monitoring schedule adherence, resource utilization, budget allocations, and overall project objectives.

At project closeout, we provide comprehensive deliverables including final timelines, task plans, and a lessons learned report. This report captures insights gained during the project and recommendations for future improvements.

Through these structured methodologies and practices, PK monitors projects to keep them on track, adaptable to changes, and aligned with evolving priorities. This approach mitigates risks effectively and enhances project outcomes by leveraging our network of expertise to navigate challenges and deliver successful results.

C. Define how the Prospective Contractor plans to utilize their company resources and expertise to provide procurement support services for each project.

5 points

We are committed to leveraging our extensive resources and expertise to deliver exceptional procurement support services for each project. Our core team of experts and project resources will be allocated to the specific projects as dictated by the timelines for each project and will consider if overlapping resource loads are needed. Each project will be supported with the right mix of SME expertise, procurement experience, and coordination across the enterprise effort. Teams will share and operate in alignment through lessons learned, knowledge sharing, and project manager oversight and guidance.

Our approach is structured to effectively utilize company resources in the following ways:

1. **Specialized Expertise:** We deploy personnel with expertise in procurement and project management to each project. These individuals bring in-depth knowledge of procurement regulations, best practices, and industry standards relevant to Arkansas DHS, Medicaid, and other sectors.
2. **Technology and Tools:** We invest in advanced technology and tools to streamline procurement processes. These systems, software, and tools enhance our ability to monitor, evaluate, and optimize procurement activities.
3. **Continuous Training and Development:** We prioritize continuous training and development for our team members. This helps our team stay current and informed regarding regulatory changes, procurement methodologies, and industry trends, enabling them to provide informed and strategic procurement advice.
4. **Tailored Approach:** Each project benefits from a tailored approach that considers its unique requirements and challenges. We adapt our resources and expertise to align with project goals, ensuring that procurement support services are customized to meet specific needs.
5. **Compliance and Risk Management:** PK integrates compliance and risk management frameworks into our procurement support services. This approach includes thorough risk assessments, compliance audits, and proactive mitigation strategies to minimize risks and adhere to necessary regulations.
6. **Client Collaboration:** We emphasize collaborative partnerships with clients throughout the procurement lifecycle. This collaborative approach embraces transparency, enhances communication, and meets or exceeds client expectations.
7. **Quality Assurance:** QA is essential in our approach. We implement stringent quality control measures to monitor the performance of procurement processes, identify areas for improvement, and maintain high standards of service delivery.

By harnessing these resources and expertise, PK is well-positioned to provide comprehensive procurement support services that drive efficiency, compliance, and success across projects within the Arkansas DHS procurement support initiatives. Our commitment to excellence enables us to offer value-driven solutions that contribute to Arkansas DHS' objectives and mission.

D. Describe the Prospective Contractor's plan for managing and providing oversight for all phases of the procurement for each project.

5 points

Through our procurement and Medicaid enterprise expertise, PK offers an approach and methodology to the entire process of your procurement projects, from initial research and market condition analysis, procurement strategy development, solicitation development and drafting (including requirements, service levels, cost models), evaluation, to selection and contract execution. We are truly committed to this work and excited to show our approach across the procurement lifecycle. Through our project management framework, we engage stakeholders, conduct communication activities strategically and clearly, manage resources, and monitor and anticipate risks and issues. We are a firm that truly offers the complete set of skills to carry out the requested scope of work you are asking for.

PK's plan for managing all phases of procurement for each project is structured to provide thoroughness, compliance, and efficiency throughout the procurement lifecycle. Our approach encompasses the following key elements:

Planning and Research

- Needs Assessment: PK initiates the process with a comprehensive needs assessment in collaboration with stakeholders to clearly define project requirements, objectives, and timelines.
- Market Research: Work with DHS to identify preferred states for deep research; conduct research through interviews, internet research and review; and follow up review of artifacts from other states.
- Assess the current contracts, including any amendments.

PK will conduct a comprehensive review of the current contracts associated with the procurement projects. This assessment involves:

- Contractual Terms: Evaluate the terms, conditions, and obligations stipulated in the existing contracts to confirm clarity and compliance with legal and regulatory requirements.
- Amendments: Review any amendments or modifications made to the contracts over time to understand their impact on project scope, timelines, and deliverables.
- Contractual Performance: Assess the performance metrics outlined in the contracts to determine if they are effectively measuring vendor performance and aligning with project goals.

By assessing current contracts and amendments, PK assesses current contracts and amendments to align the contract with project objectives and stakeholder expectations while also identifying opportunities for contract optimization or renegotiation if necessary.

Review previous solicitations and requirements matrices:

PK will analyze previous solicitations and requirements matrices to gain insights into the procurement processes and project specifications. This review includes:

- Solicitation Documents: Examine past solicitations (e.g., requests for proposals, invitations to bid) to understand the methods and criteria used for vendor selection.
- Requirements Matrices: Review requirements matrices to assess how project requirements were defined and prioritized in previous procurement activities.
- Evaluation Criteria: Evaluate the effectiveness of previous evaluation criteria used in vendor selection to determine their relevance and alignment with current project needs.

By reviewing previous solicitations and requirements matrices, PK can leverage past experiences and lessons learned to optimize future procurement strategies, enhance vendor selection processes, and improve overall procurement efficiency.

Evaluate relevant artifacts and sample deliverables from existing contracts:

PK will examine relevant artifacts and sample deliverables produced under existing contracts to assess their quality, completeness, and alignment with project objectives. This evaluation includes:

- Project Charter: Review the project charter to confirm it accurately defines the project scope, objectives, stakeholders, and governance structure.
- Project Work Plan: Evaluate the project work plan to determine if it effectively outlines tasks, milestones, timelines, and resource allocation.
- Sample Deliverables: Examine sample deliverables (e.g., reports, prototypes, assessments) to gauge their adherence to quality standards and contractual requirements.

By analyzing these artifacts and deliverables, PK can identify strengths, weaknesses, and areas for improvement in project execution and deliverable quality. This assessment informs proactive measures to enhance performance and mitigate risks throughout the procurement lifecycle.

Analyze project artifacts already produced in support of the procurement project:

PK will analyze existing project artifacts generated in support of ongoing or completed procurement projects. This analysis involves:

- Document Review: Scrutinize project documents, reports, and assessments to verify accuracy, completeness, and relevance to project objectives.
- Performance Evaluation: Assess the effectiveness of project artifacts in documenting progress, achievements, and challenges encountered during project execution.
- Lessons Learned: Identify key insights and lessons learned from past procurement projects to inform best practices and continuous improvement initiatives.

By analyzing project artifacts, PK can extract valuable insights that contribute to informed decision-making, improved project planning, and enhanced overall project management effectiveness. This proactive approach aids in aligning with project goals and boosts the likelihood of achieving successful project outcomes.

- Identify and recommend mitigations for emergent risks: Actively monitor and identify possible emergent risks and report with DHS. Document and define mitigation strategies or recommendations for watching the risk for possible impact.

Definition

- Scope Definition: We work closely with the client to establish a clear scope of work, including deliverables, milestones, and performance metrics.
- RBS Development: Utilize the RBS framework to define scope categories and areas for requirements development.

Strategy Development

- Procurement Strategy: Based on the needs assessment, we develop a tailored procurement strategy that aligns with project goals and regulatory requirements.
- Sourcing Plan: We identify appropriate sourcing methods (e.g., competitive bidding, sole-source procurement) and establish criteria for vendor selection.

Drafting and Release

- Requirements Development: Using market research, other state information, and current contracts, finalize requirements with consideration of how prescriptive they need to be vs those that are open for bidder solutioning.
- Develop Solicitation Documents: Draft the solicitation sections including background and objectives, response requirements, evaluation, cost model, and exhibits pursuant to the procurement strategy and procurement standards for language, content, and format.
- Distribute: Identify potential vendors, develop pre-release announcement language, support Procurement team in release activities.
- Support oral demonstrations: Develop agendas, evaluation approach and materials for demonstrations; assist DHS with invitations and coordination of bidder presentations.
- Q&A: Support Q&A process by providing response content based on the Solicitation and procurement guidance, as well as scope of work clarification.

Evaluation and Award

- SME Input: review designated portions of bidder responses for risks are areas for further review. Verify pricing submissions.
- Training and Evaluation Support: Train state evaluators, develop Evaluation Plans, forms, and materials.
- Vendor Evaluation: PK facilitates vendor evaluations based on predefined criteria such as experience, capabilities, pricing, and compliance with regulatory standards in accordance with the Evaluation Plan.

Contract Negotiation

- Negotiation and Contracting: We facilitate contract negotiations to secure favorable terms and conditions. PK focuses on confirming that contracts are legally sound and meet project requirements.

Contract Management

- Project Kickoff: We coordinate and facilitate a kickoff meeting to clearly define the roles and responsibilities of all stakeholders.
- Monitoring and Control: Provide recommendations for contract management framework. Throughout implementation, monitor vendor performance, milestones, and budgetary adherence. We conduct regular progress reviews and quality checks to mitigate risks and address issues promptly.
- Performance Metrics: PK establishes clear performance metrics and KPIs to measure vendor performance and project success.

Throughout all phases of each procurement project, we also do the following:

- **Compliance and Regulatory Adherence**
 - **Compliance Assurance:** PK adheres to all relevant regulations, policies, and procurement standards throughout the process.
 - **Risk Management:** We utilize risk management practices to identify, assess, and mitigate risks that could impact procurement outcomes or project delivery.
- **Reporting and Quality Assurance**

- **Reporting:** We provide regular status reports to stakeholders, highlighting progress, issues, and corrective actions. Reports are tailored to meet client needs and regulatory reporting requirements.
- **Quality Assurance:** provide QA over all materials, communications, and solicitation content.
- **Stakeholder Engagement and Communication**
 - **Transparency:** PK maintains open communication channels with all stakeholders, fostering transparency and ensuring alignment with project objectives.
 - **Client Collaboration:** We prioritize client collaboration throughout the procurement process, seeking feedback and adjusting strategies as necessary to meet evolving project needs.
- **Closure and Evaluation**
 - **Contract Closeout:** At the conclusion of each procurement phase, PK follows proper contract closeout procedures, including final payments, documentation, and evaluation of vendor performance.
 - **Lessons Learned:** We conduct a comprehensive lessons learned session to identify strengths, weaknesses, and opportunities for improvement, informing future procurement strategies.

By focusing on these detailed assessments and recommendations, PK can enhance the effectiveness, efficiency, and transparency of procurement processes, ensuring successful project outcomes and stakeholder satisfaction.

E. Describe the Prospective Contractor's experience in providing reporting to stakeholders, executive leadership and State and Federal agencies. How will this apply to an engagement with Arkansas?

5 points

PK has a proven history of providing comprehensive reporting to stakeholders, executive leadership, and state and federal agencies across various engagements. We have provided reporting to stakeholder groups ranging from two to 2,000-plus people. Stakeholder engagement is part of every project as we are always reporting to leadership at both state and federal agencies on the project status. Other engagements have a more robust stakeholder reporting component. For example, in Colorado, we supported the Department of Health Care Policy and Financing with stakeholder interviews and research to guide the development of the Benefits Management System (BMS) Roadmap. We developed an interview protocol and schedule and then we conducted interviews. We synthesized the information into a stakeholder engagement report so the executive steering committee could make strategic decisions. Currently, we are supporting Wyoming with challenges due to its limited dental provider enrollment to serve the Medicaid community. We are gathering input from providers, conducting research, and developing a communication strategy for the Department of Health to encourage new provider enrollment.

We maintain effective communication, transparency, and compliance with regulatory requirements. Here is how PK's reporting capabilities apply specifically to an engagement with Arkansas:

1. **Stakeholder Reporting:**

- **Customized Reports:** PK will tailor reports to meet the specific needs and preferences of stakeholders within Arkansas. This includes detailed updates on project progress, milestones achieved, and upcoming deliverables.
- **Frequency and Format:** Reports are delivered regularly based on agreed-upon schedules, ensuring stakeholders are informed in a timely manner. The format of reports can vary from detailed written documents to interactive presentations, depending on stakeholder preferences.

2. **Executive Leadership Reporting:**

- **Strategic Insights:** PK provides executive summaries that highlight strategic insights, KPIs, and critical issues affecting project outcomes. This helps leadership make informed decisions and prioritize actions effectively.
- **Risk and Issue Management:** Reports include thorough assessments of risks, issues, and mitigation strategies, ensuring that leadership is aware of potential challenges and proactive measures being taken.

3. **State and Federal Agency Reporting:**

- **Regulatory Compliance:** PK complies with reporting requirements set forth by Arkansas state agencies and relevant Federal bodies. This includes submitting accurate and timely reports on project expenditures, outcomes, and compliance with contractual obligations.
- **Data Integrity and Security:** Reports are prepared with a focus on data integrity and security, ensuring that sensitive information is handled in accordance with state and federal regulations, such as HIPAA and CMS guidelines.

4. **Application to Engagement with Arkansas:**

- **Local Expertise:** PK leverages its understanding of Arkansas-specific regulations, policies, and operational dynamics to tailor reporting processes accordingly. All reporting activities will be aligned with state-specific

requirements and expectations.

- **Transparent Communication:** PK communicates openly with all stakeholders, facilitating dialogue and feedback mechanisms that enhance transparency and accountability in reporting.
- **Continuous Improvement:** Based on past engagements, PK applies lessons learned and best practices to continuously refine reporting methodologies. This iterative approach helps to keep reporting relevant, informative, and supportive of Arkansas' objectives in Medicaid and overall procurement support.

PK's experience reporting to stakeholders, executive leadership, and state and federal agencies is extensive and adaptable to meet the unique needs of an engagement with Arkansas. PK prioritizes clarity, compliance, and strategic alignment so that reporting will serve as a valuable tool for decision-making, oversight, and successful project outcomes for Arkansas DHS.

VENDOR CONTACT INFORMATION

- *Provide primary and secondary contact information to be used by DHS during maintenance and administration of the resulting contract.*

	Primary Contract	Secondary Contract
Name	Stacey Moss	Elizabeth Black
Title	President and CEO	Regional Vice President
Phone	(307) 287-8941	(615) 415-7847
Email	smoss@pubknow.com	eblack@pubknow.com



DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES
OFFICE OF STATE PROCUREMENT

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term a resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: Solicitation Number: 710-24-076 Description: Medicaid and Other Human Services Procurement Support
Agency Name: Department of Human Services
Vendor Number: 100244608 Vendor Name: Public Knowledge, LLC

Vendor Signature

Date

Attachment I
Client History Form
Medicaid and Other Procurement Support
Services
710-24-076

Attachment I

Medicaid and Other Procurement Support Services Client History Form

Instructions: This form is intended to help the State gain a more complete understanding of each Prospective Contractor's experience. This form **must** be completed accurately and in full.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Response Signature Page*.

1. Please list at least three (3) successfully awarded solicitation projects **where you** (*the prime contractor only*) served as the lead providing procurement support for projects equal to or greater than \$50 million total projected contract cost in the past five (5) years. For each project, please specify the organization/agency/division, not just the state or political subdivision. Please describe the scope and total project cost and include the dates on which procurement support was provided. If there are no contracts which meet this definition, please state "none."

Colorado Department of Health Care Policy and Financing, Procurement Support and Requirements Development: Business Intelligence and Data Management System and Services
Public Knowledge® (PK) Contract: \$98,000. Procurement Contract: \$66,785,229
PK Contract Dates: 3/2021 to 11/2021
Contact: Joel Dalzell, Medicaid Health IT Director
Office: (303) 866-3513, Email: joel.dalzell@state.co
PK supported the Department of Health Care Policy and Financing (HCPF) in developing work breakdown structures, drafting requirements, and finalizing requirements for inclusion in their Business Intelligence and Data Management (BIDM) system and services procurement. This partnership resulted in a successful procurement that met HCPF's project goals. PK created a requirements drafting process as well as a training and standard operating procedure (SOP) for the process. As part of this procurement project, PK developed a requirements breakdown structure, requirements for HCPF's BIDM Invitation to Negotiate (ITN), monthly status reports, and a project schedule. The selected vendor is currently transitioning the database from the incumbent vendor and preparing to finalize the system's turnover so they can begin providing operational services to the state for Enterprise Data Warehouse (EDW) functionality. The operational modules include EDW, Provider Performance and Quality Measurement (PPQM), Recovery Tracking, and Program Integrity (PI).

Hawaii Department of Human Services, Med-QUEST Division Systems Office, Kauhale On-Line Eligibility Assistance Maintenance and Operations Request for Proposals
PK Contract Dates: 9/2022 to 10/2024
PK Contract: \$271,093. Procurement Contract: \$164,830,587
Contact: Emerald K. Adams, Health IT Analyst, Med-QUEST Division Systems Office
Office: (808) 692-7946, Email: eadams@dhs.hawaii.gov
The Hawaii Department of Human Services, Med-QUEST Division (MQD), sought to re-procure services to perform ongoing maintenance and operations (M&O) of its Medicaid Enrollment & Eligibility (E&E) Solution, also known as the Kauhale On-Line Eligibility Assistance (KOLEA) system, and to implement system enhancements to KOLEA. MQD contracted with PK to support this effort throughout the entirety of the turnover period as MQD implements the practices outlined in the respective plans.
PK provides procurement strategy and acquisition strategy planning, solicitation review and preparation, source selection, contract administration and monitoring, vendor performance evaluation program, and project management. We have also developed a Contract Administration and Monitoring Plan and the Vendor Performance Evaluation Plan, intending to build MQD's capacity to administer and monitor contracts and to monitor and evaluate vendor performance.
PK partnered with MQD stakeholders to complete an alternatives analysis, gather requirements, draft a Request for Proposals (RFP), train evaluators, and execute a new contract. PK provides services to support a responsible and secure transition of M&O services to Maintenance, Operations, and Enhancements (MO&E) with a new prime vendor.

Wyoming Department of Health, Division of Healthcare Financing, Medicaid Management Information System Replacement Planning: Benefit Management System and Services*
PK Contract: \$979,663*. Procurement Contract: \$123,246,637 (Benefit Management System and Services procurement only)
PK Contract Dates: 5/2015 to 9/2021*
*This project was part of a larger, multiple-contract Wyoming Integrated Next Generation System (WINGS) procurement assistance and general services project, including resource and project planning, procurement, implementation support, user acceptance testing, and more.
Contact: Jesse Springer, Deputy Administrator of Healthcare Financing Division for the Wyoming Department of Health
Office: (307) 777-8048, Email: jesse.springer@wyo.gov
Wyoming adopted a modular Medicaid Management Information System (MMIS) approach following extensive studies and analyses and contracted with PK for the procurement efforts. Initially, PK created a breakdown of requirements to identify the functional components of each module, including Benefit Management System and Services (BMS). PK assisted Wyoming in understanding the options and potential limitations for its BMS by hosting vendor fairs and releasing an RFI and a draft RFP. We used information from the MITA SS-A and alternatives analysis to draft the initial BMS requirements. Subsequently, we conducted requirement sessions with DHCF staff and made real-time updates. Finally, we drafted the RFP with the requirements and conducted a thorough internal review before providing it to DHCF for their review. After DHCF's review, we made the final updates before releasing it.
Based on our research, vendor recommendations, and observations of other states' modularity implementations, Wyoming decided to include third-party liability (TPL) in the BMS. The objective was for the BMS to manage claims processing and other support services, including system reporting for program oversight, budgeting, and review. This necessitated an update to the BMS requirements. With our assistance, Wyoming adjusted the initial procurement strategy to develop more tailored modules that addressed the specific needs identified in the initial objectives. Ultimately, Wyoming obtained an MMIS that suited its unique needs.
PK also provided project management of the BMS project. Our project management support included regular status reporting and meetings, tracking project risks, developing mitigation strategies, tracking project budget and scope, document management, and stakeholder communication.

2. Please list at least two (2) state clients where you (*the prime contractor only*) directly supported the successful procurement of at least two (2) MES modules in states similarly sized or larger than Arkansas in the last five (5) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope and total project cost and include the dates on which procurement support was provided. If there are no contracts which meet this definition, please state "none."

Colorado Department of Health Care Policy and Financing PK's partnership with the HCPF began in 2003 when we supported their MMIS Redesign for Implementation of Health Insurance Portability and Accountability Act (HIPAA) Final Rules on Electronic Transactions and Privacy Quality Assurance (QA). Since this initial project, we have partnered with HCPF to continuously support the evolution of Colorado health care. State Population: 5,773,714 (2020 census) Medicaid Beneficiaries: 1,308,507 (including Children's Health Insurance Program (CHIP)) as of 2/2024 Pharmacy Benefits Management System Procurement Assistance PK Contract Dates: 10/2021-6/2022 PK Contract: \$127,500. Procurement Contract: \$30,404,453 PK has supported HCPF in developing work breakdown structures, drafting requirements, and final requirements for inclusion in their MMIS, BIDM, and Pharmacy Benefits Management System (PBMS) procurements. This partnership resulted in successful procurements that met HCPF's project goals. PK assisted the state with planning and strategy for an RFP for the new PBMS by creating a vision, documenting best practices, gathering pre-existing requirements, and developing solicitation content. Enterprise System Integrator Procurement Assistance: Services Integrator SOW Development and Services Integrator Procurement Assistance Phase 2 PK Contract Dates: 4/2019-6/2019 and 8/2019-6/2020 PK Contract: \$50,000 and \$74,300. Procurement Contract: \$38,971,080 HCPF created the Enterprise System Integrator (ESI) Division within the Health Information Office in 2019 to oversee modularity of new modules and data integration activities across the Colorado Medicaid Enterprise Solution (CMES) ecosystem. The goal of the ESI Division was to collaborate with staff across the department and contract vendor staff to confirm data models, interface files, Application Program Interfaces (API), data workflows, and data governance adhere to State and Federal standards and industry best practices. PK supported ESI through two task orders. For the first task order, PK composed a Statement of Work (SOW) for a System Integrator (SI) to provide technical, data, and project integration services and governance for Colorado MES in coordination with HCPF. For the second task order, PK conducted detailed research on the SI landscape, including an analysis of vendor feedback and meetings resulting from a released request for information (RFI). We established a project vision, finalized requirements, and developed the final solicitation for HCPF Purchasing. Nevada Department of Health and Human Services, Division of Healthcare Financing and Policy The Nevada Department of Health and Human Services, Division of Healthcare Financing and Policy (DHCFF) replaced their legacy MMIS core claims processing solution with a transfer system, Colorado's InterChange. DHCFF first contracted with PK in 2009 to develop the RFP, procurement strategy, best practices, and project management documentation for the MMIS takeover project. In 2013, DHCFF contracted with PK on the second phase of their MMIS replacement project. Our planning services included project management, best practice research, alternatives analysis, business case development, solicitation support, implementation Advanced Planning Documentation (APD) development, a requirements traceability matrix, and Independent Verification and Validation (IV&V) vendor RFP development. PK was contracted in 2016 for the third phase, which focused on DD&I and certification. We supported DHCFF with activities surrounding the MMIS modernization project's go-live in 2019. PK has since supported DHCFF procurement efforts through our role as a National Association of State Procurement Officials (NASPO) ValuePoint Procurement of Acquisition Support Services (PASS) approved service provider. NASPO ValuePoint PASS vendors are recognized leaders in providing procurement services in all phases of the acquisition process. PK has been an approved provider since 2019. In addition to the examples below, PK has supported Nevada's All Payer Claims Database procurement efforts. State Population: 3,104,614 (2020 census) Medicaid Beneficiaries: 862,559 (including CHIP) as of 2/2024 Pharmacy Benefits Management Procurement PK Contract Dates: 12/2020 to 1/2023 PK Contract: \$216,000. Procurement Contract: \$19,081,253 PK supported the DHCFF in a Pharmacy Benefits Manager (PBM) procurement under a NASPO ValuePoint PASS Participating Addendum (PA). PK coordinated a joint RFP between DHCFF and the AIDS Drug Assistance Program (ADAP) within the Division of Public and Behavioral Health (DPBH). Activities included facilitating requirements sessions, creating and validating key performance indicators, developing the RFP, including the cost proposal, and handling vendor questions. The State successfully released the PBM RFP and procured a new vendor. Electronic Visit Verification Procurement PK Contract Dates: 3/2022 to 1/2023 PK Contract: \$110,700. Procurement Contract: \$2,863,500 PK provided planning and procurement services to assist DHCFF, State Purchasing, and other stakeholders in securing a vendor to implement and transition to an upgraded Electronic Visit Verification (EVV) System that included existing functionality for Personal Care Services (PCS) and added functionality for Home Health Services (HHS) for Nevada under a NASPO ValuePoint PASS PA. PK had previously supported the initial EVV procurement project between 1/2018 and 10/2019. Our work on both projects included working with all stakeholders to identify and verify existing and additional requirements, identifying and accounting for all lessons learned, updating and validating Service Level Agreements (SLAs), and facilitating review sessions. We prepared all documentation for the state's republicurement of their EVV System, including the RFP with cost proposal template, and prepared responses to vendor questions. The State successfully released the EVV RFP and procured a new vendor that implemented the system in early 2024.

3. Please list and assign qualified staff with direct experience through a combination of employment with governmental entities and/or private entities including at minimum:

- Ten (10) years of combined experience in project managing solicitations,
- Ten (10) combined years of experience in writing and executing complex procurements,
- For up to two (2) proposed staff, five (5) combined years of experience soliciting MES modules or components for State programs with 500,000 or more Medicaid beneficiaries, and
 - At least one proposed staff member with five (5) years of experience leading governmental procurement projects.
- Experience addressing protests for high-cost state or federal solicitations.

Description	# Years of Experience	Assigned Staff
Project Managing Solicitations	15	Alicia Hansen
Writing and executing complex procurements	22	Brittany Goode
Soliciting MES modules or components for State programs with 500,000 or more Medicaid Beneficiaries	4* *Deborah Lemon and Katherine Olbekson collectively meet the five combined years of experience soliciting MES modules or components for State programs with 500,000 or more Medicaid beneficiaries	Deborah Lemmon
Leading governmental procurement projects	7*	Katherine Olbekson
Addressing protests for high-cost state or federal solicitations	13	Kassie Gram

4. Please list any additional projects not included above in the areas of procurement support services provided in the areas of Medicaid, IT systems, and other large state complex solicitations. (i.e. approximately 3000 project hours over the course of 18 months). For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope and duration of the services. If there are no contracts which meet this definition, please state "none." If there are no contracts which meet this definition, please state "none."

Alabama Medicaid Agency, MMIS Organizational Change Management (OCM) and Certification, 12/2023-11/2025. The Alabama Medicaid Agency is modernizing and replacing its Alabama Medicaid Management Information System (AMMIS) by implementing a MES modular approach with the information, infrastructure, tools, and services necessary to administer Alabama Medicaid programs efficiently. PK is working under a subcontract to the overall MES integrator vendor, General Dynamics Information Technology, Inc. (GDIT). At the request of the Alabama Medicaid Director, PK was asked to develop a proposal to take over the current systemwide OCM vendor responsibilities. PK serves as a subject matter expert for OCM and provides Medicaid certification expertise for MMIS to facilitate a smooth transition from the current to the future states.

Colorado Department of Health Care Policy and Financing, Colorado Benefits Management System (CBMS) Core and Consumer Application Modules, 7/2024-6/2025. PK will be developing the procurement requirements for the core module. For the Consumer Application Module, PK will develop a requirement breakdown structure and requirements for procurement. PK will also be delivering monthly status reports and subject matter expertise.

Hawaii State Procurement Office, Comprehensive Child Welfare Information System (CCWIS) PASS, 3/2021-2/2024. The Hawaii Social Services Division (SSD) procured a modular CCWIS compliant with CFR 95.613. PK assisted in expanding SSD's procurement capacity and helped to secure qualified vendors and professional services. PK identified and prepared draft statements of work for new services and software solutions; finalized existing formal procurement documents, including RFPs and RFQs; assisted with defining bidder qualifications, scopes of work, and evaluation plans; trained state personnel on proposal evaluation processes; supported the contract drafting process and ongoing management of service contracts and provided knowledge transfer post implementation of services. The system was successfully procured, with no protests, and implemented on time and budget.

Montana Department of Public Health and Human Services, MES Modular Replacement, 2/2012-12/2024. Montana is engaged in an ongoing project to replace the state's existing MMIS. The replacement effort evolved from a traditional replacement of a monolithic system to a modular approach known as Montana's Program for Automating and Transforming Healthcare (MPATH). PK has supported Montana's effort through continuous IV&V over the past 11 years.

North Carolina Department of Health and Human Services Division of State Operated Health Care Facilities, Electronic Health Record (EHR) Project Management and Procurements Management and Monitoring Support, 6/2023-12/2024. The North Carolina Department of Health and Human Services (DHHS), Division of State-Operated Healthcare Facilities (DSOHF), is contracting for and implementing a new EPIC EHR for use across their 14 facilities. PK provides acquisition and implementation support, including documenting requirements, managing the procurement, providing project management of the implementation, and providing procurement monitoring and coordination for all vendor contracts affiliated with the new system. DSOHF has also recognized the need for communications support, which PK will support with a thoughtful and comprehensive communications plan and organizational change process.

Wyoming Department of Family Services, CCWIS Implementation Project Management (PM), OCM, and QA Support, 7/2022-6/2025. PK is helping the Wyoming Department of Family Services (DFS) replace its legacy case management system with a modern CCWIS that meets federal requirements. PK provides PM support for the system implementation, leads the agency through its OCM efforts, and administers QA support during project start-up and design, development, and implementation (DDI). PK will also help DFS update their IAPD and other necessary Advanced Planning Documentation (APD) documents.

Authorized Signature: _____



Title: _____

President and CEO

Printed/Typed Name: _____

Stacey Moss

Date: _____

July 10, 2024

Voluntary Product Accessibility Template® (VPAT®)

Revised Section 508 Edition

Version 2.5

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About This Document

The VPAT is provided in four editions based on the standards/guidelines being evaluated. The editions are WCAG, Revised 508, EN 301 549 and International, which includes all of the standards.

This is the Revised Section 508 edition of the VPAT. It includes the following standards/guidelines:

- [Web Content Accessibility Guidelines 2.0](#)
- [Revised Section 508 standards published January 18, 2017 and corrected January 22, 2018](#)

If you need a different combination of standards/guidelines, use the appropriate alternate edition of the VPAT found on the [ITI Accessibility web page](#).

This document is broken into two main sections:

- Essential Requirements and Best Practices for using the VPAT® to complete an Accessibility Conformance Report (the instructions)
- The VPAT

Please carefully review the Essential Requirements and Best Practices sections before using the VPAT to create an Accessibility Conformance Report.

The purpose of these instructions is to promote accurate and consistent reporting of product accessibility information.

The VPAT is a template used to document a product's conformance with accessibility standards and guidelines. The purpose of the Accessibility Conformance Report is to assist customers and buyers in making preliminary assessments regarding the availability of commercial "Electronic and Information Technology," also referred to as "Information and Communication Technology" (ICT) products and services with features that support accessibility.

The Information Technology Industry Council (ITI) provides the VPAT. Use of the template and service mark does not require membership in ITI.

Essential Requirements and Best Practices for Information & Communications Technology (ICT) Vendors

This section provides guidance for reporting product conformance for major accessibility standards and guidelines using the VPAT® to produce the Accessibility Conformance Report. Deviating from these guidelines precludes vendors from referencing the template by name and/or the VPAT acronym.

Getting Started

1. Before creating a report, read all of the materials provided in this document.
2. Determine which accessibility standards/guidelines will be included in the Accessibility Conformance Report and use the appropriate VPAT file.
3. It is the vendor's responsibility to maintain the integrity of the data in the report.

Essential Requirements for Authors

The following are the minimum requirements to produce an Accessibility Conformance Report based on the VPAT®.

1. The VPAT name and template are registered service marks of ITI. Use of the VPAT template and name requires the inclusion of the registered service mark (i.e., "VPAT®"). Users of the VPAT agree not to deviate from the Essential Requirements for Authors.
2. The template file can be used as is or replicated in a different delivery format, for example as HTML or PDF. The final conformance report must be accessible.
3. A report must contain the following content at a minimum:
 - **Report Title** – In the heading format of "[Company Name] Accessibility Conformance Report"
 - **VPAT Heading Information** – Template version
 - **Name of Product/Version** – Name of Product being reported, including product version identifier if necessary
 - **Report Date** – Date of report publication. At a minimum, provide the month and year of the report publication. For example, "May 2016". If date is included, ensure it is clear "4 May 2016" or "May 4, 2016".

- **Product Description** – A brief description of the product
- **Contact Information** – Contact Information for follow-up questions. Listing an email is sufficient.
- **Notes** – Any details or further explanation about the product or the report. This section may be left blank.
- **Evaluation Methods Used** – Include a description of evaluation methods used to complete the VPAT for the product under test.
- **Applicable Standards/Guidelines** – A clear indication of which Standards/Guidelines this Conformance Report covers.
 - The list must include only the Standards/Guidelines used to evaluate the product.
 - The applicable Standards/Guidelines that are included in this VPAT edition are:
 - [Web Content Accessibility Guidelines 2.0](#) or WCAG 2.0 (ISO/IEC 40500)
 - [Revised Section 508 standards](#) – the U.S. Federal accessibility standard for ICT Products, published by the U.S. Access Board in the Federal Register on January 18, 2017 and corrected on January 22, 2018
 - If other Standards/Guidelines are reported, then use the appropriate VPAT edition.
 - This information can be in a table format at the top of the report with the table heading ‘Standards/Guidelines’ and the reported Standards/Guidelines identified. This information can alternatively be supplied in the introductory text of the report. In the VPAT we have used a table as an example and listed “(yes / no)” for each standard/guideline. To indicate what the report covers leave the appropriate yes or no on each standard/guideline.
 - If multiple Standards or Guideline tables are included, each table must identify the Standard or Guideline that the criteria in that table represent.
- **Terms** – The report must list the definition of the terms used in the Conformance Level column. ITI recommends the following terms. If a vendor deviates from the ITI definitions, the vendor shall reference this change in the heading Notes section. If a term is not used it can be removed from the list. The ITI definitions are: This can only be used in WCAG 2.x Level AAA

- **Supports:** The functionality of the product has at least one method that meets the criterion without known defects or meets with equivalent facilitation.
- **Partially Supports:** Some functionality of the product does not meet the criterion.
- **Does Not Support:** The majority of product functionality does not meet the criterion.
- **Not Applicable:** The criterion is not relevant to the product.

Note: When filling in the WCAG tables, a response may use 'Supports' where one might otherwise be inclined to use 'Not Applicable'. This is in keeping with [WCAG 2.0 Understanding Conformance](#): This means that if there is no content to which a success criterion applies, the success criterion is satisfied.

- **Not Evaluated:** The product has not been evaluated against the criterion. This can only be used in WCAG Level AAA criteria.
 - **Tables for Each Standard or Guideline** – Tables showing the responses to the criteria.
4. WCAG Conformance Information – The answers in the WCAG success criteria are based on the level of conformance being reported (Level A, AA or AAA).
- These tables are used to answer:
 - Revised Section 508:
 - Chapter 5 Software
 - Chapter 6 Support Documentation
 - The selected levels of WCAG 2.0 Guidelines.
 - If using a summary table, due to answers applying to multiple criteria, when answering for the Revised Section 508, the answers need to be clear about which individual criteria the answer applies to. It is possible to either use a summary, selecting the worst case for the criteria, or to have separate answers or even tables for software, support documentation, authoring tools, etc., so long as the methodology used is made clear.
5. Remarks and Explanations – Detailed remarks should be provided in the Remarks and Explanations column to justify your answer in the Conformance Level column.
- When the conformance level is 'Partially Supports' or 'Does Not Support', the remarks should identify:
 1. The functions or features with issues
 2. How they do not fully support

- If the criterion does not apply, explain why.
 - If an accessible alternative is used, describe it.
6. In the Section 508 tables, when subsections of criteria do not apply to the product, the section may be summarized or removed as long as an explanation is provided explaining why a criterion does not apply. Another alternative is to leave the table and add a summary why the section does not apply. For example, in Chapter 5 the criteria in 502 and 503 will not apply to a web only application, thus those sections can be removed with a summary in the notes for the chapter, or a row in the table.

Best Practices for Authors

ITI suggests that authors adopt the following best practices when using the VPAT® to create an Accessibility Conformance Report.

- **Branding Header:** Company logo or branding information
- **Report Date Changes:** If a report is revised, change the report date and explain the revision in the Notes section. Alternately, create a new report and explain in the Notes section that it supersedes an earlier version of the report.
- **Notes:** Add any notes applicable to product or the report
 - Additional information about the product version that the document references
 - Any revisions to the document
 - Links to any related documents
 - Additional information describing the product
 - Additional information about what the document does or does not cover
 - Information suggested by the [WCAG 2.0 Conformance Claim](#)
 - Information needed to satisfy ISO/IEC 17050-1:2004, Supplier's Declaration of Conformity
- **Evaluation Methods Used –** Information to enter may include the following:
 - Testing is based on knowledge of general product functionality (Instructional note: this would mean the tester knows how to use the common uses and flows of the product in addition to accessibility)
 - Similar to another evaluated product
 - Testing with assistive technologies

- Published test method (provide name, publisher, URL link)
- Vendor proprietary test method
- Other test method
- **Remarks and Explanations:** This section may include:
 - Information regarding the testing of a given criteria.
 - Information on application dependencies to support accessibility (e.g. OS, app frameworks, browsers recommended).
 - How the customer can find more information about accessibility issues. One method can be to include the bug ID where customers can call the company's customer support to get additional information.
 - Known workarounds for accessibility issues.
- **Legal Disclaimer:** Area for any legal disclaimer text required by your organization.
- **Report Size:** To reduce the size of the report it is acceptable to remove sections. Individual criteria cannot be removed, only sections at a time. Section removal is acceptable in four situations:
 - When an entire section is not being reported on because it does not apply to the product, for example:
 - Chapter 4: Hardware. Information should be included in the notes for that section why it has been removed.
 - A card reader that doesn't have sound could remove the criteria in section 413 Closed Caption Processing Technologies and just note the why the criteria doesn't apply.
 - If the product is not being evaluated for a level of the criteria (for example Level AAA) then that table may be deleted.
 - If a requesting customer has identified that a section of the standard does not apply, information should be included in the notes that the section has been removed.
- **WCAG 2.0 Tables:** The WCAG 2.0 criteria are shown in three tables, Level A, Level AA, and Level AAA.
 - If desired, these tables can be combined into one table.
 - When reporting on a level (A, AA or AAA) all criteria for that level must be answered.
- **Language:** Translation to other languages is permitted.

- **Multiple Reports:** When using the VPAT to create an Accessibility Conformance Report for complex products it may be helpful to separate answers into multiple reports. For example, when a product is an Authoring Tool that also has web content and documentation. When multiple reports are used for a complex product, it is required to explain this and how to reach the other reports in the Notes section of each report.
- **Criteria Text:** To help conserve space in the ITI template only the criteria ID number and a short title have been included. Where possible, links have been included to the standard/guideline.
 - It is acceptable to add the full text of the criteria into the cell if desired to help with understanding.
 - The links to the standards/guidelines can be removed.
- **Ordering of Tables:** The order that the standard and guideline tables appear may be changed to facilitate reading. The current order is WCAG then Section 508. You can change this order to insert the WCAG criteria into the Section 508 tables.
- **Guideline Section Heading Rows in Tables:** The tables include heading rows to facilitate understanding the context of the criteria.
 - The cells in these rows do not require answers as indicated by “Heading cell – no response required.”
 - It is optional to add a response if desired.
 - The shading of the row is also optional.
 - If removing the heading rows, edit the criteria titles so it’s clear where they apply.

Posting the Final Document

- When publishing your Accessibility Conformance Report, be sure to remove the entire first 9 pages of this document, including the table of contents, introductory information and instructions.
- Check for each required item in the VPAT® document:
 - **[Company Name] Accessibility Conformance Report** (report title)
 - **(Based on VPAT® Version 2.5)**
 - **Name of Product/Version**
 - **Report Date**
 - **Product Description**

- **Contact Information**
- **Notes**
- **Evaluation Methods Used**
- **Applicable Standards/Guidelines**
- **Terms**
- **Tables for Each Standard or Guideline**
 - Check that there is a response for each criterion for 'Conformance Level' and 'Remarks and Explanations.'
- Verify that the final document is accessible.
- Post your final document on your company's web site, or make the document available to customers upon request.

Table Information for VPAT® Readers

For each of the standards, the criteria are listed by chapter in a table. The structures of the tables are: the first column contains the criteria being evaluated, the second column describes the level of conformance of the product regarding the criteria and the third column contains any additional remarks and explanations regarding the product.

- When sections of criteria do not apply, or are deemed by the customer as not applicable, the section is noted as such and the rest of that table may be removed for that section.
- When multiple standards are being recorded in this document, the duplicative sections are noted and responded to only one time. The duplicate entry will note the cross reference to the data.

Public Knowledge® (PK) Accessibility Conformance Report

Revised Section 508 Edition

(Based on VPAT® Version 2.5)

Name of Product/Version: Arkansas Department of Human Services (DHS) Medicaid and Other Human Services Procurement Support

Report Date: June 27, 2024

Product Description: DHS seeks procurement support for Medicaid Enterprise Systems (MES) and other human services to supplement its capabilities. Procurements under this contract initially include Medicaid Enterprise System (MES) Core and MES Decision Support System (DSS). Products include complete, coherent sets of solicitation documentation related to procurement planning, Center for Medicare and Medicaid Services (CMS) funding requirements, all aspects of public sector solicitation development, evaluation, demonstration, negotiation, protest, and award.

Contact Information: Elizabeth Black, eblack@pubknow.com, (501) 217-1620

Notes: This VPAT was created for a proposed project that has not yet been initiated. The language in the following tables indicates what accessibility features PK will build into the project.

Evaluation Methods Used: A variety of testing methods will be used to ensure that all aspects of PK’s electronic systems, products, and services for this project are adequately tested. Methods to be used include:

- Testing based on general product knowledge
- Manual testing with assistive technologies
- Published test methods:
 - ▶ WAVE Web Accessibility Evaluation Tool—[WAVE Page Evaluator](#) and [WAVE Browser Extensions](#)
 - ▶ Browser extensions—[aXe](#) and [a11y](#)
 - ▶ [Screen readers](#)—[NVDA](#) (NonVisual Desktop Access) free screen reader, [JAWS](#) (Job Access With Speech), [Windows Narrator](#), [MacOS VoiceOver](#), and [iOS VoiceOver](#)

Applicable Standards/Guidelines

This report covers the degree of conformance for the following accessibility standard/guidelines:

Standard/Guideline	Included In Report
Web Content Accessibility Guidelines 2.0	Level A (Yes) Level AA (Yes) Level AAA (No)
Revised Section 508 standards published January 18, 2017 and corrected January 22, 2018	(Yes)

Terms

The terms used in the Conformance Level information are defined as follows:

- **Supports:** The functionality of the product has at least one method that meets the criterion without known defects or meets with equivalent facilitation.
- **Partially Supports:** Some functionality of the product does not meet the criterion.
- **Does Not Support:** The majority of product functionality does not meet the criterion.
- **Not Applicable:** The criterion is not relevant to the product.
- **Not Evaluated:** The product has not been evaluated against the criterion. This can only be used in WCAG Level AAA criteria.

WCAG 2.0 Report

Tables 1 and 2 also document conformance with Revised Section 508:

- Chapter 5 – 501.1 Scope, 504.2 Content Creation or Editing
- Chapter 6 – 602.3 Electronic Support Documentation

Note: When reporting on conformance with the WCAG 2.0 Success Criteria, they are scoped for full pages, complete processes, and accessibility-supported ways of using technology as documented in the [WCAG 2.0 Conformance Requirements](#).

Table 1: Success Criteria, Level A

Notes:

Criteria	Conformance Level	Remarks and Explanations
1.1.1 Non-text Content (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	Public Knowledge® (PK) will provide text alternatives for any non-text content. PK will test to confirm that: • Non-text content presented to the user has a text alternative. • Controls accepting user input have meaningful labels that describe its purpose. • Non-text content for presentation purposes only is implemented in a way that can be ignored by assistive technology. • Images that do not convey content, are decorative, or with content that is already conveyed in text are given null alt text (alt="") or implemented as CSS backgrounds. • Embedded multimedia is identified via accessible text. • CSS background images that convey meaning have textual alternatives. • CAPTCHAs are accessible, in visual and audible formats. • Textual alternative information is updated when an element's state changes
1.2.1 Audio-only and Video-only (Prerecorded) (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	• PK uses audio-only or prerecorded video-only media, we will include: A descriptive text transcript (including all relevant visual and auditory clues and indicators) will be provided for non-live, web-based audio (audio podcasts, MP3 files, etc.). • A text or audio description will be provided for non-live, web-based video-only (e.g., video that has no audio track).

Criteria	Conformance Level	Remarks and Explanations
<u>1.2.2 Captions (Prerecorded)</u> (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK will provide synchronized captioning for non-live content it produces.
<u>1.2.3 Audio Description or Media Alternative (Prerecorded)</u> (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	For any prerecorded video that PK produces, descriptive narration will be added to the captioning to describe visual details (e.g., information about actions, on-screen text, and other visual content) that cannot be understood from the content of spoken dialogue alone.
<u>1.3.1 Info and Relationships</u> (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK will use semantically correct markup so that information, structure, and relationships can be understood independently of presentation.
<u>1.3.2 Meaningful Sequence</u> (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK will use semantically correct markup, ensuring that the markup matches the visual presentation of content on the page.
<u>1.3.3 Sensory Characteristics</u> (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK -developed products will not depend solely on sensory characteristics such as shape, size, visual location, orientation, or sound to understand content. For example, while labels and instructions may display in close proximity to corresponding input elements, PK will use WAI-ARIA techniques to ensure that those relationships are available to assistive technologies.
<u>1.4.1 Use of Color</u> (Level A) Also applies to:	Web: Supports Electronic Docs: Supports	Color will only be used as a decorative or supplemental attribute of user interface elements. A textual

Criteria	Conformance Level	Remarks and Explanations
Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Software: Supports Authoring Tool: Supports	representation will be used as the primary mechanism for conveying information.
1.4.2 Audio Control (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	If any audio on a web page plays automatically for more than 3 seconds, PK will provide capabilities for pausing and adjusting the volume of the content.
2.1.1 Keyboard (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will support standard keyboard navigation and input functions (e.g., pressing [Tab] to move between input fields, pressing the arrow keys to move between list items, and pressing [Space] or [Enter] to make selections).
2.1.2 No Keyboard Trap (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will support standard keyboard navigation and ensure that keyboard users cannot be trapped in a subset of content.
2.2.1 Timing Adjustable (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK will provide users enough time to read and use content. No content time limit will be less than 20 hours.
2.2.2 Pause, Stop, Hide (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	For any moving, scrolling, or auto-updating information that starts automatically and lasts for more than 5 seconds (i.e., carousels/sliders), PK will provide a mechanism to allow the user to pause or stop it.

Criteria	Conformance Level	Remarks and Explanations
602.3 (Support Docs)		
<u>2.3.1 Three Flashes or Below Threshold</u> (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will not use flashing interface elements.
<u>2.4.1 Bypass Blocks</u> (Level A) Also applies to: Revised Section 508 501 (Web)(Software) – Does not apply to non-web software 504.2 (Authoring Tool) 602.3 (Support Docs) – Does not apply to non-web docs	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK will provide the ability to bypass blocks of content that are repeated on multiple web pages. Examples include: - Adding a link at the top of each page that goes directly to the main content area - Providing heading elements at the beginning of each section of content - Using an expandable and collapsible menu to bypass block of content Using WAI-ARIA landmarks to identify regions of a page
<u>2.4.2 Page Titled</u> (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will have descriptive titles that indicate the topic or purpose of each page.
<u>2.4.3 Focus Order</u> (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will use a logical tab order through interactive elements such as links and form controls. PK will also use semantically correct markup, ensuring that the markup matches the visual presentation of content on the page.
<u>2.4.4 Link Purpose (In Context)</u> (Level A) Also applies to: Revised Section 508	Web: Supports Electronic Docs: Supports Software: Supports	PK-developed products will use descriptive text or WAI-ARIA techniques, such as adding an “aria-label”

Criteria	Conformance Level	Remarks and Explanations
• 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Authoring Tool: Supports	attribute to table paging control icons, to identify the purpose of links.
3.1.1 Language of Page (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will use the language attribute on the HTML element to specify the default language of a page. In electronic documents, the correct language will be set within the document properties.
3.2.1 On Focus (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	When a component in a PK-developed user interface receives focus, it will not initiate a change of context.
3.2.2 On Input (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	Changing the setting of a component in a PK-developed user interface will not initiate a change of context.
3.3.1 Error Identification (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool) • 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	When input errors are detected, they will be described to the user in text, including the identification of the item where the error occurred.
3.3.2 Labels or Instructions (Level A) Also applies to: Revised Section 508 • 501 (Web)(Software) • 504.2 (Authoring Tool)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will include descriptive labels, instructions where applicable, and ALT text. PK will use label elements to associate text labels with form controls.

Criteria	Conformance Level	Remarks and Explanations
602.3 (Support Docs)		
4.1.1 Parsing (Level A) Also applies to: WCAG 2.0 – Always answer ‘Supports’ Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	For WCAG 2.0 and the 508 standards, the September 2023 errata update indicates this criterion is always supported. See the WCAG 2.0 Editorial Errata. PK-developed products will be tested to confirm that: - There are no duplicate IDs in the HTML - Elements in the HTML have complete start and end tags, are properly nested, do not contain duplicate attributes, and have unique IDs - Pages validate to the HTML specification
4.1.2 Name, Role, Value (Level A) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will use standard HTML and WAI-ARIA attributes to describe the identity, operation, and state of user interface elements to assistive technologies.

Table 2: Success Criteria, Level AA

Notes:

Criteria	Conformance Level	Remarks and Explanations
1.2.4 Captions (Live) (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK will provide synchronized captions for any live audio content it produces.
1.2.5 Audio Description (Prerecorded) (Level AA) Also applies to: Revised Section 508	Web: Supports Electronic Docs: Supports Software: Supports	For any prerecorded video that PK produces, descriptive narration will be added to the captioning to describe visual details (e.g., information about actions, on-screen

Criteria	Conformance Level	Remarks and Explanations
501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Authoring Tool: Supports	text, and other visual content) that cannot be understood from the content of spoken dialogue alone.
1.4.3 Contrast (Minimum) (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will be tested for visual presentation of text to ensure that a contrast ratio of at least 4.5:1 is achieved.
1.4.4 Resize text (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will be tested for browser zoom to ensure that text can be resized without assistive technology up to 200 percent without loss of content or functionality.
1.4.5 Images of Text (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will not use images of text.
2.4.5 Multiple Ways (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) – Does not apply to non-web software 504.2 (Authoring Tool) 602.3 (Support Docs) – Does not apply to non-web docs	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will provide multiple methods to navigate to a page, including: - Providing links to navigate to related web pages - Providing a Table of Contents - Providing the Search feature to find a page - Providing a site map - Creating bookmarks in PDF documents
2.4.6 Headings and Labels (Level AA) Also applies to: Revised Section 508 501 (Web)(Software)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will be tested to confirm that: Structure and hierarchy conveys meaningful text in header elements on pages

Criteria	Conformance Level	Remarks and Explanations
504.2 (Authoring Tool) 602.3 (Support Docs)		Column and Row headers are used on data tables
2.4.7 Focus Visible (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will be tested for: - Visual cues or feedback to the position of the cursor within the product - Assistive technology successfully tracking cursor focus
3.1.2 Language of Parts (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK will ensure that any language of passages or phrases that differs from the language of the page can be programmatically determined.
3.2.3 Consistent Navigation (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) – Does not apply to non-web software 504.2 (Authoring Tool) 602.3 (Support Docs) – Does not apply to non-web docs	Web: Supports Electronic Docs: Authoring Tool:	PK-developed products will be tested for consistent navigation and order across pages.
3.2.4 Consistent Identification (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) – Does not apply to non-web software 504.2 (Authoring Tool) 602.3 (Support Docs) – Does not apply to non-web docs	Web: Supports Electronic Docs: Authoring Tool:	PK-developed products will be tested for a consistent user interface, to ensure consistent functionality and presentation across pages.
3.3.3 Error Suggestion (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	PK-developed products will provide messages for input when input errors are automatically detected. The error messages will contain information indicating what the error is and instructions on how to correct the error when known.

Criteria	Conformance Level	Remarks and Explanations
3.3.4 Error Prevention (Legal, Financial, Data) (Level AA) Also applies to: Revised Section 508 501 (Web)(Software) 504.2 (Authoring Tool) 602.3 (Support Docs)	Web: Supports Electronic Docs: Supports Software: Supports Authoring Tool: Supports	For any PK-developed products that modify or delete user-controllable data in data storage systems or cause legal commitments or financial transactions to occur, testing will ensure that one or more of the following is true: - Data entered by the user are validated for input errors and the user is provided an opportunity to correct the errors before submission. - Confirmation pages are available for reviewing, confirming, and correcting input before finalizing the submission of data. - Submissions are reversible or can be re-entered by the user.

Table 3: Success Criteria, Level AAA

Notes: **Not Evaluated**—Per U.S. Access Board guidelines, only Level A and Level AA Success Criteria and Conformance Requirements are required for Section 508 compliance.

Criteria	Conformance Level	Remarks and Explanations
1.2.6 Sign Language (Prerecorded) (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
1.2.7 Extended Audio Description (Prerecorded) (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
1.2.8 Media Alternative (Prerecorded) (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
1.2.9 Audio-only (Live) (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
1.4.6 Contrast (Enhanced) (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
1.4.7 Low or No Background Audio (Level AAA) Revised Section 508 – Does not apply	Web:	Web:

Criteria	Conformance Level	Remarks and Explanations
1.4.8 Visual Presentation (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
1.4.9 Images of Text (No Exception) (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
2.1.3 Keyboard (No Exception) (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
2.2.3 No Timing (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
2.2.4 Interruptions (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
2.2.5 Re-authenticating (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
2.3.2 Three Flashes (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
2.4.8 Location (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
2.4.9 Link Purpose (Link Only) (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
2.4.10 Section Headings (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
3.1.3 Unusual Words (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
3.1.4 Abbreviations (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
3.1.5 Reading Level (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
3.1.6 Pronunciation (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
3.2.5 Change on Request (Level AAA) Revised Section 508 – Does not apply	Web:	Web:
3.3.5 Help (Level AAA) Revised Section 508 – Does not apply	Web:	Web:

Criteria	Conformance Level	Remarks and Explanations
3.3.6 Error Prevention (All) (Level AAA) Revised Section 508 – Does not apply	Web:	Web:

Revised Section 508 Report

Notes:

Chapter 3: [Functional Performance Criteria \(FPC\)](#)

Notes:

Criteria	Conformance Level	Remarks and Explanations
302.1 Without Vision	Supports	PK-developed products will use standard HTML and WAI-ARIA attributes to describe the identity, operation, and state of user interface elements to assistive technologies.
302.2 With Limited Vision	Supports	PK-developed products will support standard browser magnification and contrast adjustments.
302.3 Without Perception of Color	Supports	Color will only be used as a decorative or supplemental attribute of user interface elements. A textual representation will be used as the primary mechanism for conveying information.
302.4 Without Hearing	Supports	All deliverables produced under this contract will provide a means of information retrieval that does not require hearing; for example, any video content will be captioned, and text transcripts will be provided with audio recordings.
302.5 With Limited Hearing	Supports	If PK produces content with an audio component under this contract, captioning or text transcripts will be provided as appropriate.
302.6 Without Speech	Supports	If PK produces content with a speech component under this contract, alternate methods of participation (e.g., chat) will be provided for those participants who may have difficulty speaking.
302.7 With Limited Manipulation	Supports	All products developed by PK under this contract will support standard input mechanisms such as user-provided keyboards and pointing devices. Use of the product will not require fine motor controls nor simultaneous actions.
302.8 With Limited Reach and Strength	Supports	PK-developed products will be operable with limited reach and strength.
302.9 With Limited Language, Cognitive, and Learning Abilities	Supports	PK-developed products will include features (e.g., text to speech, grammar and spell check, display in Fullscreen mode) that make use by individuals with limited cognitive, language, and learning abilities simpler and easier.

Chapter 4: [Hardware](#)

Notes: Not Applicable

Criteria	Conformance Level	Remarks and Explanations
402 Closed Functionality	Heading cell – no response required	Heading cell – no response required
402.1 General	Heading cell – no response required	Heading cell – no response required
402.2 Speech-Output Enabled	Heading cell – no response required	Heading cell – no response required
402.2.1 Information Displayed On-Screen		
402.2.2 Transactional Outputs		
402.2.3 Speech Delivery Type and Coordination		
402.2.4 User Control		
402.2.5 Braille Instructions		
402.3 Volume	Heading cell – no response required	Heading cell – no response required
402.3.1 Private Listening		
402.3.2 Non-private Listening		
402.4 Characters on Display Screens		
402.5 Characters on Variable Message Signs		
403 Biometrics	Heading cell – no response required	Heading cell – no response required
403.1 General		
404 Preservation of Information Provided for Accessibility	Heading cell – no response required	Heading cell – no response required
404.1 General		
405 Privacy	Heading cell – no response required	Heading cell – no response required
405.1 General		
406 Standard Connections	Heading cell – no response required	Heading cell – no response required
406.1 General		
407 Operable Parts	Heading cell – no response required	Heading cell – no response required
407.2 Contrast		
407.3 Input Controls	Heading cell – no response required	Heading cell – no response required
407.3.1 Tactilely Discernible		
407.3.2 Alphabetic Keys		
407.3.3 Numeric Keys		

Criteria	Conformance Level	Remarks and Explanations
407.4 Key Repeat		
407.5 Timed Response		
407.6 Operation		
407.7 Tickets, Fare Cards, and Keycards		
407.8 Reach Height and Depth	Heading cell – no response required	Heading cell – no response required
407.8.1 Vertical Reference Plane		
407.8.1.1 Vertical Plane for Side Reach		
407.8.1.2 Vertical Plane for Forward Reach		
407.8.2 Side Reach		
407.8.2.1 Unobstructed Side Reach		
407.8.2.2 Obstructed Side Reach		
407.8.3 Forward Reach		
407.8.3.1 Unobstructed Forward Reach		
407.8.3.2 Obstructed Forward Reach		
407.8.3.2.1 Operable Part Height for ICT with Obstructed Forward Reach		
407.8.3.2.2 Knee and Toe Space under ICT with Obstructed Forward Reach		
408 Display Screens	Heading cell – no response required	Heading cell – no response required
408.2 Visibility		
408.3 Flashing		
409 Status Indicators	Heading cell – no response required	Heading cell – no response required
409.1 General		
410 Color Coding	Heading cell – no response required	Heading cell – no response required
410.1 General		
411 Audible Signals	Heading cell – no response required	Heading cell – no response required
411.1 General		
412 ICT with Two-Way Voice Communication	Heading cell – no response required	Heading cell – no response required
412.2 Volume Gain	Heading cell – no response required	Heading cell – no response required
412.2.1 Volume Gain for Wireline Telephones		
412.2.2 Volume Gain for Non-Wireline ICT		
412.3 Interference Reduction and Magnetic Coupling	Heading cell – no response required	Heading cell – no response required

Criteria	Conformance Level	Remarks and Explanations
412.3.1 Wireless Handsets		
412.3.2 Wireline Handsets		
412.4 Digital Encoding of Speech		
412.5 Real-Time Text Functionality	Reserved for future	Reserved for future
412.6 Caller ID		
412.7 Video Communication		
412.8 Legacy TTY Support	Heading cell – no response required	Heading cell – no response required
412.8.1 TTY Connectability		
412.8.2 Voice and Hearing Carry Over		
412.8.3 Signal Compatibility		
412.8.4 Voice Mail and Other Messaging Systems		
413 Closed Caption Processing Technologies	Heading cell – no response required	Heading cell – no response required
413.1.1 Decoding and Display of Closed Captions		
413.1.2 Pass-Through of Closed Caption Data		
414 Audio Description Processing Technologies	Heading cell – no response required	Heading cell – no response required
414.1.1 Digital Television Tuners		
414.1.2 Other ICT		
415 User Controls for Captions and Audio Descriptions	Heading cell – no response required	Heading cell – no response required
415.1.1 Caption Controls		
415.1.2 Audio Description Controls		

Chapter 5: [Software](#)

Notes: Not Applicable.

Criteria	Conformance Level	Remarks and Explanations
501.1 Scope – Incorporation of WCAG 2.0 AA	See WCAG 2.x section	See information in WCAG 2.x section
502 Interoperability with Assistive Technology	Heading cell – no response required	Heading cell – no response required
502.2.1 User Control of Accessibility Features		
502.2.2 No Disruption of Accessibility Features		
502.3 Accessibility Services	Heading cell – no response required	Heading cell – no response required

Criteria	Conformance Level	Remarks and Explanations
502.3.1 Object Information		
502.3.2 Modification of Object Information		
502.3.3 Row, Column, and Headers		
502.3.4 Values		
502.3.5 Modification of Values		
502.3.6 Label Relationships		
502.3.7 Hierarchical Relationships		
502.3.8 Text		
502.3.9 Modification of Text		
502.3.10 List of Actions		
502.3.11 Actions on Objects		
502.3.12 Focus Cursor		
502.3.13 Modification of Focus Cursor		
502.3.14 Event Notification		
502.4 Platform Accessibility Features		
<u>503 Applications</u>	Heading cell – no response required	Heading cell – no response required
503.2 User Preferences		
503.3 Alternative User Interfaces		
<i>503.4 User Controls for Captions and Audio Description</i>	Heading cell – no response required	Heading cell – no response required
503.4.1 Caption Controls		
503.4.2 Audio Description Controls		
<u>504 Authoring Tools</u>	Heading cell – no response required	Heading cell – no response required
504.2 Content Creation or Editing (if not authoring tool, enter “not applicable”)	See WCAG 2.x section	See information in WCAG 2.x section
504.2.1 Preservation of Information Provided for Accessibility in Format Conversion		
504.2.2 PDF Export		
504.3 Prompts		
504.4 Templates		

Chapter 6: Support Documentation and Services

Notes:

Criteria	Conformance Level	Remarks and Explanations
601.1 Scope	Heading cell – no response required	Heading cell – no response required
<u>602 Support Documentation</u>	Heading cell – no response required	Heading cell – no response required
602.2 Accessibility and Compatibility Features		PK-produced electronic documentation will include accessibility features that are built-in and ones that provide compatibility with assistive technologies.
602.3 Electronic Support Documentation	See WCAG 2.x section	See information in WCAG 2.x section
602.4 Alternate Formats for Non-Electronic Support Documentation		All documentation provided to clients or end users will comply with Arkansas and DHS accessibility requirements. Documentation will be converted to any necessary format upon request.
<u>603 Support Services</u>	Heading cell – no response required	Heading cell – no response required
603.2 Information on Accessibility and Compatibility Features	Supports	Descriptions of the accessibility features of deliverables produced under this contract will be provided as needed, in the format preferred by the user. These descriptions will comply with Arkansas and DHS accessibility requirements.
603.3 Accommodation of Communication Needs	Supports	Any support services provided under this contract will meet the needs of users with disabilities.

Legal Disclaimer (Public Knowledge, LLC)

Binding Statement of Conformance to Established Accessibility Standards

PK is committed to achieving Section 508 compliance in all its systems, products, and services. This VPAT outlines our compliance with the Revised Section 508 standards of 36 CFR Part 1194.



Appendix A: Resumes

Resumes for key proposed staff are included in the following order:

- Alicia Hansen, PM
- Brittany Goode, Procurement SME
- Deborah Lemmon, MES SME
- Katherine Olbekson, MES and Government Procurement SME
- Kassie Gram, Protest Advisor

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Alicia Hansen, MS

Project Manager

Key Qualifications

Project Management (15 years): Efficiently managing project activities, including status reporting, risk identification and mitigation planning, and coordinating project teams to meet deadlines effectively.

Data Analysis and Reporting (18 years): Providing expertise in analyzing data, creating metrics, and preparing visualizations to support tracking, evaluating, and reporting project activities.

Procurement Expertise (3 years): Facilitating requirements gathering and validation, preparing request for proposal (RFP) documents, and managing the procurement process and vendor interactions.

Public Health and Healthcare Expertise (18 years): Supporting disease surveillance and data analysis in health departments, implementing Electronic Visit Verification (EVV) for Medicaid-funded home care, and contributing to health information technology planning and assessment.

Sample of Relevant Projects

Montana Program for Automating and Transforming Healthcare (MPATH), Department of Public Health and Human Services and State Information Technology Services Division, Senior Advisor 9/2021 – 12/2024

Montana is replacing its MMIS, resulting in up to nine vendors implementing integrated modules. Each vendor and module project requires various independent verification and validation (IV&V) activities, including federal certification. PK provides IV&V services for modular replacement. We guarantee the update complies with the Centers for Medicare and Medicaid Services (CMS) guidelines. Alicia's responsibilities include:

Providing consultation and guidance on certification



Alicia Hansen, MS

Project Manager

Reviewing deliverables

Identifying risks and issues

Electronic Visit Verification Procurement Support, Nevada 3/2022 – 6/2022

Division of Health Care Financing and Policy, Project Manager

The 21st Century Cures Act requires Medicaid agencies to establish policies and processes to support EVV of Medicaid-funded home care. PK provided project management assistance to the Division of Healthcare Financing and Policy for the planning and procurement of an updated EVV solution compliant with state and federal requirements, adding Home Health Services to the existing Personal Care Services verification functionality. PK's services included defining requirements and developing an RFP. Alicia's responsibilities included:

Managing day-to-day project activities, including status reporting

Facilitating requirements gathering and validation

Preparing the RFP, including service level agreement requirements, cost schedule template, and optional service identification

All Payer Claims Database Planning and Procurement Support 10/2021 – 6/2022

Project, Nevada Division of Health Care Financing and Policy, Project Manager

PK provided planning and procurement services to assist DHCFP, State Purchasing, and other stakeholders in securing a vendor to implement an All Payer Claims Database (APCD) for Nevada. This included working with all stakeholders to develop requirements and a RFP, as well as Questions and Answer (Q&A), and evaluation support. Alicia's responsibilities included:

Facilitating requirement development and confirmation sessions



Alicia Hansen, MS

Project Manager

Developing the requirements matrix, RFP, supporting forms, appendices, and outcomes

Compiling responses to vendor questions and CMS contract checklist

Managing the team to effectively meet tight deadlines

Health Information Technology (HIT) Planning and Assessment Support Project, Nevada Division of Health Care Financing and Policy, Project Manager

7/2021 – 3/2022

PK supported the Nevada Division of Health Care Financing and Policy (DHCFP) in meeting the requirements for closing out of the HITeCH Funding by providing planning and assessment activities for the HIT Program. These requirements included conducting a HIT Environmental Scan, preparing a HIT Roadmap, and updating the State Medicaid Health Information Technology Plan. Alicia's responsibilities included:

Identifying stakeholders and conducting interviews to gather information on current and future HIT initiatives

Creating, fielding, and analyzing a provider survey

Preparing deliverables per state and CMS requirements

Managing the team and budget

Medicaid Management Information System Modernization Implementation and Certification Support, Phase III, Nevada Division of Health Care Financing and Policy, Project Manager

12/2015 – 8/2021

The Division of Healthcare Financing and Policy (DHCFP) replaced its legacy MMIS core claims processing solution with a transfer solution from Colorado. The project required integration with existing fiscal agent applications and other Nevada systems. PK provided project management assistance during the Design, Development, Implementation (DDI), and certification phases. PK's services included quality assurance (QA) of vendor deliverables and other project documentation,



Alicia Hansen, MS

Project Manager

federal and project-level status reporting, system certification planning and preparation using Medicaid Enterprise Certification Toolkit (MECT), risk management, utilization of metrics to track project performance, supporting the development of state and federal funding requests, organizational change management, and Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A) updates. Alicia's responsibilities included:

- Providing quality assurance reviews of project documentation and deliverables

- Managing day-to-day project activities

- Assisting with risk identification and mitigation planning

- Facilitating federal certification of the MMIS

Pharmacy Benefit Manager Procurement Planning and Support, Nevada Division of Health Care Financing and Policy, Project Manager

12/2020 – 6/2021

PK supported the Division of Health Care Financing and Policy (DHCFP) in a Pharmacy Benefits Manager (PBM) Procurement under a National Association of State Procurement Officials (NASPO) ValuePoint Procurement of Acquisition Support Services (PASS) Participating Addendum. Our activities included facilitating final requirements and key performance indicators, developing the RFP, and handling vendor questions. Alicia's responsibilities included:

- Facilitating requirement development and confirmation sessions

- Developing the requirements matrix, RFP, supporting forms, appendices, and outcomes

- Compiling responses to vendor questions and CMS contract checklist

- Managing the team to meet tight deadlines effectively



Alicia Hansen, MS

Project Manager

Electronic Visit Verification Procurement, Implementation and Certification Support, Nevada Division of Health Care Financing and Policy, Project Manager 1/2018 – 11/2020

The 21st Century Cures Act requires Medicaid agencies to establish policies and processes to support EVV of Medicaid-funded home care. PK provided project management assistance to the Division of Healthcare Financing and Policy for the planning, procurement, configuration, implementation, and certification of an EVV solution compliant with state and federal requirements. The project required integration with the MMIS. Our services included requirements definition, developing an RFP, quality assurance of vendor deliverables, federal and project-level status reporting, system certification planning and preparation using outcomes-based certification, risk management, utilization of metrics to track project performance, and supporting the development of state and federal funding requests. Alicia's responsibilities included:

- Providing quality assurance reviews of project documentation and deliverables

- Managing day-to-day project activities

- Supporting the procurement process, including requirements gathering and RFP preparation

- Assisting with risk identification and mitigation planning

- Facilitating federal certification of the EVV System

- Preparing federal budget requests through advanced planning documents (APDs)

Montana Program for Automating and Transforming Healthcare (MPATH) Data Analytics Population Health Module Final Certification Evidence Review, Montana Department of Public Health, Montana State Information Technology Services Division, Project Manager 3/2020 – 11/2020



Alicia Hansen, MS

Project Manager

Montana conducted a modular replacement of the MMIS, which must comply with CMS guidelines. PK provided QA reviews of federal certification evidence for the Enterprise Data Warehouse and Population Health module to support the MPATH Project Management Office. Alicia's responsibilities included:

- Providing quality assurance reviews of project documentation and deliverables

- Managing day-to-day project activities

- Preparing language for out-of-scope criteria

- Reviewing final certification checklists

Work Experience

Nevada State Health Division, Chief Biostatistician

1/2007 – 8/2011

Supervised biostatistical staff, coordinating activities, directing project completion, evaluating performance, allocating resources, and ensuring accuracy and reliability of analyses. Served as the state coordinator and project manager for the Behavioral Risk Factor Surveillance System.

Education

Master of Science: Mathematics with Statistics Emphasis,
University of Nevada Reno

2005

Bachelor of Science: Mathematics with Statistics Emphasis,
University of Nevada Reno

2002

Certifications and Training

American Statistical Association Traveling Course: Data
Visualization with R

2023

PMP Bootcamp, Percipio

2022



Alicia Hansen, MS

Project Manager

Technology of Participation® (ToP) Group Facilitation Methods, Institute of Cultural Affairs (ICA)	2015
Great Basin Public Health Leadership Institute, Nevada State Health Division	2010



Brittany Goode

Procurement SME

Key Qualifications

Procurement and Contracts Management (21 years):

Demonstrated procurement and contract management expertise with a strong track record in both the public and private sectors.

Government Contracts and Grants (21 years): Extensive experience serving as a subject matter expert for over 1,000 contracts, including MOAs/MOUs, Financial Assistant Agreements, and Purchase of Service Agreements within government agencies.

Policy and Procedure Development (19 years): Experienced in developing and implementing policies and procedures to streamline processes and confirm compliance.

Grants and Subaward Management (12 years): Proficient in managing subcontracts from federal and non-federal agencies, including negotiating agreements and ensuring compliance.

Sample of Relevant Projects

Temporary Position Contract Procurement Assistance,
Wyoming Department of Health – Division of Healthcare
Financing, Procurement Analyst and Subject Matter Expert

1/2024 – 7/2024

The Wyoming Department of Health, Division of Healthcare Financing (DHCF) is planning to procure a contractor for temporary staffing services within the Agency. In the past, these temporary positions were utilized by the Agency on an as-needed basis to fill crucial staffing roles in the division. DHCF wishes to expand the scope of these staffing services to include diverse levels of worker qualifications. By contracting for temporary staffing services, DHCF can secure high-quality candidates to fill these important roles. Brittany's responsibilities include:

- Offering background knowledge and expertise to support procurement processes



Brittany Goode

Procurement SME

Aiding in research efforts and contributing to drafting documents as required

Supporting the gathering and reviewing project requirements

Assist in the creation of bid documents and evaluation materials

Conducting peer-quality reviews of all work products and deliverables

Immunization Unit Procurement Support, Wyoming

4/2024 – 6/2025

Department of Health, Public Health Division, Project Manager

The Wyoming Department of Health, Public Health Division, Immunization Unit sought support in researching and assessing opportunities to utilize remaining COVID-19 funding. They also needed assistance with procurement planning assessment and strategy, requirements development and solicitation drafting, scoring evaluation and team training, and contract management and monitoring. Brittany's responsibilities included:

Leading project execution, guaranteeing alignment with timelines, budgets, and quality standards

Providing procurement and contracting subject matter expertise throughout the project lifecycle

Supporting the development of the Needs Assessment Report

Developing the Procurement Strategy Plan

Determining and finalizing the suitable procurement method

Collaborating with key stakeholders to gather, validate, and refine requirements for each procurement method, confirming consistency with project objectives and stakeholder needs

Overseeing contract management and monitoring activities to confirm that compliance and quality standards are met



Brittany Goode

Procurement SME

Project Management and Procurements Management and Monitoring Support, North Carolina Department of Health and Human Service, Division of State–Operated Healthcare Facilities (DSOHF), Project Manager

6/2023 – 12/2024

North Carolina Department of Health and Human Services, Division of State–Operated Healthcare Facilities (DSOHF) is contracting for and implementing a new EPIC Electronic Health Record (EHR) across 14 facilities. Brittany's responsibilities include:

- Tracking, monitoring, and communicating all procurements for the EHR solicitation and implementation

- Understanding and executing appropriate communication to stakeholders regarding the associated procurements, applicable user interfaces, and other requirements being overseen

- Facilitating meetings with contractors or other key staff to understand the dynamics and associations of the affiliate procurements and any appropriate system interface needs of the EHR implementation

- Finalizing contract and service level agreement monitoring tool

- Attending project meetings and presenting risks, issues, or other applicable updates

- Establishing a procurement monitoring tool for identifying all affiliate procurements and contracts and tracking all procurements and contracts outcomes and areas of crossover to evaluate impacts and potential challenges

Development and Implementation of Policies and Procedures, North Carolina Department of Health and Human Services, Procurement Manager

1/2022 – 5/2023

Brittany supervised six full–time staff, five contract specialists, and one business services coordinator. She served as the contracting and grants SME for over 1,000 contracts,



Brittany Goode

Procurement SME

including Memorandum of Agreements and Understanding (MOAs/MOUs), Financial Assistant Agreements, and Purchase of Service Agreements. Brittany's responsibilities included:

- Establish procurement, contracts, and grants policies and procedures for the newly created Division of Child and Family Well-Being

- In depth knowledge of procurement methods, including Requests for Applications (RFAs), RFPs, Invitations for Bid (IFB), and Waivers of Competition initiated within the Division

- Working closely with the Office of Procurement, Contracts, and Grants to confirm best practices in the contracting process

- Collaborating closely with various divisions, departments, and state staff

- Providing fiscal and budgetary support and technical assistance to top management and executive staff

Work Experience

North Carolina Department of Health and Human Services, 1/2022 – 6/2023
Procurement Manager

Managed and directed purchasing of all goods and services for the Division of Child and Family Well-Being. Oversaw the financial assistance and grantmaking process for the division. Lead fiscal monitor for grant compliance.

North Carolina Department of Health and Human Services, 12/2020 – 1/2022
Contract Manager

Managed and directed purchasing all goods and services for the Division of Mental Health, Individuals with Developmental Disabilities, and Substance Abuse Services. Oversaw the financial assistance and grantmaking process for the division.



Brittany Goode

Procurement SME

Assisted the program integrity team with leading fiscal monitoring activities for grant compliance.

Town of Cary, Transportation Program Coordinator

1/2019 – 12/2020

Responsible for compliance and procurement duties in support of the management, operations, and oversight of the Town's GoCary fixed route and paratransit public transit system and related programs, including compliance with required Civil Rights Programs.

RTI International, Senior Project Management Specialist

11/2017 – 1/2019

Supported all phases of project implementation, from project start-up to close out, focusing on operational, procurement, and financial management. Proactively identified operational, financial, security, reputational, or other project risks and worked closely with the Principal Investigator to mitigate those risks.

**North Carolina Department of Health and Human Services,
Grants and Subawards Manager**

11/2016 – 10/2017

Provided counsel, analysis, and implementation on matters on grants received by DHHS, grants awarded by DHHS, and sub-awards of federal funds. Provided significant direction in revising and implementing policies and procedures to ensure efficient grant and sub-award processing, compliance with federal and state regulations, and consideration for the existing institutional structure and function in these areas.

**North Carolina Department of Transportation, Lead
Transportation Program Planner**

6/2016 – 11/2016

Responsible for leading all grant management requirements for state and federal funding. Managed the State Transportation Improvement Program (STIP) and other key initiatives as identified.



Brittany Goode

Procurement SME

City of Colorado Springs, Contracting Analyst	3/2011 – 1/2012

Provided the Transit Division with contracting support by analyzing bids and proposals to document award recommendations, conducted negotiations, and prepared and issued solicitation amendments and contract modifications. I interpreted and applied pertinent federal, state, and local laws, codes, regulations, and City policies and procedures. Responsible for effectively acquiring quality materials, equipment, and services utilizing public and federal (FTA Circular 4220.1F) procurement methods.

Education

Bachelor of Science: Business Administration and Marketing, Rochester Institute of Technology	2010

Certifications and Training

Certified Change Management Practitioner, Prosci®	2023
NASPO Foundations of Public Procurement Training	2023



Deborah Lemmon, MSSE, CPD, PMP, CCSGB, ITIL

MES SME

Key Qualifications

Medicaid Expertise (12 years): Served as a Medicaid and Centers for Medicare and Medicaid Services (CMS) Certification SME. Led teams conducting Medicaid Information Technology Architecture (MITA) State Self-Assessments and served as SME for multiple SS-A initiatives.

Procurement Expertise (6 years): Experienced in public sector procurement efforts, including requirements identification and meeting facilitation, RFP, and APD development, review of vendor proposals, demonstrations, and selection.

Healthcare Technology Leadership (12 years) Provided IV&V oversight for legacy system replacement and technology upgrades in multiple states for MMIS modular replacement and eligibility systems.

Strategic Advising and Collaboration (24 years): Established strong partnerships with state and federal agencies, advising on technology strategies and governance structures to meet regulatory adherence. Provided strategic assessments and recommendations for MITA SS-A Business, Technical, and Information Architectures and five-year look ahead roadmaps.

Sample of Relevant Projects

Colorado Medicaid Information Management System Project, 9/2021 – 7/2024
Colorado Department of Health Care Policy and Financing,
Project Director

The Colorado Medicaid Management Innovation and Transformation (COMMIT) Project replaces legacy systems to upgrade technology, improve management of the Medicaid program, and improve data collection, analysis, and sharing across entities. Active MMIS projects include CCM, Drug Prescriber Tool, EVV, and various MMIS procurements. PK provides objective oversight and other IV&V services. Deborah's responsibilities include:



Deborah Lemmon, MSSE, CPD, PMP, CCSGB, ITIL

MES SME

Developing a partnership with the State as an advisor by understanding the objectives of the Colorado MMIS Modular Replacement system and supporting an ongoing, two-way communication effort regarding technology strategies, priorities, and governance

Serving as a SME for MMIS ITN procurement efforts, including the review of requirements, vendor proposals, and contract reviews

Managing staff, including staffing levels, training, assignments, performance evaluations, and issue resolution

Ensuring all deliverables, documentation, and reports are quality and timeliness

Maryland MMIS Modular Transformation (MTT) Project, 8/2021 – 4/2025
Maryland Department of Information Technology, Medicaid, and CMS Federal Subject Matter Expert

The Maryland Department of Health (MDH) formalized the MMIS Modular Transformation (MMT) Project Roadmap for the modular replacement of its current MMIS as part of its MITA SS-A initiatives. The roadmap calls for developing, implementing, and operating multiple modular systems and services to be iteratively procured over the next five to ten years. Deborah provides IV&V services on active projects, such as a Business Process Reengineering (BPR) portfolio of projects, an Electronic Content Management Services (ECMS) project, a Healthy Kids (HK) project, and a Dental Administrative Services Organization (ASO) project. Deborah's additional responsibilities include:

Providing an independent third-party monthly assessment of active MMT projects and the Project Management Office (PMO) to the Department of Information Technology



Deborah Lemmon, MSSE, CPD, PMP, CCSGB, ITIL

MES SME

Leading the development of IV&V certification observations and recommendations, following Streamlined Modular Certification (SMC) guidance from the CMS

Overseeing and contributing to all IV&V certification deliverables, including status reports, quarterly reports, and milestone reports

Providing assessment and recommendation for the MITA SS-A and Update process, in addition to the Medicaid Enterprise Certification Management Plan

Replacement Medicaid Management Information System Program, South Carolina Health and Human Services, IV&V Lead

8/2019 – 10/2021

The South Carolina Replacement Medicaid Management Program is a modular-based approach based on Medicaid as a Service (MaaS) with Commercial off-the-shelf (COTS) products requiring minimal customization for compliance with the South Carolina Medicaid State Plan. PK provided objective oversight and other IV&V services. Deborah's responsibilities included:

Managing the performance of the business and technical objective assessments impacting the design, development, and implementation (DDI) for the Administrative Organization project (ASO) and an Electronic Visit and Verification (EVV) project

Identifying deviations from best practices and approved processes, procedures, and deliverables

Leading efforts to monitor the program's alignment with federal and state regulations, processes, and procedures

Overseeing and participating in developing weekly, monthly, and quarterly federal and state reports

Identifying issues or risks and leading team efforts to identify opportunities for improvement



Deborah Lemmon, MSSE, CPD, PMP, CCSGB, ITIL

MES SME

Leading development of IV&V key observations and recommendations

Information Technology Services Integrated Eligibility System (IES) Program Independent Verification and Validation, New York State Department of Health, IES Program Office IES Program IV&V Lead

10/2018 – 8/2019

The New York Information Technology Services IES Program performs Medicaid eligibility, enrollment, case management, and payment functionality for New York's Health and Human Services programs. The team implemented the Shared Services of the IES platform via a phased approach, including Case Management, Enterprise Service Bus, Data Warehouse, Reporting, and User Experience Design. Deborah's responsibilities included:

- Leading the IV&V review of requirements for NY's Integrated Eligibility System, reviewed vendor proposals, and participating in the review of vendor demonstrations

- Leading a team of technical IV&V SMEs through activities and work product management throughout the shared services initial start-up and planning phases of multiple project workstream initiatives

- Participating in meetings with federal agencies regarding regulations and standards

- Performing oversight and participating in the development of federal certification reporting

- Developing IV&V observations and recommendations to mitigate risks and issues

Data Management Analytics, Nebraska Department of Health and Human Services, Certification Subject Matter Expert

5/2017 – 10/2018

The Department of Health and Human Services (DHHS) collects, manages, shares, and reports data to identify opportunities to improve program quality and efficacy,



Deborah Lemmon, MSSE, CPD, PMP, CCSGB, ITIL

MES SME

improve health care effectiveness and realize cost efficiencies. Deborah's team led the certification process during the development of these analytics. Her responsibilities included:

- Providing expertise to clients on implementing the CMS Medicaid Enterprise Certification Toolkit (MECT)

- Reviewing and tracking deliverables, business requirements, and project artifacts related to federal certification

- Participating in developing a MECT toolkit of repeatable processes, IV&V checklists, and artifacts to aid in reviewing client evidence to support system certification

Medicaid Information Technology Architecture 3.0 State Self-Assessment, West Virginia Bureau for Medical Services, Project Manager

1/2012 – 2/2017

The Bureau for Medical Services completed its MITA 3.0 SS-A and Roadmap. Deborah led a team of SMEs who collaborated to create annual updates and the Bureau's first Data Management Strategy, following the CMS MITA Framework. Deborah's responsibilities included:

- Leading an onsite and virtual team of business and technical consultants to the MITA 3.0 SS-A and Annual Updates

- Providing leadership through task and resource management to encourage timely and quality deliverables and status reports

- Serving as lead deliverables writer, including state-specific criteria and checklists for pilot-expedited MMIS certification

- Designing and building the MITA 360 Management Portal, a fully customizable project portal on a SharePoint platform



Deborah Lemmon, MSSE, CPD, PMP, CCSGB, ITIL

MES SME

Developing and enhancing the MITA Management Toolkit, a repository of repeatable processes and artifacts to help states plan and complete their assessments in a standardized manner

Administrative Purchasing Procurement, West Virginia University, Administrative Business Systems, Senior Project Manager 2009–2011

Deborah's responsibilities included:

Leading the development of requirements, vendor proposal review, vendor demonstrations, and selection for a SaaS state purchasing system to support university administrative purchasing

Education

Master of Software Engineering: West Virginia University 2005

Bachelor of Science: French and Business, Pennsylvania State University 1983

Certifications and Training

Certified Project Director (CPD), Global Association for Quality Management 2021

ITIL V.3 Foundation Certification, AXELOS 2016

Lean Six Sigma Green Belt Certification, University of Southern Maine 2016

Certified Project Management Professional® (PMP), Project Management Institute 2009



Katherine Olbekson

MES and Government Procurement SME

Key Qualifications

Procurement and Contract Management (10 years):

Expertise in procurement and contract processes, including planning, requirements and requests for proposal development, vendor proposal review and negotiation, and contract management. She has successfully led the evaluation process for RFP proposals, resulting in contract awards.

Medicaid and Healthcare Expertise (18 years):

Expertise in Medicaid programs and systems, with a track record of effectively managing fiscal agent contracts, producing comprehensive reports, and ensuring compliance with Medicaid policies.

Data Management and Statistical Analysis (18 years):

Managed data operations, maintained high standards for financial and statistical reporting, and provided valuable analysis of program outcomes.

Sample of Relevant Projects

**Alabama Medicaid Modernization Information Systems
Organizational Change Management and Certification,**
Alabama Medicaid Agency, Certification Lead

12/2023 – 7/2027

PK serves as a SME for organizational change management and certification for MMIS. PK brings Organizational Change Management (OCM) and Medicaid certification expertise to facilitate a smooth transition from the current state to the future state. Katherine's responsibilities include:

Certification Lead

Supporting certification activities following module-specific and AMMP Certification Support Management Plans

Preparing required materials and participating in demonstrations for Federal Certification Operational Readiness Reviews (ORR), Certification Reviews (CR), and certification remediation activities



Katherine Olbekson

MES and Government Procurement SME

Medicaid Enterprise Solutions Independent Verification and Validation, Colorado Department of Health Care Policy and Financing, Lead Procurement Specialist

1/2022 – 6/2024

Colorado Department of Health Care Policy and Financing (HCPF) is improving Medicaid Enterprise modularity of its primary services for MMIS Business Intelligence and Data Management (BIDM), Pharmacy Benefit Management System (PBMS), and Colorado Benefits Management System (CBMS). Public Knowledge® (PK) provided independent verification and validation (IV&V), procurement and subject matter experts, project management, and best practice strategies to support this effort. Katherine's responsibilities included:

- Assisting in the review and development of program Invitation to Negotiate (ITN) and RFP contractual requirements

- Assisting in the review of vendor proposals and providing procurement and vendor negotiation meeting documentation

- Supporting the IV&V team with requirements, testing, and change request tracking activities, project deliverables and reviews

Wyoming Integrated Next Generation System, Wyoming Department of Health, Division of Healthcare Financing, Procurement, Contract, and Certification Manager

8/2014 – 2/2019

The Division of Healthcare Financing's Wyoming Integrated Next Generation System (WINGS) Project replaced the legacy MMIS with a modular, integrated enterprise system. As a Project Management Office (PMO) Lead, Katherine's responsibilities included:

- Assisting the Project Champion with overall management of WINGS project and procurement planning, budget and scheduling, business goals, and staffing needs



Katherine Olbekson

MES and Government Procurement SME

Developing state business cases and federal APD for financial reporting to Centers for Medicare and Medicaid Services)

Tracking and managing the \$128 million WINGS project budget and expenditures for monthly state balance sheets and quarterly federal funding draw-down

Creating document standards for contractor deliverables, acceptance criteria, and business process documentation

Creating, updating, and approving numerous project artifacts

Procurement Manager responsibilities included:

Modular procurement planning, scheduling, requirements gathering, and development of multiple RFP documents in collaboration with agency business, functional, and technical subject matter experts

Conducting QA and quality control (QC) reviews and document updates for final approvals and RFP release

Managing the RFP proposal evaluation process through contract award

Responding to vendor protests and Freedom of Information Act (FOIA) requests

Contract Manager responsibilities included:

Developing contractual documents and participated in negotiations

Managing consultant contractor task plans, contracts, and invoice and payment tracking

Reviewing and approving contractor deliverables and project change requests

Certification Lead responsibilities included:

Maintaining in-depth knowledge of and compliance with CMS certification guidance and requirements for Medicaid



Katherine Olbekson

MES and Government Procurement SME

Enterprise Certification Lifecycle (MECL) and Medicaid
Enterprise Certification Toolkit (MECT) checklists,
evidence, and artifacts for certification related activities

Conducting final QA review of completed certification
documents for IV&V review

Creating state certification instruction documents

Training state and contractor staff on certification process
and documentation expectations to achieve desired
outcomes

Montana Health Enterprise Project, Montana Department of
Public Health and Human Services, DSS Manager and
Functional Lead 9/2013 – 8/2014

Montana Department of Public Health and Human Services
contracted with Xerox Services for MMIS modernization to a
modular enterprise system. Xerox's partner, Cognizant
Technology Solutions, provided the design, development, and
implementation (DDI) technical services. Katherine's
responsibilities included:

Performing oversight and coordination of Decision Support
System/Data Warehouse (DSS/DW) Team project work

Collaborating with DDI team members for creation and
maintenance of DSS/DW requirements, design
specifications, resource and training documents, system
artifacts, and project deliverables in compliance with
CMMI Level 3 quality standards

In a SME role, assisting management and developers from
other Xerox state projects (CA, AK, ND, WY, NH) with
product demonstrations, scope enhancement analysis,
and evaluation for Health Enterprise products



Katherine Olbekson

MES and Government Procurement SME

Education

Bachelor of Science: Administration of Justice: University of Wyoming 1981

Certifications and Training

Foundation Level Certification: Association of Proposal Management Professionals (CF APMP) 2019



Kassie Gram, PMP

Protest Advisor

Key Qualifications

Project Management (23 years): Extensive experience in project management, including overseeing project delivery, managing project teams, and ensuring adherence to budget, timeline, and quality standards. Her roles in various government agencies involved managing complex projects related to procurement, IT system implementation, and Medicaid programs.

Procurement Expertise (13 years): Significant experience in procurement-related activities, such as developing solicitations, evaluating proposals, facilitating procurement planning sessions, and addressing protests. Her work with government agencies involved procuring various services, including IT solutions and Medicaid-related services.

Medicaid and Healthcare Expertise (13 years): Provided consulting services to government agencies in the healthcare and Medicaid sectors. Her roles involved supporting agencies in optimizing their Medicaid programs and implementing new healthcare IT solutions.

Strategic Planning (12 years): Involved in strategic planning activities, such as aligning IT and business strategies, conducting assessments, and developing roadmaps to improve organizational performance and compliance with regulations.

Sample of Relevant Projects

Project Management and Procurements Management and Monitoring Support, North Carolina Department of Health and Human Service, Division of State-Operated Healthcare Facilities (DSOHF), Executive Advisor

9/2023 – 11/2023

North Carolina Department of Health and Human Services, Division of State-Operated Healthcare Facilities (DSOHF) is contracting for and implementing a new EPIC Electronic



Kassie Gram, PMP

Protest Advisor

Health Record (EHR) across 14 facilities. Kassie's responsibilities included:

- Provide executive support and procurement subject matter expertise to the team

North Carolina Procurement Acquisition Support Services, 3/2021 – 12/2022
North Carolina Division of Social Services, Project Advisor

The North Carolina Division of Social Services (NC DSS) implemented the procurement of new contracts for evidence-based programs. PK provided consulting services on market research of new prevention services, design of new contracts, development of proposal requests, and evaluation processes for provider selection. Kassie's responsibilities included:

- Facilitating overall project delivery and managing the PK team

- Overseeing project work to increase the likelihood of adherence to budget, timeline, and quality standards

- Collaborating with DMHDDSAS to develop strategies and identify priorities

- Advising the project manager on deliverable development

Health Information Technology Solicitation Writer, Colorado 9/2016 – 6/2021
Department of Health Care Policy and Financing and Office of eHealth Innovation, Contract Administrator

PK provided procurement assistance for the Department of Health Care Policy and Financing (HCPF) to fulfill its Health Information Technology (Health IT) Roadmap, including procurement of master HIT consultant services, telehealth services, data aggregation tool, electronic clinical quality measures registry (eCQM), Master Patient Index (MPI), care coordination, consumer engagement, and MES modules. Kassie's responsibilities included:

- Documenting requirements and developing solicitations

- Developing proposal evaluation criteria



Kassie Gram, PMP

Protest Advisor

Assisting with post-proposal request release activities

Medicaid Information Technology Architecture 3.0 State Self-Assessment, Colorado Department of Health Care Policy and Financing, Project Manager 11/2019 – 7/2020

The Centers for Medicare and Medicaid Services (CMS) requires states to periodically self-assess their MITA capabilities. PK assisted HCPF with their 2020 MITA SS-A. Kassie's responsibilities included:

- Creating, administering, and analyzing surveys to determine alignment with MITA maturity levels

- Identifying key initiatives driving MITA maturity and planning and facilitating prioritization with Medicaid enterprise leadership

- Preparing an executive summary of survey results, the MITA Roadmap, and a final MITA 3.0 presentation

Medicaid Eligibility Customer Service Center Reprocurement, Wyoming Department of Health, Division of Healthcare Financing, Project Manager 5/2019 – 3/2020

The Division of Healthcare Financing (DHCF) acquired a new Medicaid eligibility customer service center contract for the Wyoming Eligibility System (WES). PK assisted with procurement planning and execution activities, including developing requirements for an RFP, an evaluation process, tools, training, reference check guidelines, and a contractor selection report. Kassie's responsibilities included:

- Facilitating the visioning and procurement strategy session

- Preparing and facilitating requirements-gathering sessions

- Drafting the RFP

- Facilitating evaluation training and scoring sessions

- Validating final scoring for award



Kassie Gram, PMP

Protest Advisor

Medicaid Management Information System Replacement Planning (Phase 3), Nevada Department of Health and Human Services, Division of Healthcare Financing and Policy, Organizational Change Management Lead and Medicaid Information Technology Architecture State Self-Assessment Lead 3/2018 – 11/2019

The Division of Healthcare Financing and Policy (DHCFP) replaced its legacy Medicaid Management Information System (MMIS) core claims processing solution with a transfer solution from Colorado. The project required integration with existing fiscal agent applications and other Nevada systems. PK provided project management assistance during the project's design, development, implementation (DDI), and certification phases. Our services included QA of vendor deliverables and other project documentation, federal and project-level status reporting, system certification planning and preparation using MECT 2.x, risk management, utilization of metrics to track project performance against plan, supporting the development of state and federal funding requests, organizational change management, and MITA SSA-A) updates. Kassie's responsibilities included:

- Facilitating the development of OCM plans

- Developing quarterly organizational change assessment surveys

- Evaluating organizational change readiness (OCR) and the impact on the MMIS implementation

- Creating, administering, and analyzing surveys to determine alignment with MITA maturity levels

- Identifying key initiatives driving MITA maturity

- Planning and facilitating a prioritization session with Medicaid enterprise leadership



Kassie Gram, PMP

Protest Advisor

Preparing an executive summary of survey results, the concept of operations, the MITA Roadmap, and a final MITA presentation

Supplemental Nutrition Assistance Program Electronic Benefit Transfer (SNAP) and Temporary Assistance for Needy Families (TANF) Electronic Payment Card Reprocurement, Iowa 12/2016 – 6/2019
Department of Human Services, Division of Adult, Children, and Family Services, Project Manager

The Division of Adult, Children, and Family Services reprocured comprehensive Supplemental Nutrition Assistance Program (SNAP) Electronic Benefit Transfer (EBT) and Temporary Assistance for Needy Families (TANF) Electronic Payment Card (EPC) services. Public Knowledge provided procurement planning oversight, requirements development, Request for Proposal (RFP) creation and proposal evaluation support, training, and materials. Kassie's responsibilities included:

- Providing project oversight and ensuring timely delivery of work products
- Conducting an environmental assessment of the nationwide EBT/EPC procurement landscape
- Documenting EBT and EPC requirements and drafting RFPs
- Providing proposal evaluation support, training, and materials
- Drafting the Implementation Advanced Planning Document (IAPD)

Colorado Benefits Management System Procurement Assistance, Colorado Department of Health Care Policy and Financing, Solicitation Lead 11/2015 – 11/2016

The Department of Health Care Policy and Financing (HCPF) re-procured its Colorado Benefits Management System (CBMS). PK assessed the solicitation to receive CMS approval. Kassie's responsibilities included:



Kassie Gram, PMP

Protest Advisor

Analyzing the Department's Plan of Action and Milestones (POA&M) to determine the impact on the RFP

Constructing the final RFP and evaluation plan

Identifying and documenting possible risks

Compiling project performance, schedule, and budget requirements

Administrative Services Organization Procurement Pricing Modeling and Consulting, South Carolina Department of Health and Human Services, Contract Administrator 5/2016 – 10/2016

The South Carolina Department of Health and Human Services (DHHS) procured an Administrative Services Organization (ASO). PK provided assessments of relevant pricing models, templates for completing project budgets, scoring criteria for budgets across pricing models, and support for the procurement evaluation effort. PK identified the preferred method, trained staff, and provided drafting support during the RFP process. Kassie's responsibilities included:

Performing an independent review and guidance on the development of ASO RFP pricing schedules

Providing guidance on Service Level Agreements (SLAs) for the ASO and System Integration Operations (SIOPS) RFPs

Medicaid Information Technology Architecture 3.0 State Self-Assessment, Colorado Department of Health Care Policy and Financing, Project Manager 11/2015 – 5/2016

The Centers for Medicare and Medicaid Services (CMS) requires states to perform periodic self-assessments of their MITA capabilities. PK assisted the Colorado HCPF with their MITA SS-A. Kassie's responsibilities included:

Creating, administering, and analyzing surveys to determine alignment with MITA maturity levels



Kassie Gram, PMP

Protest Advisor

Identifying key initiatives driving MITA maturity and planning and facilitating a prioritization session with Medicaid enterprise leadership

Preparing an executive summary of survey results, the MITA Roadmap, and a final MITA 3.0 presentation

Wyoming Eligibility System and Wyoming Medicaid Customer Service Center Reprocurements, Wyoming Department of Health, Division of Healthcare Financing, Project Manager 6/2015 – 5/2016

The Division of Healthcare Financing (DHCF) procured a takeover of the Operations and Maintenance (O&M) of the Wyoming Eligibility System, as well as its Medicaid Customer Service Center that supports client services. PK assisted with the planning and execution of procurement tasks to support the takeover. Kassie's responsibilities included:

Facilitating the initial visioning and procurement strategy session

Preparing and facilitating requirement-gathering sessions

Drafting the Implementation Advance Planning Document (IAPD)

Assisting in drafting two RFPs

Facilitating evaluation training and scoring sessions

Validating final scoring for award

Medicaid Process and Information Technology Strategic Alignment, Wyoming Department of Health, Division of Healthcare Financing, Consultant 10/2014 – 6/2015

The Division of Healthcare Financing (DHCF) upgraded and aligned its Medicaid process and information technology (IT) strategy. PK helped make sure system requirements were consistent, complete, correct, and operationally defined to support the DHCF vision for an integrated Medicaid IT



Kassie Gram, PMP

Protest Advisor

enterprise. We provided DHCF with a strategic approach to the enterprise upgrade. Kassie's responsibilities included:

Reviewing the systems that support Medicaid functions

Documenting the current-state operational environment for each system component

Confirming the Medicaid enterprise model and its components

Coordinating elements of multiple Medicaid system projects

Conducting a structured alternatives analysis

Education

Bachelor of Arts: Communication, University of Colorado	2000

Certifications and Training

Organizational Change Management Certification, Prosci®	2015

Technology of Participation (ToP®) Group Facilitation Methods, Institute of Cultural Affairs (ICA)	2011

Project Management Professional (PMP), Project Management Institute	2009

**STATE OF WYOMING
DEPARTMENT OF ADMINISTRATION AND INFORMATION**

PROCUREMENT SECTION
2800 CENTRAL AVENUE
CHEYENNE, WY 82002

REQUEST FOR PROPOSAL NO. 0192-D

For

**Benefit Management System and Services (BMS)
For Claims Processing, Financial Management, and
Third Party Liability Services**

Wyoming Department of Health, Division of Healthcare Financing

OPENING DATE AND TIME
March 22, 2019 - 2:00 PM Mountain Time

PURCHASING REPRESENTATIVE: **Mandy Gershmel**

Email: mandy.gershmel1@wyo.gov
TELEPHONE NO.: **(307) 777- 6718**

DEPARTMENT OF HEALTH
REPRESENTATIVE: **Katherine Olbekson**

WYOMING DEPARTMENT OF HEALTH
R.F.P. NO. 0192-D
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<https://health.wyo.gov/healthcarefin/bms-procurement-reference-library/>

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SECTION 1: REQUEST FOR PROPOSAL

1.1. SUBMISSION OF PROPOSALS:

Proposals will be received for providing the BENEFIT MANAGEMENT SYSTEM AND SERVICES (BMS) for Claims Processing, Financial Management, and Third Party Liability and other Fiscal Agent Services Solution, FOR THE STATE OF WYOMING, DEPARTMENT OF HEALTH, DIVISION OF HEALTHCARE FINANCING, through the Public Purchase online bidding system until **March 22, 2019, 2:00 PM Mountain Time (MT).**

Proposals shall include:

The technical proposal response and the cost proposal, shall be uploaded as separate documents and identified as such. Additional proposal submission requirements are included in Section 7.

- 1.1.1. No proposal shall be considered which is not accompanied by the attached Proposal Price Sheet and signed by the proper official of the firm. All proposals shall be uploaded on the Public Purchase online bidding system. Proposals will not be accepted by FAX or email.
- 1.1.2. Technical Proposals and Cost Proposals shall be submitted through the Public Purchase online bidding system on or before the time and date specified. In addition, the Proposer shall submit ten (10) hard copies each of the technical proposal and the cost proposal with required attachments, on or before the date and time specified, to support the proposal evaluation process. Hard copies shall be delivered in person or mailed to A&I Procurement Office as specified further in Section 7.1.9. Failure to submit both the electronic copies and hard copies as required, as well as Proposals received after the time and date specified, will not be considered.
- 1.1.3. Proposal information is restricted and not publicly available until after the intent to award of the Contract by the Procurement Section. Once a contract has been fully signed and submitted to the A & I Procurement Office, the award process will be complete.

1.2. MODIFICATIONS OR WITHDRAWAL OF PROPOSALS:

- 1.2.1. A proposal may be altered through the Public Purchase online bidding system prior to the specified date and time of the opening contained in this document.
- 1.2.2. A proposal may be withdrawn through the Public Purchase online bidding system by the Proposer up to the time of the opening. Failure of the successful Proposer to furnish the service awarded as a result of this advertisement shall eliminate the Proposer from the active Contractors list for a period of time as determined by the Procurement Section.

1.3. PREPARATION OF PROPOSALS:

- 1.3.1. No proposal will be considered which modifies, in any manner, any of the provisions, specifications, or minimum requirements of the Request for Proposal.
- 1.3.2. In case of error in the extension of prices in the cost proposal, unit prices will govern.
- 1.3.3. Proposers are expected to examine special provisions, specifications, schedules, and instructions included in this Request. Failure to do so shall be at the Proposer's risk.

1.4. AWARD AND CONTRACT INFORMATION:

- 1.4.1. The State of Wyoming hereby notifies all proposers that it will affirmatively insure that minority business enterprises will be afforded full opportunity to submit proposals in response to this

invitation and will not be discriminated against on the grounds of age, race, color, sex, creed, national origin, or disability.

- 1.4.2. The Proposer, also, agrees that should this firm be awarded a Contract that the firm will not discriminate against any person who performs work there under because of age, race, color, sex, creed, national origin, or disability.
- 1.4.3. The Proposer expressly warrants to the State that it has the ability and expertise to perform its responsibilities hereunder and in doing so shall use the highest standards of professional workmanship.
- 1.4.4. The State of Wyoming reserves the right to reject any or all proposals, to waive any informality or technical defect in the proposals, or to award the contract in whole or in part, if deemed to be in the best interest of the State to do so. The Department of Administration and Information, Procurement Section, will award this contract to the firm, determined by the Wyoming Department of Health, Division of Healthcare Financing, the most responsive and responsible offer based on criteria specified herein.
- 1.4.5. This Request for Proposal shall become part of the Contract and will be in effect for the duration of the Contract period.
- 1.4.6. The successful Proposer will be required to enter into and sign a formal Contract with the State containing terms required by the Attorney General, with reasonable adjustments acceptable to the State. The Proposer will bear all risks associated with any injury arising out of the event. The contract language will control over any language contained within this RFP that conflicts with the signed and fully executed Contract.
- 1.4.7. The successful proposer shall comply with the Americans with Disabilities Act and Wyoming Fair Employment Practices Act. (W. S. 27-9-105 *et. seq.*).

DATED THIS 9th DAY OF January, 2019.

STATE OF WYOMING

Angela Morson, Manager
Procurement Section

Assigned Buyer: Mandy Gershmel

SECTION 2: GENERAL PROVISIONS

2.1. INDEPENDENT CONTRACTOR:

- 2.1.1. The contractor shall function as an independent contractor for the purposes of the Contract, and shall not be considered an employee of the State of Wyoming for any purpose. Consistent with the express terms of the Contract, the Contractor shall be free from control or direction over the details of the performance of services under the contract. The contractor shall assume sole responsibility for any debts or liabilities that may be incurred by the contractor in fulfilling the terms of the Contract, and shall be solely responsible for the payment of all federal, state and local taxes which may accrue because of this Contract. Nothing in the Contract shall be interpreted as authorizing the contractor or its agents and/or employees to act as an agent or representative for or on behalf of the State of Wyoming or the Agency, or to incur any obligation of any kind on the behalf of the State of Wyoming or the Agency. The contractor agrees that no health/hospitalization benefits, workers' compensation, unemployment insurance and/or similar benefits available to State of Wyoming employees will inure to the benefit of the contractor or the contractor's agents and/or employees as a result of this Contract.

2.2. INSURANCE:

- 2.2.1. All insurance policies required by this contract, except workers' compensation and unemployment compensation policies, and shall contain a waiver of subrogation against the Agency and the State, its agents and employees. The contractor agrees it will carry the insurance which is applicable to this RFP. Contractor shall provide a copy of an endorsement providing this coverage.
- 2.2.2 Cyber liability insurance which shall be sufficiently broad to cover all duties and obligations undertaken by Contractor and shall include, but not be limited to, claims involving infringement of intellectual property, but not limited to, infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or description of electronic information, release of private information, alteration of electronic information, extortion and network security, with minimum limits as follows:
- 2.2.2.1 \$2,000,000.00 each occurrence; and
 - 2.2.2.2 \$2,000,000.00 general aggregate.
 - 2.2.2.3 Coverage should include breach response, regulatory fines and penalties, and credit monitoring expenses, with limits sufficient to respond to these obligations. Higher limits may be required when the contract involves large amounts of protected information or is high risk.

2.3. LAWS TO BE OBSERVED:

- 2.3.1. The contractor shall keep fully informed on all federal and state laws, all local bylaws, regulations and all orders and decrees of bodies or tribunals having any jurisdiction or authority which in any manner affect those engaged or employed on the work or which in any way affect the conduct of the work. The contractor shall at all times observe and comply with all such laws, bylaws, ordinances, regulations, orders and decrees in force at the time of award. The contractor shall protect and indemnify the State and its representatives against any claim or liability arising from or based on the violation of any such law, bylaw, ordinance, regulation, order or decree whether by himself or his/their employees. No extension of time or additional payment will be made for loss of time or disruption of work caused by any actions against the provider for any of the above reasons.

2.4. TAXES:

- 2.4.1. The contractor shall pay all taxes and other such amounts required by federal, state, and local law, including, but not limited to, federal and Social Security taxes, workers' compensation, unemployment insurance, and sales taxes.

2.5. ASSIGNMENT/CONTRACTOR:

- 2.5.1. The Contract shall not be assigned by the contractor. Third party participation is authorized only as a joint venture which shall be clearly stated with details on the original proposal, signed by all parties participating. Any alterations, variations, modifications or waivers of the provisions of this Contract shall be valid only if they have been reduced to writing, duly signed by the parties hereto and attached to the original Contract agreement.
- 2.5.2. The contractor shall not enter into any subcontracts for any of the work contemplated under this Contract without prior written authorization of the State of Wyoming.
- 2.5.3. Claims for money due or to become due contractor from the State under the Contract may not be assigned to a bank, trust company, or other financial institution, or to a trustee in bankruptcy, without approval by the State. Notice of any assignment or transfer shall be furnished to the State.
- 2.5.4. The contractor shall not use the Contract, or any portion thereof, for collateral for any financial obligation without the prior written permission of the Agency.

2.6. TERMINATION OF CONTRACT:

- 2.6.1. Termination of the Contract may be terminated, without cause, by the Agency upon thirty (30) days written notice. The Contract may be terminated immediately for cause if the Contractor fails to perform in accordance with the terms of this Contract. The Contract shall remain in full force and effect until terminated as provided herein.
- 2.6.2. The State may, upon ten days written notice to the contractor, terminate the contract, in whole or in part, for just cause, which shall include failure of the contractor to fulfill in a timely and proper manner the obligations under the Contract. In such event, all finished documents, data, models and reports prepared under this contract shall, at the option of the State become its property upon payment for services rendered through the termination of the Contract.
- 2.6.3. Should the contractor fail to comply with the provisions of the Contract, payment for portions of the Contract will be withheld until such time as the Contract terms have been successfully implemented and accepted by the Agency. Administrative, contractual, and/or legal remedies as determined by the Wyoming Attorney General will be implemented if it appears the contractor has breached or defaulted on the Contract.

2.7. ACCOUNT REPRESENTATIVE:

- 2.7.1. The successful contractor(s) shall appoint, by name, a company representative who shall be responsible for servicing this account. The appointed representative shall be responsible to provide the services required to insure that the account will be administered in an organized systematic manner.

2.8. RESPONSIVENESS:

- 2.8.1. Proposers are expected to examine specifications, schedules, and instructions included in this package. Failure to do so will be at the Proposer's risk.

2.9. EXTENSION AND AMENDMENT:

2.9.1. The Agency will not offer optional contract extension years or amendments with this RFP and subsequent contract.

2.10. COMPLIANCE WITH LAWS:

2.10.1. In performing the contract, both parties agree to comply with all applicable state, federal and local laws, rules, and regulations.

2.11. AUDIT AND ACCESS TO RECORDS:

2.11.1. The State or any of their duly authorized representatives shall have access to any books, documents, papers, electronic data and records of contractor which are directly pertinent to the Contract for the purpose of making audit, examination, excerpts, and transactions.

2.12. CONFLICT OF INTEREST:

2.12.1. The parties warrant that no kickbacks, gratuities, or contingency fees have been paid in connection with the Contract and none has been promised contingent upon the award of the contract. Proposer warrants that no one being paid pursuant to the Contract is engaged in any activities that would constitute a conflict of interest with respect to the purposes of the Contract.

2.13. NO FINDER'S FEE:

2.13.1. No finder's fee, employment agency fee, or other such fee related to the procurement of this contract shall be paid by either party.

2.14. OWNERSHIP OF DOCUMENTS/WORK PRODUCT:

2.14.1. It is agreed that all finished or unfinished source code, documents, data, or reports, prepared by contractor under the Contract shall be considered the property of the State, and upon completion of the services to be performed, or upon termination of the Contract for cause, or for the convenience of the State, will be turned over to the State.

2.15. CONFIDENTIALITY OF INFORMATION:

2.15.1. 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 shall be kept confidential by the contractor unless written permission is granted by the State for its release.

2.16. SOVEREIGN IMMUNITY:

2.16.1. Pursuant to Wyo. Stat. § 1-39-104(a), the State of Wyoming, the Agency and the Contractor expressly reserve sovereign immunity by entering into this Contract and specifically retain all immunities and defenses available to them as sovereigns. The parties acknowledge that the State of Wyoming has sovereign immunity and only the Wyoming Legislature has the power to waive sovereign immunity. The parties further acknowledge that there are constitutional and statutory limitations on the authority of the State of Wyoming and its agencies or instrumentalities to agree enter into certain terms and conditions supplied by the Contractor, including, but not limited to, the following: liability for damages; choice of law; conflicts of law; venue and forum-selection clauses; defense or control of litigation or settlement; liability for acts or omissions of third parties; payment of attorneys' fees or costs; additional insured provisions; dispute resolution, including, but not limited to, arbitration; indemnification of another party; and confidentiality. Any such provisions in the Contract, or in any attachments or documents incorporated by reference, will not be binding on the State of Wyoming except to the extent authorized by the laws and Constitution of the State of

Wyoming. Designations of venue, choice of law, enforcement actions, and similar provisions shall not be construed as a waiver of sovereign immunity. The parties agree that any ambiguity in this Contract shall not be strictly construed, either against or for either party, except that any ambiguity as to sovereign immunity shall be construed in favor of sovereign immunity.

2.17. INDEMNIFICATION:

2.17.1. The Contractor shall release, indemnify, and hold harmless the State, the Agency, and their officers, agents, and employees from any and all claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Contractor's failure to perform any of Contractor's duties and obligations hereunder or in connection with the negligent performance of Contractor's duties or obligations, including, but not limited to, any claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Contractor's negligence or other tortious conduct.

2.18. APPLICABLE LAW/VENUE:

2.18.1. The construction, interpretation, and enforcement of this Contract shall be governed by the laws of the State of Wyoming, without regard to conflicts of law principles. The terms "hereof," "hereunder," "herein," and words of similar import, are intended to refer to this Contract as a whole and not to any particular provision or part. The Courts of the State of Wyoming shall have jurisdiction over this Contract and the parties. The venue shall be the First Judicial District, Laramie County, Wyoming.

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SECTION 3: SPECIAL PROVISIONS INFORMATION

PROPOSALS MUST BE SUBMITTED THROUGH THE PUBLIC PURCHASE ONLINE BIDDING SYSTEM AND HARD COPIES MUST BE RECEIVED AT THE PROCUREMENT OFFICE BY 2:00 PM (MT) ON MARCH 22, 2019.

PROPOSALS RECEIVED AFTER THE TIME AND DATE SPECIFIED WILL NOT BE CONSIDERED.

It is the responsibility of the Proposer to clearly identify all information that is considered confidential in accordance with the Wyoming Public Records Act, W.S. 16-4-201 through 16-4-205. Please identify each confidential page with the word "CONFIDENTIAL" in capital, bold letters centered at the bottom of each page. Information not clearly marked may be considered public.

3.1. STATE PARTIES:

- 3.1.1. This Request for Proposal (RFP) is issued by the Wyoming Department of Administration and Information, Procurement Section, on behalf of the Wyoming Department of Health, Division of Healthcare Financing (Agency).
- 3.1.2. Throughout this document and others in connection with this project, various references are made, or will be made to the "State." Generally, whenever this reference appears, the term "State" incorporates all parties to the RFP as cooperative state agencies that will be working on this project as a cohesive state unit.
- 3.1.3. It should be understood that the Director of Wyoming Department of Health is empowered to be the signatory on all contracts, agreements, or modifications pertaining to this project. Such agreements, etc., not bearing this signature or that of a designee are invalid insofar as contractual relations between the State and Contractor are concerned.
- 3.1.4. The names of the State parties and Procurement contact information are:

Director
Wyoming Department of Health

Mandy Gershmel, Buyer
Wyoming Department of Administration and Information
Procurement Section
2800 Central Avenue
Cheyenne, WY 82002
Telephone: (307) 777-6718
E-mail: mandy.gershmel1@wyo.gov

3.2. CONTENT AND PROCUREMENT POINTS OF CONTACT:

- 3.2.1. The Department of Administration and Information, Procurement Section, is the primary point of contact from the date of release of the RFP until the contract is fully executed and signed. Any attempt to contact any State employees, other than those named in 3.1.4 above regarding this procurement may cause rejection of any proposal submitted by that party.
- 3.2.2. Questions shall be submitted through the Public Purchase online bidding system **by 2:00 PM (MT) February 7, 2019.**

The Agency will answer any questions no later than **February 19, 2019.**

- 3.2.3. Written questions regarding RFP material or the procurement process shall be submitted through the Public Purchase online bidding system. No telephone calls, mail, email or faxes will be accepted. Multiple questions pertaining to the same RFP reference, sub-section, or Requirement number, may be included under one "Ask Question" box and shall be numbered 1, 2, 3, 4, etc. Submitted questions shall include an identifying RFP reference or Section/Sub-section number, page number, and requirement number.
- 3.2.4. Written responses will be available under each question through the Public Purchase online bidding system. Responses will not identify the firm that submitted the question. All parties should clearly understand that only the written answers issued by the Agency are the official position on an issue, and these answers shall become part of the RFP and, by incorporation, any subsequent Contract.

3.3. RESTRICTIONS ON COMMUNICATIONS WITH STATE STAFF:

- 3.3.1. From the issuance date of this RFP until a proposer is selected and the selection is announced, Proposers are not allowed to communicate with State staff except:
 - 3.3.1.1. Procurement Section.
 - 3.3.1.2. State Representative during Pre-Proposal Conference (if applicable) and/or Oral Presentations (if applicable) or in response to questions during the selection process.
 - 3.3.1.3. Via written questions submitted through Public Purchase online bidding system.
- 3.3.2. For violation of this provision, the State reserves the right to reject the proposal.

3.4. PRE-PROPOSAL CONFERENCE:

- 3.4.1. A Pre-Proposal Conference will not be held in connection with this RFP.

3.5. ORAL PRESENTATIONS:

- 3.5.1. Proposers may be requested to make a structured oral presentation to clarify particular points about their technical proposals and demonstrate proposed product/application functionality that aligns with RFP requirements. If so requested, the Proposer shall demonstrate their proposed BMS claims processing, financial, and third party liability solution to the Evaluation Team members and address Evaluator questions pertaining to Proposers ability to complete this project.

The procurement timetable (See Section 4: Schedule of Events) indicates the estimated time period when Oral Presentations may be requested. If so requested, Proposers will be notified of their scheduled Structured Oral Presentation date and time at least ten (10) business days in advance. All Structured Oral Presentations will be presented in-person in Cheyenne, Wyoming.

Seven (7) business days prior to the Oral Presentation date, the Agency will provide an Agenda which includes standard questions and other information that the Evaluation Team members will address with the Proposers during Orals, pertaining to their ability to complete this project.

The Proposer is responsible for the payment of all costs involved in any Oral Presentations and shall not be reimbursed by the State for these costs. Information provided, discussed, or disclosed during structured oral presentations shall be taken into consideration by the Evaluation Committee members for technical evaluation scoring.

- 3.5.2. See Section 8: Evaluation Methodology, for evaluation information. Such presentations are for the purpose of explaining or clarifying any significant elements of the Proposal and/or displaying project related or software/hardware capabilities to assist the Evaluation Team in further evaluating the Technical Proposal. At the option of the State, presentations may be attended by others in addition to the Evaluation Team members. The number of Proposer's representatives at the presentation will be limited to seven (7) individuals. The Agency requests that Proposer's representatives include proposed key personnel listed in the proposal response, to attend and actively participate in the presentations.

3.6. PROPOSAL RESPONSE SEQUENTIAL ORDER:

- 3.6.1. Proposers are required to keep their proposal response in the same sequential order that is referenced in Section 7, Proposal Submission Requirements, for both electronic and hard copy proposals.

3.7. EFFECTIVE DATES OF PROPOSAL:

- 3.7.1. All terms, conditions and costs quoted in the Proposer's response shall be binding on the Proposer for 180 days from the effective date of the proposal.

3.8. ADVERTISING AWARD CONDITIONS:

- 3.8.1. A fully executed contract shall be made and written approval obtained from the State before the successful Proposer may advertise the award of the contract or the services being provided after the contract begins. The Proposer shall agree not to refer to awards in commercial advertising in such a manner as to state or imply that the firm or its services are endorsed or preferred by the State of Wyoming.

3.9. CONTRACT NEGOTIATIONS:

- 3.9.1. The State will notify the successful Proposer and negotiate a contract under the procedures of the State of Wyoming, Department of Administration and Information, Procurement Section and the Wyoming Attorney General's contract guidelines. A sample IT Contract Template can be found in RFP Appendix E. Proposers shall submit as part of their proposal, within the Executive Summary, suggested contract language that relates to software licensing, maintenance services, and any patented or copyrighted products owned by the Contractor that will be used in meeting the RFP specifications. Except for clauses related to software licensing, maintenance services, and any patented or copyrighted products owned by the contractor that will be used in meeting the RFP specifications, the successful Proposer shall be expected to sign a contract containing substantially the same terms and conditions as set forth in the draft IT Contract. The successful contractor will be required to enter into and sign a formal contract with the State.
- 3.9.2. After review of all proposals, a firm will be selected for contract negotiations. The agency will notify the most qualified firm. Final selection will be subject to the negotiation of a satisfactory agreement on the terms and fees. The State of Wyoming assumes no obligation to the selected firm until agreement is reached and a contract is fully executed. If agreement on terms and fees is not reached, negotiations will be terminated and negotiations may be initiated with the second most qualified firm. The Agency will not negotiate concurrently with more than one firm for the same job.
- 3.9.3. This RFP, the Proposal, oral presentation and any agreements entered into as part of the contract award shall become a part of the contract and shall be in effect for the duration of the contract period. The Contract language shall take precedence over any language contained within this RFP that may conflict with the signed and fully executed contract.

3.10. BEGINNING WORK:

- 3.10.1. The successful Proposer shall not commence any work that could be billed until a valid contract has been executed. The State shall not pay for any work by the Proposer prior to execution of the contract.

3.11. NON-APPROPRIATION OF FUNDS:

- 3.11.1. Obligations of the State shall cease immediately if the Wyoming State Legislature fails to appropriate, or otherwise make available funds for the contract. The State shall use its best efforts to secure sufficient funding to cover the proposed contract, and notify the Proposer immediately of any funding insufficiency.

3.12. COPYRIGHT INFRINGEMENT:

- 3.12.1. The Proposer shall warrant that all materials and/or products produced hereunder will not infringe upon or violate any patent, copyright, trade secret, or other proprietary right of any third party. In the event of a claim by any third party against the State, the State shall promptly notify the Proposer, and the Proposer shall defend such claim and the State's name. The defense of such claim shall be at the Proposer's expense.

3.13. COST OF PREPARING PROPOSALS:

- 3.13.1. All costs incurred for the preparation of this Proposal and for other procurement related activities are solely the responsibility of the Proposer. The State of Wyoming shall not provide reimbursement for such costs.

3.14. PROPOSAL EVALUATION:

- 3.14.1. All Proposers shall meet the minimum qualifications set forth in the Proposal Requirements and Review Process in order to be considered and ranked pursuant to the criteria set forth in this RFP.

3.15. RISKS AND LIABILITY:

- 3.15.1. By submitting a proposal, a Proposer specifically assumes any and all risks and liability associated with information marked confidential in the proposal and the release of the information. All costs incurred in preparing a response to the RFP are the responsibility of the Proposer.

3.16. ADDENDUM TO THE RFP:

- 3.16.1. The State reserves the right to amend the RFP prior to the date for proposal submission. Addendum shall be uploaded through the Public Purchase online bidding system to the corresponding RFP.

3.17. PROPERTY DAMAGE AND LIABILITY INSURANCE:

- 3.17.1. The Proposer may be required to furnish proof of property damage liability insurance in the amount deemed necessary by the Agency for the project, if applicable.
- 3.17.2. Questions regarding required insurance coverages and limits for this project shall be submitted in writing in accordance with Section 3, Subsection 3.2.2.

3.18. MISREPRESENTATION OF INFORMATION:

- 3.18.1. Misrepresentation of a Proposer's status, experience, or capability in the proposal may result in disqualification of that Proposer from the selection process. Discovery of litigation or investigations in a similar area of endeavor may, at the discretion of the State and after consultation with the Procurement Services Section, preclude the contractor from the selection process.

3.19. DISPOSITION OF PROPOSALS:

- 3.19.1. All material submitted becomes the property of the State of Wyoming, which is under no obligation to return any of the material submitted in response to the RFP. The successful Proposal shall be incorporated into the resulting Contract.

3.20. LEGAL CONSIDERATIONS:

- 3.20.1. This RFP is issued under the provisions of Wyo. Stat. § 9-2-1016 (1977), as amended.
- 3.20.2. Proposers are charged with presumptive knowledge of all requirements of the cited authorities. Any proposal submitted by Proposer which fails to meet all published requirements of the cited authorities may, at the option of the State, be rejected without further consideration.

3.21. PROPOSER RELATIONSHIP WITH STATE:

- 3.21.1. Proposer staff shall have an ongoing relationship with State staff that is based on trust, confidentiality, objectivity and integrity. The Proposer shall be expected to operate at all times in the State's best interests and in a straightforward, trustworthy and professional manner. As part of the tasks described in this RFP, the Proposer shall:
 - 3.21.1.1. Work cooperatively with the staff of State and the State's business partners whenever required in the course of performing the functions required by the RFP and resulting contract.
 - 3.21.1.2. The awarded Contractor shall be able to work cooperatively with the staff of other component, COTS products, or service contractors whenever required in the course of performing the functions required by the RFP and resulting contract.
 - 3.21.1.3. The Agency maintains authority over all contracts and no authority shall be delegated to the contractor over the Agency's business partners.

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SECTION 4: SCHEDULE OF EVENTS

4.1. KEY DATES (SCHEDULE OF EVENTS):

- 4.1.1. The following schedule of events is subject to change at the sole discretion of the Department of Health, Division of Healthcare Financing. All times listed are Mountain Time (MT) zone.

Table 4.1.1: Key Dates - Schedule of Events for the BMS RFP

Event Description	Date	Time (MT)
BMS RFP Released	01/10/2019	2:00 PM
Opening Date for Questions	01/10/2019	Non-applicable
Closing Date for Questions	02/07/2019	2:00 PM
Response to Questions Posted	02/19/2019	Non-applicable
Proposal Submission Due Date	03/22/2019	2:00 PM
Proposal Review, Evaluation, Scoring	03/22 to 05/17/2019	Non-applicable
Oral Presentation Dates (Estimated)	05/06 to 5/14/2019	TBD
Contract Award Date (Estimated)	05/28/2019	5:00 PM
Creation of SOW and Contract Negotiations (Estimated)	05/29 to 07/24/2019	Non-applicable
Finalized Contract and State Approvals (Estimated)	07/24 to 09/18/2019	Non-applicable
CMS Approval of Contract (Estimated)	07/24 to 09/18/2019	Non-applicable
Contract Work DDI Begin Date (Estimated)	09/19/2019	Non-applicable
Contract Work DDI End Date (Estimated)	02/19/2021	Non-applicable
Contract Work O&M Begin Date (Estimated)	02/20/2021	Non-applicable
Contract Work O&M End Date (Estimated)	01/31/2031	Non-applicable

- 4.1.2. The estimated DDI schedules for the WINGS component modules that are relevant to the Benefit Management System and Services (BMS) Contractor scope of work throughout the contract term, are listed in Table 4.1.2. The SI/ESB and DW/BI-R modules have already been procured and are currently in their respective DDI phases.

Note: The Agency has contracted with an Independent Verification and Validation Services (IV&V) Contractor beginning in February 2017, for WINGS project oversight and CMS certification activities. The IV&V Contractor will work with the Benefit Management System and Services (BMS) Contractor during its DDI phase.

Table 4.1.2. Key Estimated Dates - DDI Schedule for WINGS Component Modules
(that will impact BMS scope)

System Integrator/Enterprise Service Bus (SI/ESB) Services Contract *	
DDI Phase Contract Work Begin Date	Oct 2017
DDI Phase Contract Work End Date	Dec 2021
Data Warehouse, Business Intelligence and Reporting (DW/BI-R) Contract	
DDI Phase Contract Work Begin Date	Mar 2018
DDI Phase Contract Work End Date	Jun 2022

*Includes BMS solution implementation and integration of the module

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SECTION 5: ADMINISTRATIVE INFORMATION

5.1. INTRODUCTION AND BACKGROUND:

5.1.1. MEDICAID PROGRAM INTRODUCTION, BACKGROUND AND STATISTICS:

Wyoming Medicaid is a federal-state funded program that provides health and long-term care coverage to low-income children, parents, seniors and people with disabilities. The Wyoming Medicaid program has operated since 1967 under Title XIX of the Social Security Act, as amended. The Wyoming Department of Health, Division of Healthcare Financing (Agency) directly administers the Medicaid program and is funded by appropriation authorized by the Wyoming State Legislature for each biennium. The current biennium is July 1, 2018, through June 30, 2020, and the next biennium is July 1, 2020 through June 30, 2022.

The Agency oversees policy and regulatory compliance for all Medicaid programs, systems and services and is primarily responsible for the administration of the Medicaid program, eligibility determination, and policy interpretation and development. Table 5.1.1 provides a brief summary of each Medicaid eligibility health insurance program.

Table 5.1.1. Medicaid Eligibility Health Insurance Programs

Medicaid Programs	Eligibility	Policy Description
Medicaid- <i>Children</i>		Includes: 1. Family Care children (who meet 1996 AFDC Guidelines) 2. Foster Care children in DFS custody and children in subsidized adoption 3. Poverty Level children 4. Newborns born to a Medicaid eligible mother
Medicaid- <i>Pregnant Women</i>		Qualified Pregnant Women (who meet 1996 AFDC Guidelines) and Poverty Level Pregnant Women.
Medicaid- <i>Family Care Adults</i>		Adults who are caretaker relatives that provides a home for and takes care of the day-to-day needs of an eligible dependent child under the age of 18.
Medicaid- <i>Age, Blind or Disabled (ABD)</i>		Includes Social Security Income (SSI) & SSI Related programs. Institutionalized programs for those individuals who need long term care and are unable to live in the community. Home and Community Based Waiver programs for individuals who need a level of care provided in an institution, but wish to remain in the community and receive specialized services. Individuals complete an application and submit to the Wyoming Department of Health for most ABD programs, but SSI eligible individuals are not required to submit an application and their eligibility information is received from the Social Security Administration (SSA).
Medicaid- <i>Special Groups</i>		Includes Breast and Cervical Cancer, Tuberculosis Assistance, and the Family Planning Waiver programs.

Medicaid- <i>Employed Individuals with Disabilities (EID)</i>	The EID program is an option that allows employed individuals who are disabled to receive Medicaid by paying a monthly premium, as long as they are working and meet SSA disability guidelines. The disability determination can be made either through SSA or through the Wyoming Department of Health (using SSA guidelines).
Medicaid- <i>Non-Citizens with Medical Emergencies</i>	The Emergency Services program may be able to cover expenses for Wyoming's residents who are either undocumented immigrants or ineligible immigrants. This is not a full medical assistance program. Benefits are limited to emergency services such as labor and delivery. Other emergency services may be covered from the time treatment is first given for a condition until that same condition is no longer considered an emergency. These services must be determined an emergency by Medicaid's fiscal agent.
Medicare Savings Program	Includes both the Qualified Medicare Beneficiary (QMB) program, Specified Low-Income Medicare Beneficiary (SLMB) program, and the Qualified Individual (QI) program. These programs help Medicare beneficiaries of modest means pay for Medicare expenses. The QMB program covers Medicare premiums, co-payments and deductibles, while the SLMB and QI programs cover Medicare premiums only. Individuals complete an application and submit to the Wyoming Department of Health for most Medicare Savings programs, but individuals who have recently applied for a Low Income Subsidy for their Medicare Part D premium, can have their application forwarded to the State, through an interface, for processing.
State Supplemental Payment Program	State of Wyoming provides a small monthly cash payment to SSI recipients receiving full SSI payments from the SSA.

The legacy Wyoming MMIS, implemented in 1993, was designed and functions primarily as a financial and accounting system for paying provider claims. Other business functions, such as prior authorizations or care coordination activities, have been incorporated as separate sub-systems using customized programming and file structures. The customization makes it difficult to share information across systems and applications, which results in decreased efficiency and ineffective management reporting. The system is also built upon outdated technologies, and it is expensive to maintain.

5.1.1.1 Wyoming Medicaid Services Overview

The current Wyoming Medicaid Management Information System supports essential business functions of the Wyoming Medicaid program related to payment of claims submitted by health care providers for services to enrolled Medicaid recipients. The system supports Health Insurance Portability and Accountability Act (HIPAA) compliant electronic claims submission, online adjudication, claims payment, and reporting based on services rendered to eligible recipients. The MMIS processes fee-for-service (FFS) claims for Medicaid and non-Medicaid State only programs. The MMIS supports capitated claims for programs such as the Program of All-inclusive Care for the Elderly (PACE). The majority of the claims are fee-for-service. Less than one percent (1%) of all claims are paper; the remaining are electronically received. Some adjustments are made with paper supporting documentation, primarily on institutional claims requiring detailed supporting documentation.

The current MMIS contractor performs intake, processing, pricing, adjudication, and final processing

of claims for professional services, inpatient, and outpatient institutional services, transportation, long-term care (nursing home, hospice, residential treatment facilities), and waiver services. Pharmacy claims are processed by the Pharmacy Benefit Management Services (PBMS) Contractor, which is separate from the MMIS.

5.1.1.2 Wyoming Medicaid Operational Statistics

Wyoming Medicaid served a population of 80,406 eligible individuals in SFY 2018, with approximately 15,300 enrolled service providers. There was \$556.5 million in paid claims expenditures for Medicaid benefits in SFY 2018 processed through the Medicaid Management Information System (MMIS).

The following claims and utilization and call center data tables include legacy MMIS information that will be pertinent to the Benefit Management scope of services being requested in this RFP.

Table 5.1.1.2.1 Claims and Utilization Data

Claims Operation Metric	SFY 2016	SFY 2017	SFY 2018
Total Enrolled Providers (Monthly Average)- All Types	13,240	13,610	14,595
Returned to Provider (Unreadable or Not Useable)	4,332	4,829	3,855
Total # of Valid Claims Submitted By Providers*	1,912,795	1,945,962	2,167,592
Total # Paper Claims (included in total claims submitted above)	64,367	36,605	26,681
Valid Claims Paid*	1,566,576	1,580,766	1,795,114
Valid Claims Denied	346,219	365,196	372,478
Total Prior Authorizations Utilized by System (All Sources)	29,698	28,928	23,462

*Increase in claims volume (approximately 150,000 claims per year in SFY 2017 and SFY 2018) primarily driven by increase in Patient Centered Medical Home case management fee payments through MMIS (\$6 PMPM fees to primary care providers for entire client panel).

Table 5.1.1.2.2 Current Call Center Data

Call Center Metric	SFY 2016	SFY 2017	SFY 2018
IVR Calls	229,225	239,418	208,910
Provider Enrollment Calls (approximately 800 calls per month or 9,600 calls per year removed for provider enrollment)	9,600	9,600	9,600
General Provider Calls (removed provider enrollment estimated calls)	73,875	62,539	48,635
EDI Calls	16,344	14,520	12,817
Dental Calls	14,613	14,552	12,423
Medical Policy Calls	10,035	9,880	9,998
Client Calls*	44,257	58,509	42,753

Provider (general provider, EDI, dental, medical policy) average call length is consistently in 4 minute to 4.25 minute range. Average speed to answer by current contractor is 60 seconds or less (current SLA is 60 seconds).

*Scope is Changing for Client Calls, Amount Shown Is for Current Scope of Client Calls- In a separate procurement from the BMS RFP the State of Wyoming is creating unified Client/Member Customer Service Center as approximately 33% of calls are eligibility calls for the Eligibility Customer Service Center that are transferred out of the MMIS call center.

5.1.2. WINGS PROJECT INTRODUCTION AND CURRENT/FUTURE DELIVERY MODELS:

5.1.2.1. Medicaid Enterprise Planning

Due to challenges of outdated technology, business needs that exceed the capability of the system, the mandate for resource efficiencies, and high maintenance costs, the Agency is currently redesigning its MMIS enterprise and business processes that support the Medicaid Program, through a special replacement project referred to as the Wyoming Integrated Next Generation System (WINGS) Project.

The WINGS Project addresses the inefficiencies and inflexible technical design which contains boundaries that prevent data, business logic, and processes from being shared and the necessary business functionality required for effective program management. The systems are highly interdependent but are awkwardly coupled, with platforms that are not only different but span several generations of technology. Outdated technology is accommodated through workarounds and manual processes.

The overall goal of the WINGS project is to replace the legacy Medicaid Management Information System (MMIS) with a service delivery model that is both flexible and modular, provides for quicker, more efficient processes than the traditional MMIS, with solutions that meet current and future business needs in an incremental and efficient way. This new environment will support Business Intelligence and Analytics for detailed and timely decision support and comprehensive reporting.

5.1.2.2. WINGS Procurement Approach

The WINGS Project is conducting an incremental approach to procuring services, modules, and the technology platform for the WINGS project through several procurements. The procurements and subsequent contracts, are expected to meet the business requirements in a modular and incremental way to deliver more timely services and cost efficiencies in comparison to traditional MMIS implementations. In addition to this RFP for a Benefit Management System and Services (BMS) Solution, the following completed WINGS procurements are under contract, with the remaining component modules to be procured and contracted in the next year:

- Pharmacy Benefits Management System (PBMS) (Contractor Change Healthcare)
- Independent Verification & Validation (IV&V) Services (Contractor SLI Global Solutions)
- System Integrator/Enterprise Service Bus (SI/ESB) (Contractor Deloitte Consulting)
- Data Warehouse, Business Intelligence and Reporting (DW/BI-R) (Contractor Deloitte Consulting)
- Fraud, Waste, Abuse Analytics and FWA Case Tracking (FWA) (Contractor Deloitte Transactions & Business Analytics)
- Provider Enrollment, Screening, and Monitoring (PRESM) (NASPO-MT RFP released 2017- Wyoming selection from NASPO ValuePoint list, released December 2018)
- Care/Case Management System (CCMS-2) (Estimated RFP release early 2020)

5.1.2.3. WINGS Project Goals

The vision for the WINGS approach will be to procure solutions and services that incorporate Service Oriented Architecture (SOA) and implement technology that will provide the flexibility for applications, components and products that provide services to be easily integrated using common secure communication protocols.

WINGS seeks to minimize dependence on traditional IT infrastructure and is looking at new technology enablement, such as virtualization and cloud, to optimize business processes, attain high system availability, scalability, business agility and security, and meet the reuse standards to the extent possible. The focus is on leveraging opportunities to build common services by decoupling legacy systems and processes.

The WINGS Project approach also includes implementing solutions that meet the Agency's business needs and will enhance the business agility and provide faster delivery of new functionality.

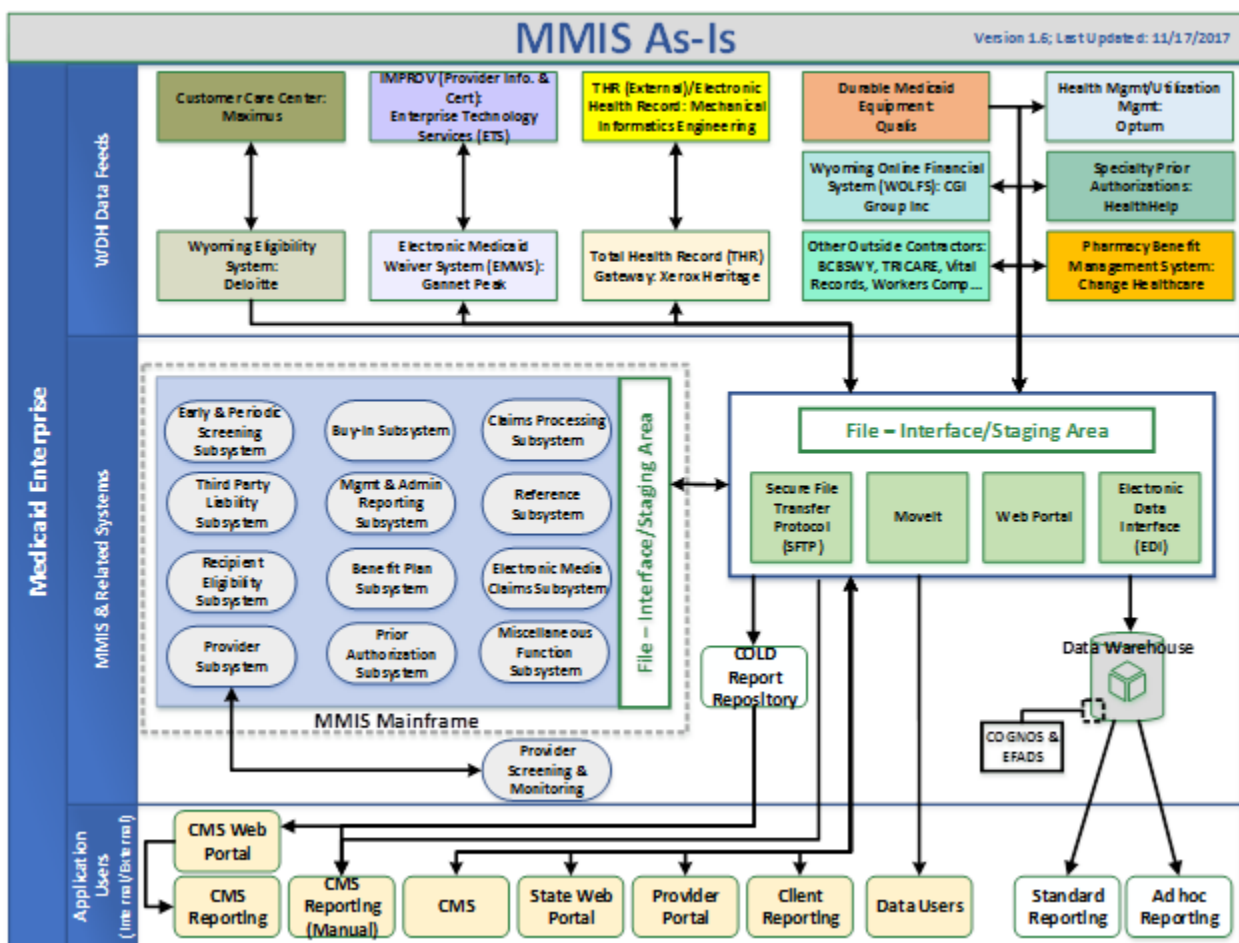
5.1.2.4. Current MMIS Environment

Note: this information is provided for reference and historical purposes only as the Agency is exploring an innovative approach to service delivery as shown in Figure 5.1.2.5., Overview of WINGS Project Components - Future Vision.

The current MMIS was imported from the State of Florida and modified for the State of Wyoming. Conduent (formerly Xerox) currently operates the MMIS. The MMIS became operational in November 1993 and received certification in 1994. Extensive modifications have been made to the MMIS for use by multiple programs and to meet federal and State legislative and budgetary requirements. Notable functionality of the MMIS and architecture diagram of the current MMIS, including subsystems, and interfacing systems are shown in Figure 5.1.2.4.

Currently there are one hundred eleven (111) interfaces related to MMIS functionality. The Agency has identified a total of 32 inbound interfaces and 79 outbound interfaces shown in Table 5.1.2.4. Some of these interfaces are deprecated and others are data files moved to a server for user access.

Figure 5.1.2.4. Current MMIS, Sub-systems and Interfacing Systems



The following Table 5.1.2.4 provides the current interfaces within the MMIS system. Note that this demonstrates the current interfaces. The Agency and current SI/ESB contractor will work with the BMS contractor to ensure efficient interfaces to and from the selected BMS module.

Table 5.1.2.4 Current Interfaces Summary Table with Systems

System Name	# Inbound Interfaces -Sent to MMIS	# Outbound Interfaces - Received from MMIS	Frequency
Electronic Medicaid Waiver System (EMWS)	3	4	7 - Daily
Wyoming Online Financial System (WOLFS)	3	1	4 - Weekly
Pharmacy Management System (PBMS)	3	12	5 - Daily 8 - Weekly 2 - Monthly
Centers for Medicare and Medicaid Services (CMS)	3	10	3 - Daily 8 - Monthly 2 - Yearly

Centers for Medicare and Medicaid Services (CMS Reporting)	0	1	1 - Quarterly
Information Management for Providers (IMPROV) System	1	1	1-Daily 1_Monthly
Wyoming Eligibility System (WES)	3	0	1 - Daily 2- Monthly
Total Health Record (THR)	1	6	4 - Daily 2 - Weekly 1 - Quarterly
Contractors			
Blue Cross Blue Shield of Wyoming (BCBS) - Data Matching	1	1	2 - Monthly
Wyoming Department of Health Program (The Agency) - Data Matching	2	1	2 - Daily 1 - Monthly
Wyoming Department of Family Services (DFS)	0	1	1 - Monthly
Tricare - Defense Enrollment Eligibility Reporting System (DEERS)	1	1	2 - Yearly
Wyoming Department of Employment (Workers Compensation) - Third Party Liability (TPL) Data Matching	1	0	1 - Quarterly
The Healthcare On-line Resource (THOR) -Third Party Liability (TPL) Data Matching	1	0	1 - Monthly
Conduent/Brightwaves (MMIS Sub-Contractors)	1	2	2 - Weekly 1 - On Request
Know Your Provider - KYP Digital Harbor (MMIS Sub-Contractors)	1	2	2 - Daily 1 - Monthly
Web Portal (MMIS)	7	8	12 - Daily 1 - Weekly 2 - Monthly
Utilization Management	0	3	1 - Daily 1 - Weekly 1 - Monthly
Data Users - External Extracts	0	7	1 - Daily 1 - Weekly 3 - Monthly 2 - Quarterly
External Facing (MMIS) - Supplementary Systems	0	6	2 - Daily 3 - Weekly 1 - On Request
Internal Facing (MMIS) - Supplementary Systems	0	8	5 - Daily 2 - Weekly 1 - Quarterly
Optum Health Management Utilization Management	0	3	1 - Daily 1 - Weekly 1 - Monthly
Data Warehouse (DW) Decision Support System (DSS)	0	1	1 - Weekly
Total	32	79	

5.1.2.4.1. Integration, Interfaces, and Data Imports/Exports

There are other State systems that will eventually interact with the WINGS system. The nature of the interaction ranges from an integration in the WINGS platform (ESB), to bidirectional interfaces, to simple data import and export (file transfer). Additionally, there will be other import and export files not currently identified in the RFP, which will impact the WINGS system with future component Contractors.

1. Integration into WINGS:

Integration in this context is defined as the practice of combining individually tested software components and products into an integrated whole system through the use of a technical platform where the component produces a discrete value used by the system. This integration is a horizontal one in which new capabilities are independently sourced and enable the system to meet business needs because of the interactions of the components. Data from these systems will be stored in the Data Warehouse:

- (a) Pharmacy Benefits Management System (PBMS)
- (b) System Integrator/Enterprise Service Bus Operational Data Store (SI/ESB - ODS)
- (c) Fraud, Waste, Abuse Analytics and Case Tracking (FWA)
- (d) Benefit Management Services (BMS) Claims Processing, Financial Systems, & TPL
- (e) Provider Enrollment, Screening, & Monitoring (PRESM)
- (f) Electronic Medicaid Waiver System (EMWS) (to be replaced by CCMS-2)
- (g) Care/Case Management System (CCMS-2)
- (h) Eligibility and Enrollment Management (EEM) Customer Service Call Center (CSC)
- (i) Wyoming Eligibility System (WES)

2. Bidirectional Interfaces:

Bidirectional interfaces are the controlled transmission of relevant data to be used by the system or component in an agreed upon format, at an agreed upon interval using an agreed upon protocol. Data from these systems will be stored within the Data Warehouse:

- (a) Workers Compensation
- (b) Parental Obligation System for Support Enforcement (POSSE) Child Support
- (c) WY Children's Assistance and Protection System (WYCAPS)
- (d) Blue Cross Blue Shield (BCBS) of Wyoming: Kid Care (CHIP)
- (e) Durable Medical Equipment (DME) Prior Authorization and Review
- (f) Health Information Exchange (HIE)
 - Immunization Registry
- (g) Total Health Record (THR)
- (h) CMS Reporting and Financing
 - CMS-64
 - MSIS/T-MSIS
 - Coordination of Benefits Agreement (COBA)
 - MMA-Part D
 - Buy-in Medicare Parts A, B, and D
 - Buy-in Wyoming Health Insurance Premium Program (WHIPP)
- (i) TRICARE
- (j) Vital Records
- (k) Member Eligibility Determination Systems
- (l) Wyoming On-Line Financial System (WOLFS) of the State Auditor's Office (SAO)
- (m) Other State systems, determined through Systems Integrator project scope
- (n) Other bidirectional interfaces not defined in the RFP (Approximately five (5) additional interfaces)

3. Data Import and Export (File):

Data from these systems will be stored in the data warehouse. Data Import and Export is simply the supplying of other system data in a batch manner that may be used within the target system

or simply supply reporting data:

- (a) State Level Registry (SLR)
- (b) Health Information Exchange (HIE)
- (c) Health Management/Utilization Management (HM/UM)
 - Optum - HM/UM Management Vendor
 - Health Help - HM/UM Management Subcontractor
- (d) Other import and export files not currently identified in the RFP, due to change in Contractors. (Approximately five (5) additional interfaces)
- (e) Legacy MMIS (Replication of current Cognos aligned environment)
- (f) Medicaid and Medicare Data, as specified
- (g) Prior Authorization
- (h) Payments and Financials Data
- (i) Provider Eligibility Determination Systems
- (j) Provider credentialing
- (k) Prior authorization entities
- (l) Health information exchanges, including provider directory information and Immunization and Birth/Death Registries.

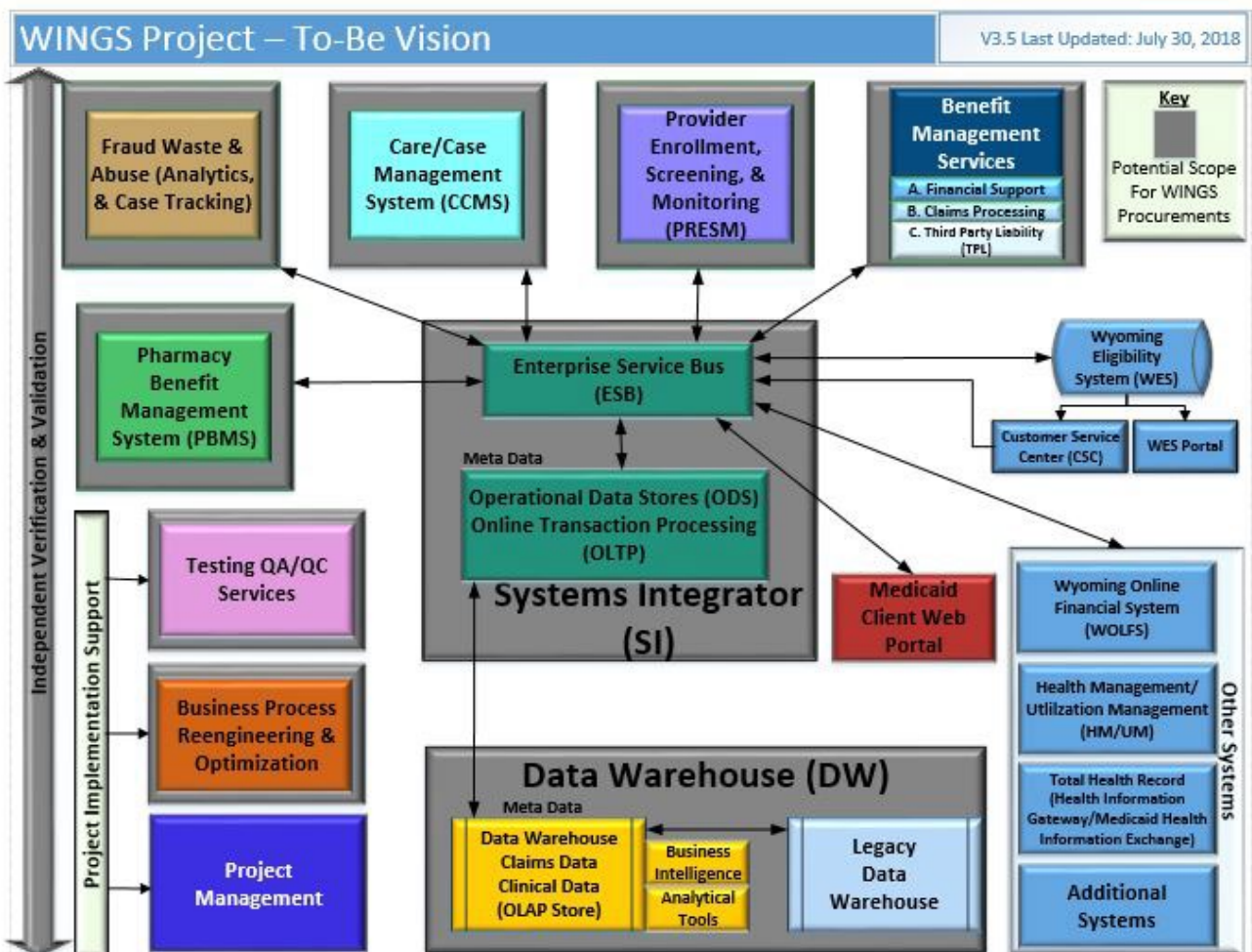
5.1.2.5. WINGS Project To-Be Vision

The future WINGS project will be comprised of an enterprise platform that will support multiple components, products, solutions and services. This will include Commercial-Off-The-Shelf (COTS) products, on premise and remotely hosted, including both new components that are procured through the WINGS project as well as legacy applications and previously developed custom code. Currently, most of these legacy applications operate as standalone, silo type systems with unique technologies, business rules and data sets. Data sharing and reporting across these heterogeneous systems are complex and difficult processes, at best accomplished through batch file transfers where they exist.

In order to facilitate effective data flow through the enterprise, the WINGS vision is that a platform be implemented by the System Integrator (SI) that contains a comprehensive Enterprise Service Bus (ESB). This functionality has been procured and will be implemented by the System Integrator/ESB Contractor. The ESB acts as the communication broker and web services orchestrator to provide message-oriented middleware, transformation and routing intelligence for the enterprise. The ESB will allow for appropriate data management throughout the system and appropriate sharing of data between the integrated and interfaced components, the platform's Online Transactional Processing (OLTP) Operational Data Store (ODS), and into the Online Analytical Processing (OLAP) Data Warehouse when in production.

The below Figure 5.1.2.5 illustrates a high-level view of the to-be future WINGS Project delivery models for the procured services, solutions and components. A complete list of the current "Other Systems" referenced in the following figure, are listed in Section 5.1.2.4.

Figure 5.1.2.5 Overview of WINGS Project Components - To-Be Future Vision



5.2. PURPOSE AND INTENT:

5.2.1. PURPOSE AND INTENT:

The purpose and intent of this Request for Proposal (RFP) is to solicit competitive proposals for Benefit Management System and Services for Claims Processing, Financial Management and Third Party Liability Services for the Agency. The selected Contractor will provide BMS system and services with an appropriate technical solution to enable the compliant execution of the work defined in this RFP and successfully meet the goals and business needs of the Agency.

The BMS solution shall be of high quality and have functions that are comprehensive, complete, and provide accuracy in processing, analysis, and reporting. The BMS Contractor shall provide services and operational solutions to support benefit and claims processing, financial processing, and third party liability services along with related administrative functions necessary to support the overall operational and business process.

The Contractor shall have the skills and experience to provide such services and a solution that can be integrated into the WINGS enterprise. The nature of the BMS services project is the integration of COTS products and/or Software as a Service (SaaS) configuration of the solution(s) and development of a limited number of custom rules harmonized to Wyoming policy.

It is intended that the Contract length will encompass approximately eighteen (18) months for the BMS Design, Development and Implementation (DDI) and ten (10) base years for the Operations and Maintenance (O&M) and services contract term.

Table 5.2.1 describes the purpose, function and nature of BMS and the other WINGS project component systems and services.

Table 5.2.1: WINGS Components - Systems/Services

System/Component	Purpose/Function
Pharmacy Benefits Management System and Services (PBMS)	Pharmacy Benefits Management System and services including: Point of Sale (POS); Pharmacy call center; Prior Authorization services; Third Party Liability (TPL) Pharmacy Management Program for pharmacy claims; Manage Drug Rebate Administration including J-Codes rebates, Supplemental Drug Rebate and maintain the Preferred Drug List (PDL); Program Integrity for Fraud, Waste and Abuse, and Medication Therapy Management (MTM) activities. The nature of the PBMS project consists of the implementation of a flexible, scalable, hosted pharmacy services solution that utilizes web-based COTS products with single sign-on.
System Integrator/Enterprise Service Bus (SI/ESB)	The System Integrator will provide systems integration of WINGS project components, data, and other necessary systems as part of the Medicaid enterprise that includes the architecture, system integration, Enterprise Service Bus (ESB), Operational Data Store (ODS) and technical standards, platform, and services for the WINGS enterprise. SI will also provide the services and solutions for establishing the enterprise platform that ensures effective data flow through use of an Enterprise.
Data Warehouse, Business Intelligence Tools, and Reporting (DW/BI-R)	Data Warehouse with data analytics and Business Intelligence tools, applications and analytic services for Online Analytical Processing (OLAP)/modeling and data mining to provide ability to conduct analysis for providers, members, claims, clinical and other data fields. Reporting functions including user-defined reporting, dashboards, Federal Management and Administrative Reporting and Surveillance (MARS). The nature of the DW/BI-R project is the design, development and modeling of an appropriate data model able to accept transformed operational data from all integrated components.
Fraud, Waste, Abuse Analytics and Case Tracking Software and Tools (FWA)	Fraud, Waste, Abuse, analytics and case tracking vendor will replace or enhance the existing FWA tools and applications to improve overall detection and recovery functions and administrative activities with a highly configurable, intuitive functionality and automated solution. Reporting functions include Surveillance and Utilization Review (SUR) reporting and other fraud, waste, abuse reporting. The nature of the FWA Tools project is a configuration and implementation of a COTS product into the technical framework.
Benefit Management Services for Medicaid Claims Processing, Financial, Third	Claims processing, financial, third party liability and general IT functionality of other systems and supporting services. Perform related administrative functions to the overall operational and

Party Liability and Related Administrative Services (BMS)	business process. The nature of the BMS Services project is the integration of Commercial-Off-The-Shelf (COTS) products and/or Software as a Service (SaaS) configuration of the solution(s), development of a limited number of custom rules harmonized to Wyoming policy. Functions related to Third-Party Liability will obtain information from internal/external sources and match data and maintain members' TPL and support recovery processes.
Provider Enrollment, Screening, and Monitoring (PRESM)	Functions related to Provider Enrollment, Screening, and Monitoring (PRESM) include provider screening and background checks, online provider enrollment, a provider support enrollment call center and help desk for provider enrollment and re-enrollment only, and ongoing provider credentials monitoring.
Care/Case Management System (CCMS)	Functions related to Home and Community Based Services (HCBS) waivers are included in the Care/Case Management System (CCMS) module. Related functions include developing and monitoring plans of care, capturing and monitoring assessments, screenings, treatment plans, and authorizing services (by sending prior authorizations to the Benefit Management Services for Medicaid Claims Processing, Financial, Third Party Liability and Related Administrative Services (BMS)).

5.2.2. OPERATIONAL OBJECTIVES:

Operational objectives for business and technology for WINGS project services and solutions, including BMS Solution and Services as applicable, have been identified by the Agency as follows:

1. **Seven Standards and Conditions.** Comply with the Seven Standards and Conditions, set forth by Centers for Medicare Medicaid Services (CMS), in order to receive enhanced federal financial participation (FFP). These are covered in the MITA 3.0 framework and an overview can be found at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf>
2. **Flexible system platform.** Meet MITA standards to accommodate future programs and initiatives. Utilize Service Oriented Architecture (SOA) technology and Enterprise Service Bus (ESB) as the software architecture for middleware to provide the fundamental services for more complex architectures that shall incorporate the features required to implement a SOA. Move away from the silo systems and sub-systems of traditional MMIS and help reduce the cost of implementation through modular design and reusable components, so that data stays at its point of origin, there are real time data updates by data owners, and, elimination of duplicate data storage.
3. **Functionally and technically adaptable solutions.** Provide flexible, secure, and maintainable solutions that are based on best practices, reduction in costs to implement changes in federal laws or innovations in the field, and provide greater configurability and use of Commercial Off-The-Shelf (COTS) products and applications to enhance decision-making and increase management efficiencies. Solutions may be leveraged across customers and can easily accommodate both technical and functional changes resulting from changes in policy, legislation, and business requirements. Maximize the use of beneficiary centric applications and implement rules engines that have the potential to span multiple programs and provide transparency.
4. **Automate workflow management.** Support the establishment of work queues allowing in-process knowledge, data, and documentation to flow from one worker's queue to another as well as across solutions and that walks the user through the steps to ensure compliance with consistent defined processes. It is anticipated that the workflow management tool shall orchestrate process and data between applications, between services, and between interconnected systems within the WINGS Medicaid Enterprise; and increase interoperability through standardized interfaces.
5. **Enhance program reporting and data analytics.** Implement business intelligence to include

aggregation, analysis, and visualization of data to inform and facilitate business management and strategy decisions. Provide data analytic tools to enable accurate, real-time data and reporting that will meet changing business and management needs as well as data mining services that will allow the sifting of data looking for previously unrecognized patterns. The solution will be enterprise centric, which will enable access to other health care and program data typically not found in an MMIS, to support enterprise decision-making.

6. **Provide standardized and automated electronic communication capabilities.** Provide standardized communications with clients, providers, and other agencies. This standardization of protocols for electronic communication will allow the Agency to move to electronic options for communications using modern services such as SOAP and REST, including a Web Portal and electronic messaging. In addition, standardization will support the ability to provide messaging in multi-language and multi-literate formats. These capabilities will result in timely communications that will lead to improved outcomes.
7. **Access to data.** Provide real-time access to data for clients and providers based on user role and information for the Agency's programs including KidCare - CHIP. Provide access to data in a centralized location for benefit plans, claims, and case and care management data, transaction data from the Online Transaction Processing (OLTP) store as well as harmonized data for the Online Analytical Processing (OLAP) store.
8. **Data Warehouse.** The Data Warehouse will contain historical data derived from the OLTP data store and includes an Extract, Transform and Load (ETL) solution, an Online Analytical Processing (OLAP) engine, and comprehensive analysis tools. The data warehouse will be integrated and loosely coupled within the enterprise and will be nonvolatile (hence representational data model will not change although data is being updated regularly) and time variant so trends can be discovered in business.
9. **State/Federal/CMS Compliance.** Meet and comply with all State, federal and CMS standards, regulations, and compliance guidance protocols.
10. **CMS Certification.** Meet CMS certification for MMIS modules in accordance with the applicable rules, guidelines, reporting, Medicaid Enterprise Certification Toolbox (MECT), and MMIS module checklist versions available at the time of certification.
11. **Business Processes.** Support connections between the systems that enable transformed functional business processes and workflows of other Contractor components in the WINGS enterprise.
12. **Service Level Agreements/Performance Measures.** Meet applicable component Service Level Agreements and supply information to the Agency to monitor other Contractors' system performance.

5.3. STAKEHOLDERS:

5.3.1. PROJECT ORGANIZATION:

Agency: The Wyoming Department of Health, Division of Healthcare Financing, referred to as the "Agency," is the primary division that oversees Wyoming's Medicaid program and is therefore responsible for administration and oversight of the MMIS and WINGS project procurements. The Agency shall oversee the Contractor's performance and escalate project issues and/or risks appropriately. The Agency shall also coordinate the necessary State resources throughout the various WINGS project contracts to assist each Contractor in meeting the Contract requirements.

Executive Steering Committee and Sponsors: The Executive Steering Committee Sponsors consist of WDH Director, Deputy Director, the State Medicaid Agent, WDH Chief Financial Officer, other Wyoming Department of Health leadership, Governor's Office representative, and other members and advisors. Executive Sponsors will oversee the WINGS project and provide overall project direction and have final decision making authority related to the project.

Project Governance Steering Committee: The Project Governance Steering Committee oversees the WINGS project and provides project direction on scope, schedule, issues, risks, and other project areas including review of stage and gate deliverables, prioritize, recommend and monitor architectural plans

and designs. The Project Governance Steering Committee will make recommendations to the WDH leadership, project team and Executive Steering Committee. In addition to other Department of Health and Agency stakeholders, the Project Governance Steering Committee includes integrated representatives from the State Enterprise Technology Services (ETS).

Medicaid/Health Care Financing - Information Technology Coordinating Committee (HCF-ITCC) and Wyoming Department of Health - Information Technology Coordinating Committee (WDH-ITCC): The HCF-ITCC and WDH-ITCC provides overall governance related to WDH wide information technology systems with the goal of ensuring the Agency is procuring the correct solution with the correct capabilities to meet Agency goals. The committee also reviews the value and impact of IT investments, identifies opportunities for improved IT utilization and identifies risks related to the Agency's information technology posture.

Department of Enterprise Technology Services (ETS): ETS is responsible for overseeing and coordinating all IT efforts across all State programs and Agencies, <http://ets.wyo.gov/>. Enterprise Technology Services is responsible for providing IT support and coordinating IT infrastructure services for the Agency. ETS establishes and maintains State IT policies, procedures, and standards across the State.

Centers for Medicare and Medicaid Services: The Centers for Medicare and Medicaid Services (CMS) is the government entity responsible for authorizing enhanced federal funding for the design, development and installation or enhancement of a state's MMIS. The Mechanized Claims Processing and Information Retrieval Systems (90/10) Final Rule, effective January 1, 2016 and revised March 31, 2016, as defined in 42 CFR 433.112(b)(1) through (b)(9), expanded the definition of mechanized claims processing and information retrieval systems to include a "System of Systems". This "System of Systems" allows enhanced federal funding for installation or enhancement of open source software, proprietary software, services, shared services, module, Commercial Off-The-Shelf (COTS) software, and Software as a Service (SaaS) that comprise a State's MMIS. The Contractor and Agency shall work with CMS and comply with all regulations to ensure the combination of solutions are certified and meet all federal reporting requirements necessary so CMS can authorize enhanced federal funds.

Members: The WINGS project will build an enterprise-wide, stakeholder-centric solution that improves outcomes for Medicaid members.

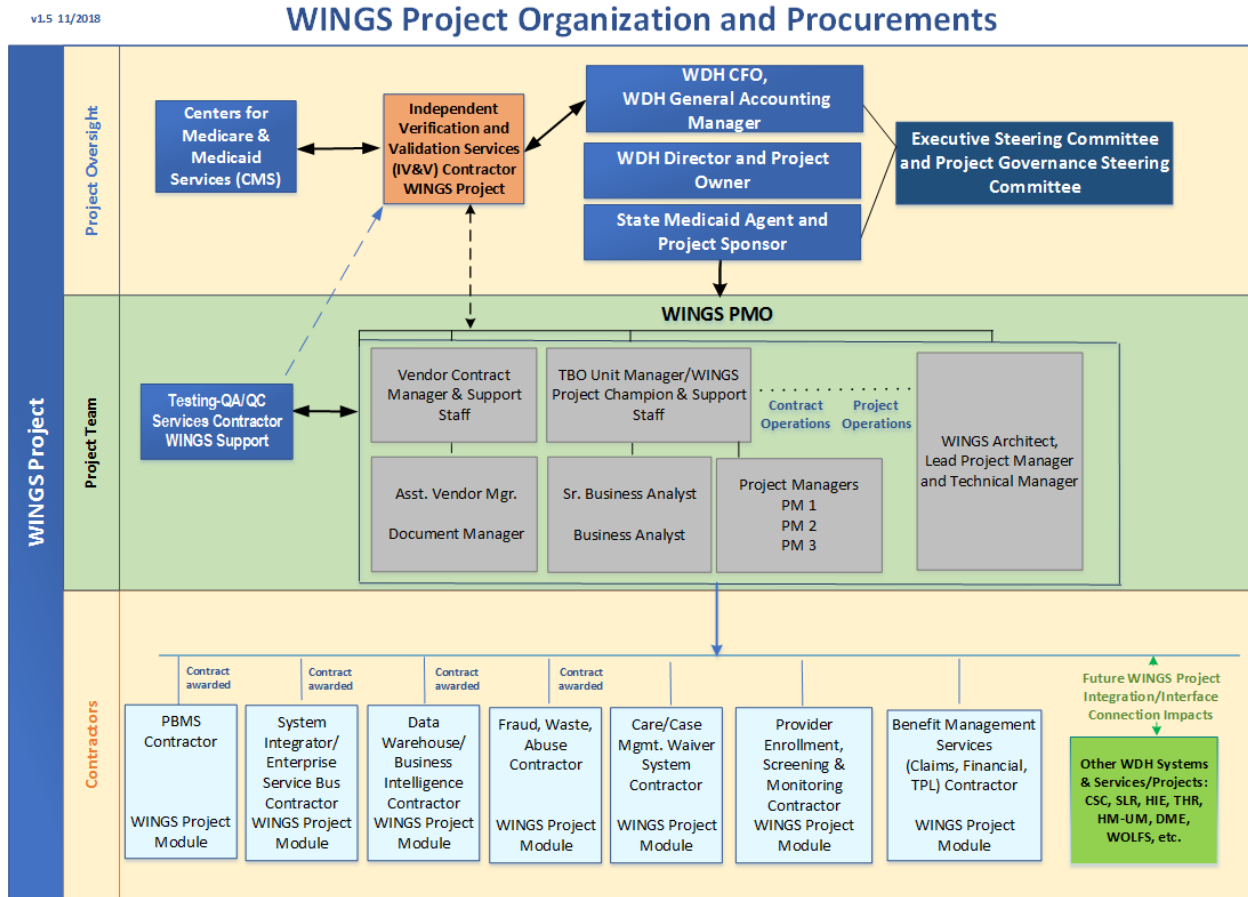
Wyoming Department of Health: Wyoming Department of Health (WDH) assists Wyoming residents by providing access to appropriate healthcare programs. The MMIS is a critical system that will allow the WDH to meet their goals and mission.

Contract Manager: For each procured component or assistance contract of the WINGS project, a designated Contract Manager will oversee that specific project Contract and be the primary point of contact for contractual activities.

Project Manager: For each procured component or assistance contract of the WINGS project, a designated Project Manager, part of the existing WINGS Project Management Office, will work with the Contractor's Project Manager to provide day-to-day coordination of all project activities. The Agency has a Lead Project Manager that will oversee the enterprise project.

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Figure 5.3.1: General Project Organization for WINGS Project



5.4. RFP REQUIREMENTS:

The Agency defined the requirements stated herein and created this RFP. The Requirement/Specifications document is included as a part of this RFP. **THESE ARE MANDATORY REQUIREMENTS, WHICH MAY BE SUBJECT TO VARIATION AND MODIFICATION ONLY THROUGH THE WRITTEN APPROVAL OF THE AGENCY.**

5.5. RFP APPENDICES:

This RFP includes the following Appendices as Attachments and one web link. They are included as part of this RFP.

- Appendix A - BMS Technology Matrix
- Appendix B - BMS Pricing Signature Page and Pricing Worksheets 1 - 4
- Appendix C - BMS Service Level Agreements (SLA's)
- Appendix D - Sample Business Associate Agreement (BAA)
- Appendix E - Sample IT Contract 05.03.2018 Template
- Appendix F - Deliverables Doc Standards & Acceptance Template for RFP
- Appendix G - WINGS Certification Plan, R2 Operational Milestone Review
- Appendix H - Glossary of Terms and Abbreviations
- Appendix I - Reference Material on WINGS Web Page:
<https://health.wyo.gov/healthcarefin/bms-procurement-reference-library/>

SECTION 6: REQUIREMENTS/SPECIFICATIONS - RESPONSIBILITIES OF CONTRACTOR

6.1. SCOPE OF PROJECT:

6.1.1. SCOPE OF PROJECT:

A. The Benefit Management System Claims Processing, Financial Management, Third Party Liability and other Fiscal Agent Services (BMS) solution will replace and modernize claims processing functionality provided by Wyoming's legacy Medicaid Management Information System (MMIS). The BMS solution will meet Wyoming's "to be" vision, for Operations Management as well as address and mature other MITA business areas such as Care Management, Plan Management, Member Management, and Financial Management.

The BMS Contractor shall work collaboratively with the Agency Units, Agency Contractors, and the WINGS project team including the SI/ESB Contractor, Data Warehouse Contractor, and Testing-QA/QC Contractor to ensure integration into the WINGS enterprise. The Contractor shall also work collaboratively with the Agency's procured Independent Verification and Validation (IV&V) Services Contractor to provide requested deliverables and documentation for IV&V review.

The BMS Contractor is expected to meet project responsibility requirements, objectives, milestones and deliverables, including day-to-day management of its staff and overall project management for the tasks and requirements under Section 6 of this RFP, to ensure systems, products, and services meet the Agency's intended purpose, requirements and user needs.

The Agency is expecting a team of resources from one (1) Contractor to provide the solution and services necessary including when multiple resources are needed simultaneously for development or integration. The Contractor resources may be off-site but shall be available to work on-site in Cheyenne, Wyoming when requested. Except for the positions required to be in Cheyenne during O&M as found in Table 6.2.1.3, the type and percentage of time allowed for off-site work will be determined during contract negotiations with the winning Proposer. The use of a Subcontractor for the minority of the work is permitted as long as it is compliant with the requirements of using Subcontractors. It would be especially valuable for security testing.

B. The BMS solution and services component of the WINGS project is estimated to begin work in September 2019 (See section 4.1.1 Key Dates and Schedule of Events), and encompass an eighteen (18) month design, development, and implementation (DDI) phase with estimated completion in February 2021. The ten (10) base years for Operations and Maintenance (O&M) is estimated to begin in February 2021 and continue through January 2031.

C. The maximum overall approved budget for the Benefit Management System and Services (BMS) claims processing, financial management, third party liability, and other fiscal agent services scope of work is one hundred twenty-three million, five hundred seventy-five thousand, one hundred ninety-two dollars (\$123,575,192) for the duration of the contract period. The State and Federally approved budget breakdowns are as follows:

- Design, Development, Implementation (DDI) Phase - maximum budget \$22,864,158 for entire BMS solution (including integration with SI/ESB module).
- Operations & Maintenance (O&M) Period - overall maximum budget of \$97,711,034 for entire ten (10) base years, of which the following specific Third Party Liability (TPL) budget applies:
 - TPL O&M Services - up to a maximum of \$600,000 per base year, or \$6,000,000 for the O&M base contract term.
- Pass-Through Fees and Other Administrative O&M Costs - maximum budget of \$3,000,000 for the O&M base contract term, or \$300,000 per base year.

The following table depicts the current federally approved BMS budget figures by Federal Fiscal Year (FFY), taken from the Updated Implementation Advance Planning Document (IAPD-U) v3.0.

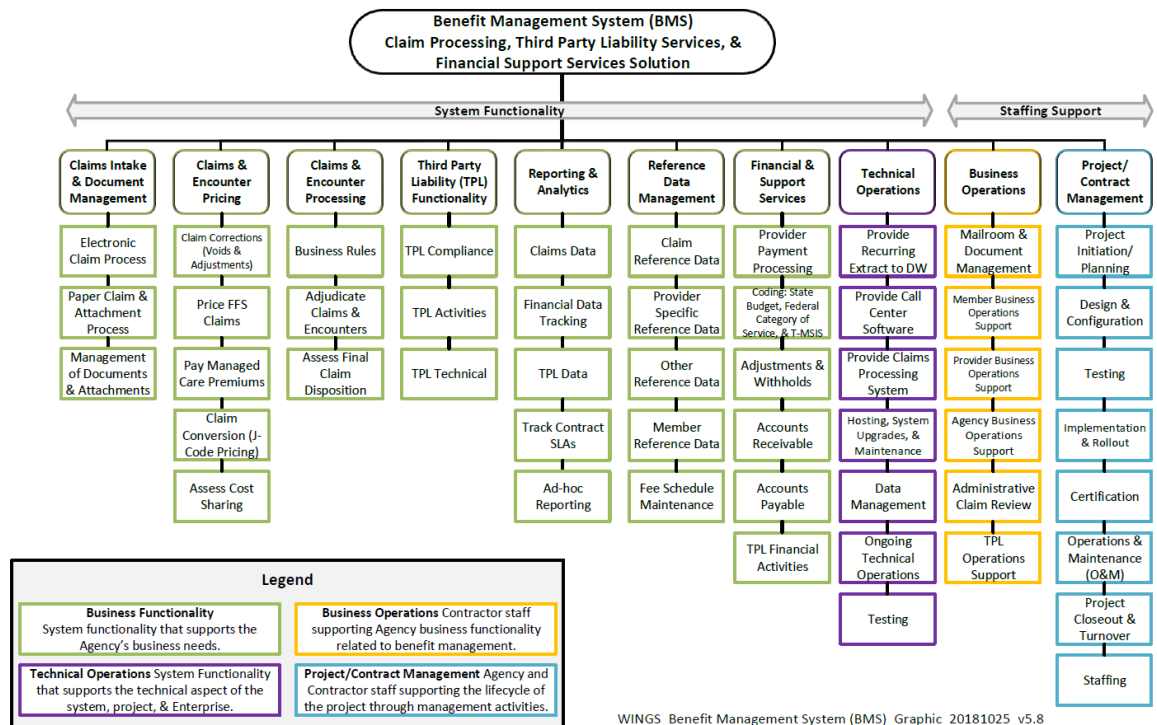
Table 6.1.1. C - Approved BMS Budget by FFY

Cost Category	FFY 2019 Projected	FFY 2020 Projected	FFY 2021 Projected	FFY 2022 Projected	FFY 2023 Projected	FFY 2024 Projected	FFY 2025 Projected	FFY 2026 Projected	FFY 2027 Projected	FFY 2028 Projected	FFY 2029 Projected	FFY 2030 Projected	TOTAL
Benefit Management System & Services Costs													
DDI / Transition 90% (2B)	3,932,079	15,000,000	3,932,079	0	0	0	0	0	0	0	0	0	\$22,864,158
10-Yr. Base Operations 50% (5B)	0	0	8,600,000	8,840,000	9,087,200	9,341,816	9,604,070	9,874,193	\$10,152,418	\$10,438,991	\$10,734,161	\$11,038,185	\$97,711,034
Pass-Thru Fees/Other Admin 50% (5B)	0	0	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	\$3,000,000
TOTAL BMS Maximum Contractor Costs													\$123,575,192

D. The scope and requirements defined Section 6 of this RFP serve as a framework for the BMS Contractor responsibilities in meeting business, functional, technical, quality, risk, and testing requirements, standards and Service Level Agreements. The BMS scope comprises four main system functionality and staffing support areas:

1. Business Functionality - System functionality that supports the Agency's business needs.
2. Technical Operations - System functionality that supports the technical aspect of the system, project, & enterprise.
3. Business Operations - Contractor staff supporting Agency business functionality related to benefit management.
4. Project/Contract Management - Agency and contractor staff supporting the lifecycle of the project through management activities.

Requirements for each category and sub-category are detailed in Section 6.1.5 BMS Contractor Requirements. Within each general area, the BMS scope for this RFP is broken out by specific categories as indicated in the following graphic:



E. The BMS Contractor shall support the receipt, adjudication and editing, pricing, and payment for the following health care claim types:

Professional Claims

- Ambulance
- Behavioral Health
- Care Management Entity (CME)
- Clinic Centers
- Dental
- Durable Medical Equipment (DME)
- End Stage Renal Disease (ESRD)
- Home Health
- Laboratory
- Physicians and Other Practitioners
- Prescription drugs
- Public Health or Welfare
- Vision
- Children's Mental Health Waiver
- Pregnant by Choice Waiver

These services are priced at the service line level, and are reimbursed using one of these methods:

- Provider contracted rates
- CPT4/HCPCS procedure codes fee schedules
- CPT4/HCPCS modifier codes
- Resource-Based Relative Value Scale (RBRVS) fee schedule manual pricing

Dental Claims

- Dental services

Dental services are priced at the service line level and are reimbursed using a CDT procedure codes Fee Schedule.

Institutional Claims

- Inpatient Hospital Services
- Outpatient Hospital Services
- Ambulatory Surgical Center (ASC)
- Rural Health Center (RHC)
- Psychiatric Residential Treatment Facilities (PRTF)
- Federally Qualified Health Center (FQHC)
- Rural Health Center (RHC)
- Indian Health Service (IHS)

Inpatient claims are priced at the header and revenue line level as follows:

- All Patients Refined Diagnosis Related Groups (APR DRG) using 3M cloud based grouper service
 - Wyoming would like to retain this grouping methodology and connection to the 3M cloud based grouper, which Wyoming has separately contracted with 3M and would be useable with the BMS vendor through an API with 3M.
- Per diem at provider specific rates
- Revenue codes for room & board, other services, and add-on pricing amounts from revenue lines

Outpatient institutional services are priced using the Outpatient Prospective Payment System (OPPS) used by Medicare for outpatient services.

- Revenue code fee schedules
- Revenue code/HCPCS/CPT4 rates
- Manual pricing
- Provider specific encounter rate, Federally Qualified Health Center (FQHC), Rural Health Center, Indian Health Service (IHS)
- OPPS fee schedule used by Medicare

Long-Term Care Services

- Hospice (Medicare methodology plus Wyoming pays an additional add-on payment for room and board with State General Funds)
- Nursing Facility

These services are priced and reimbursed on a per diem rate basis.

F. During claims adjudication, this BMS module will also process service authorizations, third party insurance liability, and calculate member liabilities including cost share and cost share coordination between multiple payers. This module will be configurable and flexible in order to support claims processing for multiple programs. Claims will be adjudicated in “real-time” and payments and remittance advice reporting shall be processed daily (or at an interval determined by the Agency).

The Agency’s mission for BMS is to minimize the number of custom rules, while adhering to Wyoming policy.

The BMS Contractor shall be responsible for the following functions through its solution and services.

1. Benefits and claims services to include claims processing, adjustments, and coordination between modules and systems in order to facilitate accurate claims processing and benefit plan management according to Wyoming Medicaid business rules.
 - a. Claims intake and benefit plan management - this function includes the initial intake and benefit plan assignment for claims through the web portal, EDI clearinghouse, or by paper. Workflow that addresses attachment linking to the claim through scanning and OCR business rules is also included here.
 - b. Claims and encounter pricing - the different pricing methods used by the Agency to price claims includes fee schedules, OPPS, prospective encounter rates, per diem rates, RBRVS, DRG, manual pricing, coinsurance, cost share and deductibles.
 - c. Integration with grouping and pricing functionality through other Wyoming vendors.
 - i. APR-DRG through 3M cloud based grouper.
 - ii. Physician administered drug (J-code) pricing coordination with Pharmacy Benefit Manager (Change Healthcare). Claim will be submitted to BMS vendor, BMS vendor will send physician administered drug lines to Pharmacy Benefit Manager to price and edit these items, and PBM vendor will return to BMS vendor to complete processing the complete claim (medical lines, and physician administered drug lines).
 - d. Claims and encounter processing - claims and encounters are processed from initial validation edits, application of more complex edits and audits, such as checking for prior authorization, third-party liability, and special administrative claim

review situations. The end of this process will result in final claim disposition being sent to the DW.

e. Reporting and Analytics - this function includes operational claims tracking, financial tracking, claims processing performance metrics and aging statistics, and support for federal reporting of claims and encounters.

f. Reference Data Management - this includes the management and update of taxonomies and code sets needed to process and adjudicate claims including procedure, diagnosis, modifier, pricing, and edit/audit codes.

g. Operations - the business operations necessary to facilitate the claims processing services include mailroom and document management, workflow, provider support, call center, correspondence and publications and training.

Financial Support Services shall support provider payment processing; accounts receivable functionality; coordination for CMS - 64 reporting; and other reporting for oversight, budgeting, and review.

G. The following additional information is provided to assist the Proposer with understanding certain aspects of the current system and Agency policies and expectations that will pertain to the BMS Contractor:

Appropriate Payer Solution - Nursing Facility claims often times have members that are dually eligible for Medicare and Medicaid. Medicaid is always the payer of last resort. Providers may not be aware of a member's Medicare coverage or will preemptively bill Medicaid before exhausting payment from Medicare first. In order to control Medicaid costs for this dually eligible population, the current Fiscal Agent employs an "Appropriate Payer Solution" which specifically targets nursing facility claims and performs a pre-payment analysis to ensure that claims are being billed appropriately. Providers are the main system user for the Appropriate Payer Solution, and submit an Appropriate Payer Survey, which evaluates whether a resident qualifies for Medicare claim reimbursements, triggering a claim to be submitted appropriately for payment. The current "Appropriate Payer Solution" is administered by the Fiscal Agent's subcontractor, Dart Chart. For this procurement, the Agency is not requiring the Contractor to use the Agency's current vendor to deliver this functionality, but must provide a comparable solution. More information can be found in the BMS Procurement Reference Library: <https://health.wyo.gov/healthcarefin/bms-procurement-reference-library/>

Member Claim Question Escalation - The Agency expects escalation of member questions or concerns from the call center to the Agency to be a rare occurrence; however, there are scenarios that might warrant escalation. An escalation scenario might involve the member being seen by a provider who is not currently enrolled as a Medicaid provider. This call might be escalated to the Agency in order to coordinate with the provider and enroll them as a Medicaid provider, or if the provider refuses to enroll, instruct the member they are responsible for the bill. Recently, a member was sent to collections by a provider due to their billing issues, which might warrant being escalated to the Agency. Other times, a member may call and inquire about the hearing process. Please note: Once the Agency has given direction to the Contractor on handling new and unique scenarios (related to both member and provider), the Agency expects the Contractor to handle similar situations in the future without escalation to the Agency.

Provider Claim Question Escalation - As with member questions and concerns escalated to the Agency, provider related escalations out of the call center to the Agency will be a rare occurrence as well. Currently, the Agency's Dental and Vision Provider Services Manager manually inputs related prior authorizations (PA) directly into the MMIS. If there is a discrepancy, the provider may be escalated in order to coordinate a correction or initiate a reissuance of the PA.

System Contextual “Help” - Within the current Legacy MMIS, the user is able to “right click” on system data fields and have the system provide an explanation for that field. For example, the system contains the field, “Authorization-ID.” If the user did not know the use of the field, they would “right click” and select the contextual “help” function, and an explanation pops up. In this case, “Authorization-ID” is used to denote the identification number of a staff member who authorized a change. The Agency is requiring that the BMS will have a similar way to provide users with contextual help. After the Contractor establishes the contextual “help” function for system fields, the Agency anticipates that updates would happen rarely, such as in the event of a new field being added or cases where the Contractor sees a need for clarification or the Agency requests additional clarification of a field. The Agency wants to ensure that the contextual “help” is available and kept current.

Agency Requests - There are instances where the Agency will need to contact the Contractor in order to obtain information, clarification, or initiate tasks related to the scope of work. The Contractor shall define the intake and resolution process for Agency requests within their Project Management Plan. Please note: not all Agency staff will be allowed direct communication with the Contractor.

Surveying Providers and Members - In order to gauge satisfaction of external customers, the Contractor will release questionnaires to providers, monthly. The Agency will approve the questionnaire form, before being sent. Results of the provider questionnaire must fall into the “satisfactory” rating category (below eighty percent (80%) is unsatisfactory) to avoid liquidated damages. On the other hand, members will also be surveyed by the Contractor to ensure that the services that a provider billed Medicaid were actually received by the member; however, this is separate from provider satisfaction of the Contractor.

Eligibility “Revolving File” - The Contractor's System shall contain a "revolving file" mechanism for pending claims waiting on active member eligibility. The Contractor will check client eligibility status against pending claims in the "revolving file" daily for thirty (30) days. Once eligibility is confirmed, the Contractor shall report claims to the Agency for review, as applicable. Note: Currently, the Fiscal Agent has a mechanism to pend claims waiting for an applicant's eligibility to be active. This is what the Agency refers to as a "revolving file." The pending claims in the revolving file are checked daily for changes in eligibility status until thirty (30) days have passed. At that point, the claim is moved out of the revolving file pending status and the claim is denied. If current eligibility is confirmed, the claim resumes processing or is routed for manual review, depending on the unique circumstances of the claim.

CMS-64 - Although the Contractor is expected to enhance CMS-64 claim data by coding to the CMS-64 and Feeder Forms, the BMS Contractor is *not responsible* for generating the CMS-64 report. This enhanced data will be extracted and shared with the WINGS Data Warehouse (DW), who will be responsible for generating the CMS-64 report and applicable Feeder Forms. Close collaboration will be required between the BMS vendor and the DW to ensure that all relevant data needed to generate CMS financial reports is delivered to the DW, and that the information is accurate.

6.1.1.1 Exclusions for Benefit Management System and Services (BMS)

Exclusions for an awarded BMS Contractor (and its Subcontractors) are shown in Figure 6.1.1.1 for the Agency's vendor exclusions from other procurements matrix. The below list of exclusions has been approved by Federal and State Stakeholders and the exclusions apply only to awarded contractors. Additionally, if the Subcontractor is a subsidiary of the prime Contractor, they will be considered as the same entity. Exclusions in Figure 6.1.1.1 pertain to prime awarded contractors and subsidiaries for WINGS module components.

The Independent Verification & Validation Services (IV&V) Contractor is prohibited from participating in any capacity (as prime or subcontractor) on any of the other modules.

The exclusions are limited to WINGS components listed in Figure 6.1.1.1. Any other Wyoming

Department of Health procurements or contracts outside the WINGS project are not subject to WINGS exclusion.

Please note this graphic has changed from prior procurements, and now reflects completed procurements with updated Open/Excluded references.

Figure 6.1.1.1 Selected Vendor Exclusions from WINGS Procurements

	Open for Vendor Bid
	Excluded from Procurement
	Completed Procurement

WINGS Procurements	Name	PBMS	SI	DW/BI	FWA	BMS	CCMS	PRESM	IV&V
	1 Pharmacy Benefit Management System (PBMS) – Change Healthcare Awarded Contract	Completed	Excluded	Excluded	Excluded	Open	Open	Open	Excluded
	2 System Integrator (SI) - Deloitte Awarded Contract	Excluded	Completed	Completed	Completed	Excluded	Excluded	Excluded	Excluded
	3 Data Warehouse/Business Intelligence (DW/BI) – Deloitte Awarded Contract	Excluded	Completed	Completed	Completed	Excluded	Excluded	Excluded	Excluded
	4 Fraud, Waste, Abuse Analytics, & Case Tracking (FWA) – Deloitte Awarded Contract	Excluded	Completed	Completed	Completed	Excluded	Excluded	Excluded	Excluded
	5 Benefit Management Services (BMS)	Open	Excluded	Excluded	Excluded	Open	Excluded	Open	Excluded
	6 Care/Case Management System (CCMS)	Open	Excluded	Excluded	Excluded	Excluded	Open	Excluded	Excluded
	7 Provider Enrollment, Screening, & Monitoring (PRESM)	Open	Excluded	Excluded	Excluded	Open	Excluded	Open	Excluded
	A Independent Verification & Validation (IV&V) – SLI Government Solutions Awarded Contract	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Completed

V1.3 Last Updated: December 10, 2018

Exclusions have been updated to reflect specific vendor exclusions for awarded contracts to date.

Functions related to Third Party Liability (TPL) have been folded into the BMS module procurement.

Vendors are restricted by the most restrictive exclusions for any module they hold.

6.1.2. GOALS OF THE PROJECT:

The Agency's overall vision for the BMS Solution and Services includes the following goals:

1. Procure a solution centered on SOA, delivered preferably as SaaS.
2. Collaborate with a Contractor who has experience and proven solutions to support the processing of Medicaid claims in accordance with Wyoming business rules.
3. Work with a Contractor that shall collaborate with the Agency and the System Integrator to interface with the current and future modules in the WINGS Medicaid Enterprise.
4. Facilitate comprehensive tracking of claim status throughout the entire processing cycle.
5. Ensure compliance with CMS and Agency rules and policies.
6. Align the BMS solution with the CMS MECT to achieve CMS Certification.
7. Support the claim lifecycle and all claim processing paths.
8. Provide WINGS Enterprise, Agency, Member, and Provider BMS support.
9. Maintain BMS tools and system components to promote optimal tool and system utilization by Agency staff, members, and providers.
10. Provide TPL identification and case tracking services.
11. Support TPL recoveries, cost avoidance, and pay & chase services.

12. Support TPL reimbursement, subrogation, and estate recoveries.

6.1.3. OPERATIONAL OBJECTIVES:

As indicated in Section 5.2.2, the Agency has established operational objectives and expects the BMS Solution and Services Contractor to adhere to and adapt these objectives as applicable, to this scope of work.

Operational objectives for business and technology for WINGS project services and solutions have been identified by the Agency as follows:

1. Seven Standards and Conditions.
2. Flexible system platform.
3. Functionally and technically adaptable solutions.
4. Automate workflow management.
5. Enhance program reporting and data analytics.
6. Provide standardized and automated electronic communication capabilities.
7. Access to Data.
8. Coordination with Systems Integrator Contractor.
9. Coordination with Data Warehouse Contractor.
10. Coordination with Provider Enrollment, Screening and Monitoring Contractor.
11. State/Federal/Centers for Medicare and Medicaid Services (CMS) Compliance.
12. CMS Certification.
13. Business Processes.
14. Service Level Agreements/Performance Measures.

6.1.4. SCOPE OF WORK - BMS SOLUTION AND SERVICES CONTRACTOR:

The Benefit Management System and Services (BMS) Solution Contractor shall meet project responsibility requirements, objectives, milestones, and deliverables as stated within this RFP for the scope of work. The detailed mandatory requirements for this RFP are listed in Section 6.1.5 - Contractor Requirements - Benefit Management System & Services (BMS) Table. In their Technical Proposal response, the Proposer shall detail how they will meet and comply with all the requirements in Section 6, fully describing their approach to the project for each requirement.

Use of the Section 6.1.5 table format for written response is requested when addressing each requirement for the Proposer's detailed response to aid in proposal response evaluation. However, if needed to appropriately explain Proposer's response to certain requirements, charts or graphical details with written explanation is acceptable, but shall include corresponding reference back to the Requirement number(s) and Section number where they are addressed in the Proposer's requirements table response column. Please respond to requirements in the original requirement order and do not reorder.

The Benefits Management System and Services (BMS) scope is broken out into the following primary requirement Item categories (referred to as Requirement Family):

- [Item 1]: Proposer Background and Experience
- [Item 2]: Staffing, Project Organization and Project Management
- [Item 3]: Project Management Deliverables
- [Item 4]: Claims Intake & Document Management
- [Item 5]: Claims & Encounter Pricing
- [Item 6]: Claims & Encounter Processing
- [Item 7]: Third Party Liability (TPL) Functionality
- [Item 8]: Reporting & Analytics

[Item 9]: Reference Data Management
 [Item 10]: Financial & Support Services
 [Item 11]: Technical Operations
 [Item 12]: Business Operations
 [Item 13]: Solution Goals, Compliance, and Certification
 [Item 14]: BMS Technical, Components, Implementation Goals and Compliance
 [Item 15]: Enterprise Data Management Goals and Compliance
 [Item 16]: Value Added Services, Innovation and Outcome Improvement

6.1.5. CONTRACTOR REQUIREMENTS - Benefit Management System & Services (BMS):

Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
1	[Item 1]: Proposer Background and Experience	Proposer Background	The Proposer shall submit a company summary including company history, office location(s), company size, financial summary from most recent fiscal year (including total revenue, total liabilities, total assets and net margin, not to exceed four (4) pages), and statement of technical areas of expertise. The Proposer must be able to substantiate to the satisfaction of the Agency, that the Proposer has sufficient resources to complete the project successfully within the time requirements.	
2	[Item 1]: Proposer Background and Experience	Proposer Experience	The Proposer shall submit past performance summaries for three (3) projects of similar size and scope and provide corporate references for these projects. Corporate references include name, position/title, State, project, phone, address, email, summary of work performed, when, and where. Each corporate reference shall provide a letter addressing their experience with the company and what services were performed for them. If the Proposer is proposing Subcontractors, the Proposer shall include past performance summaries including the Subcontractor, or at least one additional past performance summary and Corporate reference for the Subcontractor. Past performance summaries shall not exceed two (2) pages each.	
3	[Item 1]: Proposer Background and Experience	Proposer Experience	The Proposer shall identify any projects within the last ten (10) years where the Contract was cancelled, terminated for cause, and any litigation related to Contractor past performance.	

4	[Item 1]: Proposer Background and Experience	Proposer Background- Subcontractors	If the Proposer is proposing Subcontractors, the Proposer shall disclose the legal structure related to any Subcontractors and whether the Proposer has used any proposed Subcontractors in the past. The Proposer shall provide a description of the nature and duration of the previous relationship(s) of all Subcontractors or third parties with the primary Contractor. The Proposer shall provide an explanation of any existing contractual relationships between the prime Contractor and any Subcontractors or third parties proposed on this RFP.	
5	[Item 1]: Proposer Background and Experience	Proposer Background- Subcontractors	The Contractor shall report annually to the Agency on its use of Subcontractors and certify that all Subcontractors are in compliance with the employment practices mandated by Federal and State statutes and regulations. Subcontractors must be held to the same standards as the Contractor.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
6	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Plan	The Proposer shall develop and submit with the RFP response, a Resource Management and Staffing Plan, including organization chart and key personnel for each project phase and scope of work as described in this RFP. At a minimum, the staffing plan must address or include: 1.) Staffing levels and Staffing Approach (a) Staffing Levels per project phase by role (estimated by staff disciplines by month for the duration of the project) and how the staffing levels shall achieve consistent, dependable service regardless of changes that may influence work volume; (b) Break out of staff disciplines, roles and responsibilities utilized throughout the Contract (including title and job responsibility); (c) Tools and processes used to screen available staff and fill positions. 2.) Provide a process for replacing key personnel within Agency-defined timeframes and procedures for back-filling key personnel during the transition. Personnel whose names and résumés are submitted in the Proposal shall not	

			be removed from this project without prior approval of the Agency. Substitute or additional personnel shall not be used for this project until a résumé is received and approved by the Agency. 3.) Resource Management of Subcontractor staff (if applicable) and confirmation of Contractor's responsibility: (a) The Subcontractor shall report directly to the Contractor; (b) The Contractor shall provide a description of all work to be subcontracted to third parties; (c) Ensure that any supporting contractor who may assist the primary Contractor meets the minimum Contractor qualifications; (d) The Contractor shall be solely responsible for all of the work performed under this Contract, regardless of whether subcontractors are used; (e) The Contractor shall be the single point of contact for the Agency with respect to all services to be performed under this Contract, including any services performed by subcontractors; (f) The Contractor shall be required to report annually to the Agency on its use of subcontractors and certify that all subcontractors are in compliance with the employment practices mandated by Federal and State statutes and regulations. Subcontractors shall be held to the same standards as the Contractor; (g) The Agency shall have the right to review any subcontracts and have the ability to ensure that any supporting Subcontractor who may assist the primary Contractor, meets the minimum Contractor qualifications; (h) The Agency retains the right to discuss the project directly with the Subcontractor with the Contractor present; (i) Nothing contained within this RFP or the resulting Contract must create any Contractual relationship between any subcontractor and the Agency. The Agency shall be allowed, however, to enter into a direct contract for solution hosting, as described in Section 6.5. All subcontracts require the approval of the Agency prior to start of work by a subcontractor.	

7	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Subcontractor	The Contractor shall report annually to the Agency on its use of subcontractors and certify that all subcontractors are in compliance with the employment practices mandated by federal and state statutes and regulations. Subcontractors shall be held to the same standards as the Contractor, and the Contractor shall be solely responsible for all work performed under the Contract by subcontractors.	
8	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Defined Positions	The Proposer shall identify and provide the following defined key staff positions who will execute on the scope of work in this RFP at specific phases in the project as outlined in table 6.2.1.3 Key BMS Positions: Project Manager Contract Manager Technical Systems Manager Medical Policy Manager Benefits Management Operations Manager Claims Manager TPL Operations Manager Call Center and Relations Manager Part-time Medical Consultant Publication and Communication Manager Field Representatives/Trainers Call Center Leads	
9	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall provide brief résumés (no longer than three (3) pages per employee) for key personnel that are proposed for working on the project during the DDI phase as specified in table 6.2.1.3 Key BMS Positions. The résumés must clearly identify expertise in the functional areas listed in Section 6: Requirements/ Specifications – Responsibilities of Contractor. Specialized training courses will not be acceptable for demonstration of expertise in the required areas. Proven work experience combined with related education and specialized training courses for the proposed key position, will be the means of substantiating expertise.	

10	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall submit résumés for the key staff using the following format: Each project referenced in a résumé must include both the customer name and the time period the person worked on the project, as well as a brief description of the scope of the project. In addition, the résumés must explain the role and responsibility of each key person participating in the project. The Agency anticipates that key personnel associated with these résumés will be the personnel working on the project, should the Contractor be awarded the contract.	
11	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall submit two (2) professional references (not including the current employer) for each key position proposed for the project to include reference name, title, phone number, and email address. The references provided shall be able to speak to relevant experience for the proposed key personnel for work completed no more than five (5) years prior to the date of this RFP.	
12	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a Project Manager who shall remain assigned to the project throughout the design, development, and implementation (DDI) phase scope of work including post-implementation through final CMS certification. The Project Manager shall oversee the project and serve as the focal and single point of contact for all day-to-day technical and functional matters relating to the execution of the project. The Project Manager is responsible for managing and reporting on project timelines and meeting project milestones. The Proposer shall provide an individual résumé; a list of their qualifications; relevant project management certifications including Project Management Institute (PMI) certification; five (5) years of experience as a project manager including prior experience in public sector healthcare system implementation projects, and institutional knowledge of federal regulations; current work assignments (client name); and home office location. The successful Contractor shall not change the Project Manager without written Agency approval.	

13	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a Contract Manager that will represent and oversee all contractual aspects of the project. The proposed Contract Manager is expected to remain on the project throughout the contract term. This individual shall be authorized to negotiate contract terms and conditions, shall serve as the focal and contact point for all day-to-day contractual matters relating to the execution of the project contract, and shall have prior experience in public sector healthcare system implementation projects, and institutional knowledge of federal regulations. This resource shall have the contractual authority to make decisions that are binding on the Contractor. The Proposer shall provide an individual résumé, list of their qualifications, relevant certifications and degrees, five (5) years of experience as a contract manager, current work assignments (client name), and home office location.	

14	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a Technical Systems Manager who shall remain assigned to the project throughout the contract term that includes design, development, implementation (DDI) and operations. This key technical position resource shall have detailed understanding of all technologies and technical approaches used within the BMS solution. The resource shall be able to facilitate discussions between technical and non-technical resources. The Technical Systems Manager shall ensure that the system is developed in accordance with the Agency's functional and technical requirements and be aligned with best practices. The Technical System Manager will also facilitate and function as an implementation manager who will guide the Agency through adoption and use of the system, assist in improving the implementation processes through increased speed and efficiency, ensure the Agency has the necessary training and help facilitate organizational change. This resource will also ensure that all technical changes are managed according to best practice and system configurations, during the design, development, implement and into operations, are managed and documented. The Proposer shall provide an individual résumé, list of their qualifications, relevant certifications and degrees, seven (7) years of experience in technical system management and at least three (3) years of experience in implementation management and configuration management. The resume shall include current work assignments (client name and scope). This position is located in Cheyenne, Wyoming and the resource is expected to be onsite 100% of the time.

15	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a Medical Policy Manager who shall be the main point of contact for proper set-up of the system including benefit plans, fee schedules, and integration of prior authorizations from other vendors. The Medical Policy Manager shall monitor all cap limits or medical review triggers for administrative review by the Benefit Management System and Services (BMS) Contractor, or referral for medical review to the State's Utilization Management contractors. The Medical Policy Manager shall be a certified medical coder, have CMS procedure and diagnostic code familiarity - including dental/CDT and NCCI editing knowledge. Medical coding certification must remain current for the duration of the contract. The Proposer shall provide an individual résumé, list of their qualifications, relevant certifications and degrees, five (5) years of experience in a related field, current work assignments (client name), and home office location.	
16	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a Benefits Management Operations Manager who shall be the main point of contact for operational issues associated with the services provided by the Contractor. The Benefits Management Operations Manager shall understand and ensure compliance with Agency, State, and CMS guidance related to benefit and claims processing services including claims intake, pricing, processing, reference data, and business operations, and will ensure that the operational staff providing services under the Contract are sufficiently trained and knowledgeable. Within a minimum of six months prior to the Operations phase, the Proposer shall provide an individual résumé, list of their qualifications, relevant certifications and degrees, five (5) years of experience as an operations or policy-related manager working with health care claims benefits operations, current work assignments (client name), and home office location.	

17	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a Claims Manager who shall be the main point of contact for claims processing questions and operations. The Claims Manager shall be familiar with Medicaid specific billing and claim processes, standards, and requirements. This position will have experience with public sector health plans. Within a minimum of six months prior to the Operations phase, the Proposer shall provide an individual résumé, list of their qualifications, relevant certifications and degrees, five (5) years of experience in a related field, current work assignments (client name), and home office location.	
18	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a Third Party Liability (TPL) Operations Manager who shall be the main point of contact for operational issues associated with these services provided by the Contractor. The TPL Operations Manager shall understand and ensure compliance with Agency, State, and CMS guidance related to Third Party Liability functions. The TPL Operations Manager shall ensure that any staff providing TPL services under this contract are sufficiently trained and knowledgeable. The Proposer shall provide an individual résumé, list of their qualifications, relevant certifications and degrees, five (5) years of experience working with Third Party Liability, current work assignments (client name), and home office location.	

19	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a Call Center and Relations Manager (Provider and Member) who shall be the main point of contact for all Call Center and Customer Contact activities during the Operations and Maintenance period of the contract. This position shall have oversight of Field Representatives, Trainers, and the Publications and Communications Manager. The Call Center and Relations Manager shall also monitor coverage and billing policy changes and update the BMS Contractor policies, as applicable. Within a minimum of six months prior to the Operations phase, the Contractor shall provide an individual résumé, list of their qualifications, relevant certifications and degrees, five (5) years of experience in a related field, and current work assignments (client name). This position shall be located where the physical location of the call center is established.	
20	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a part-time Medical Consultant who shall provide oversight and guidance related to applying State clinical criteria to claims for processing and payment. The Medical Consultant shall be a licensed physician in good standing in the State of Wyoming. The Medical Consultant shall work closely with the State Medicaid Medical Director. Within a minimum of six months prior to the Operations phase, the Contractor shall provide an individual résumé, list of their qualifications, relevant certifications and degrees, five (5) years of experience in a related field, current work assignments (client name), and home office location.	
21	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a Publication and Communication Manager who shall be the main point of contact for publication and website content management, and communication needs during the Operations and Maintenance period of the contract. This position will have a degree in one of the following or related field: Communications, Website Design, or Marketing. Within a minimum of six months prior to the Operations phase, the Contractor shall provide an individual résumé, list of their qualifications, relevant certifications and degrees, five	

			(5) years of experience in a related field, current work assignments (client name), and home office location.	
22	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose a minimum of four (4) field representatives/trainers. This individual shall have prior experience working with provider networks and knowledge of Medicaid rules and regulations. This position must be comfortable with public speaking, training, and presenting in front of an audience. Within a minimum of six months prior to the Operations phase, the Proposer shall provide individual résumés, a list of their qualifications, relevant certifications and degrees, a minimum of one (1) year of experience in a related field, current work assignments (client name), and Wyoming home office location. The Proposer shall describe their approach to provider training related to field representatives and trainers, and how training will be provided across rural Wyoming.	
23	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Proposer shall propose Call Center Leads by specialty, at a minimum for dental, professional, and institutional provider areas, who shall be the escalation point of contact for these specialized area calls during the Operations and Maintenance period of the contract. The Call Center Leads shall have prior experience with public health plans (or general health plan) and basic knowledge of billing/claiming and healthcare policy. Within a minimum of six months prior to the Operations phase, the Contractor shall provide individual résumés, list of their qualifications, relevant certifications and degrees, five (5) years of experience in a related field, and current work assignments (client name). This position shall be located where the physical location of the call center is established.	
24	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	The Contractor shall ensure that key personnel roles are filled at all times throughout the contract term, and shall not be removed from this project without prior approval of the Agency, except for illness, death, misconduct, or resignation. The Agency reserves the right to approve key personnel assigned to the Contract as well as request removal of any Contractor staff and	

			Subcontractor staff (if applicable).	
25	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Key Positions	Any vacancies in key personnel roles must be refilled according to SLAs and the Contractor's Resource Management and Staffing Plan. In the event that key personnel resign or are terminated, the Contractor shall provide the Agency with immediate notice of the vacancy, and an action plan for backfilling the position until a replacement is found and approved by the Agency. A key personnel position shall not be vacant for more than thirty (30) consecutive days and the Agency will have the authority to approve proposed replacements of key personnel by the Contractor. The Contractor shall ensure that any replacement resources must possess equal or greater skill level ability, experience and qualifications as compared to the previous employee, and shall provide a detailed résumé for the proposed replacement.	
26	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Other Key Positions	The Proposer shall identify and propose other necessary key personnel to be assigned to any part of the project, to fulfill the proposed scope of work. The Proposer shall provide individual résumés, list of their qualifications, relevant certifications and degrees, experience in a related field, current work assignments (client name), and home office location.	
27	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Other Project Positions	The Contractor shall ensure that all other non-key resources have the appropriate educational and experience appropriate for their assigned roles in providing quality work on similar projects of scope and size, preferably in Medicaid or the healthcare industry. Other project resources shall have a minimum of two (2) years relevant experience.	
28	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Work Location	The BMS Contractor shall set up an office in Cheyenne, Wyoming six (6) months prior to the beginning of Operations and Maintenance. Establishment of an office within ten (10) miles of the Wyoming State Capitol in Cheyenne is preferred during the DDI phase, and required during the O&M phase.	

29	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Work Location	The Contractor's Cheyenne, Wyoming office location shall be in place, staffed, and fully operational to include at a minimum, work space, phones, internet and network access, privacy and security protocols, and all equipment set up and functioning to fulfill the scope of work, at least two (2) months prior to the start of Operations and Maintenance period. Contractor office readiness will be evaluated by the Agency as part of the operational readiness review and Agency approval for go-live.	
30	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Work Location	The Contractor shall ensure all necessary resources will be available to come to Cheyenne at the request of the Agency, to work onsite at the Agency's office location, any time during normal business hours (Monday through Friday, 8:00 AM-5:00 PM MT) to attend meetings or participate in functions in support of the scope of work. At a minimum, these meetings and functions may include project change advisory board, risk review meetings, root cause analysis sessions, integration planning, release planning, and operational readiness reviews. Temporary workspace and internet will be provided on these occasions.	
31	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Work Location	During design, development, implementation (DDI) phases, key personnel shall be available to perform work onsite in Cheyenne, Wyoming at the Agency's office location. The percentage of onsite presence time at the Agency's location for implementation staff including the central points of contact shall be determined during Contract negotiations, but shall be no less than 25% (twenty-five percent).	
32	[Item 2]: Staffing, Project Organization and Project Management	Staffing - Work Location	The Contractor may request some non-key technical staff to work offsite from Contractor's office locations, however Agency approval is required for each request.	
33	[Item 2]: Staffing, Project Organization and Project Management	Staffing Other - Project Staff	The Contractor shall supply an attestation (written documentation) of a favorable background check, at the expense of the Contractor for Contractor personnel who might reasonably be expected to access sensitive and confidential client data contained in any system accessed during the course of the Contract. The Agency may request	

			the removal of staff for disqualifying offenses.	
34	[Item 2]: Staffing, Project Organization and Project Management	Staffing Other - Project Staff	The Contractor may use non U.S.-based resources with the understanding that no State data or development of security controls shall be allowed to non-U.S. based locations or personnel. The Contractor shall inform the Agency when work is being completed by non-U.S. based personnel (alternate resources). The Contractor shall ensure that all practices and procedures, including at a minimum, secure coding practices, are used by the other personnel.	
35	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Schedule	The Contractor shall attend meetings, provide documentation, participate in collaborative discussions, and provide inputs to the integrated schedule, as requested by the Agency in order to support the realization of Wyoming's Medicaid IT Enterprise vision.	
36	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Schedule	The Contractor shall manage the scope and schedule time line effectively to complete analysis, configuration, development, testing, implementation, and monitoring of updates in advance of go-live to ensure required dates for Production are met.	
37	[Item 2]: Staffing, Project Organization and Project Management	Project Management - User Licenses	The Contractor shall provide sufficient user accounts for all State users and provider users. All user licenses shall have full application functionality specific to the type of user. (i.e. all providers have full provider functionality, all State users have full State functionality on primary applications). Please see current utilization statistics as a reference but note that pricing is not driven by user numbers. Note: For the purposes of the proposal, please use 125 Agency users and 17,500 provider users. Please note in the cost proposal any fees related to additional users beyond these levels for Agency user and provider users.	
38	[Item 2]: Staffing, Project Organization and Project Management	Project Management	The Contractor shall manage documentation requirements sufficient for Centers for Medicare and Medicaid Services (CMS) certification and deliverable acceptance when using Agile or Agile hybrid model.	

39	[Item 2]: Staffing, Project Organization and Project Management	Project Management	The Contractor shall propose tools, processes, and procedures for the Project Management methodology.	
40	[Item 2]: Staffing, Project Organization and Project Management	Project Management	The Contractor shall work closely and align their processes with the Agency's WINGS Project Management Office (PMO).	
41	[Item 2]: Staffing, Project Organization and Project Management	Project Management	The Contractor shall provide overall project management including day-to-day management of its staff, including Subcontractor staff, if applicable.	
42	[Item 2]: Staffing, Project Organization and Project Management	Project Management	The Contractor shall provide the ability to revert to the previous configurations if the new change causes an undesirable system impact.	
43	[Item 2]: Staffing, Project Organization and Project Management	Project Management	The Contractor shall coordinate with the Agency and with the WINGS component contractors [when directed by the Agency] who will share data with the Data Warehouse, to support the WINGS change management process.	
44	[Item 2]: Staffing, Project Organization and Project Management	Project Management	The BMS Contractor, regardless of whether Subcontractors are used, shall work cooperatively with key component contractors including the existing legacy MMIS contractor.	
45	[Item 2]: Staffing, Project Organization and Project Management	Project Management	The Contractor may be required to interface with the Agency's systems for deliverables. The Contractor is responsible for providing and managing the data needed to perform the responsibilities under this contract.	

46	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Reports	The Contractor shall provide Monthly Status Report for high-level project status reporting that must contain, at a minimum, the following information: (a) Description of the overall completion status of the project in terms of the approved Project Work Plan/Project Plan Baseline; (b) Plans for activities scheduled for the next month; (c) Proposed changes to the Project Plan Baseline, if any; (d) Deliverable status, with percentages of completion; (e) Updated issues log, including issues encountered, proposed resolutions, and actual resolutions; (f) Progress against planned Quality Assurance/Quality Monitoring (QA/QM) metrics; (g) Analysis of anticipated risks, proposed mitigation strategies, and resolved risks; (h) Updates required in the change management strategy (i) List of change requests-if applicable; (j) Identification of Contractor employees assigned to specific tasks and any anticipated staffing changes; (k) SLA compliance.	
47	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Reports	The Contractor shall also provide the Agency with any status reports that are determined to be necessary during any BMS phase.	
48	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Reports	The Contractor shall provide a Weekly Project Status Report: The Status Reports shall outline the project's progress updates which include key issues, identified unknown risks, accomplishments, and compliance with milestones and delivery dates. Metrics related to performance shall also be provided.	

49	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Reports	The Contractor shall provide required project management and contract management reports to the Agency for the BMS project work. The reporting shall include at a minimum: (a) Weekly progress/status reports documenting milestones and deliverables, key issues, risks and mitigation strategy, cost projects and burn rate, and next steps; (b) Monthly management and budget reporting; (c) Ad hoc and customized reports as needed or as requested.	
50	[Item 2]: Staffing, Project Organization and Project Management	Project Management Plan	The Proposer shall submit an abridged Project Management Plan with the RFP response, that contains an abridged and practical description of the Proposer's plan for project management and control mechanisms, including staff organizational structure, progress reporting, major decision-making, signoff procedures, and internal control procedures. This is limited to fifteen (15) pages that will count toward the total page count of the technical proposal. The Proposer shall also indicate flexibility in meeting changes in program requirements and coping with problems, including how project delays will be addressed should they occur. The plan shall include assurances that sufficient resources and knowledgeable, experienced staff are available to meet the project schedule. The Contractor shall address quality assurance/quality control, risk management, change management and communication strategies. This plan will be updated during the lifecycle of the project.	
51	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Risk	The Contractor shall ensure that risk management processes are incorporated into all work completed for the Agency. The Contractor shall adhere to the Project Management Institute (PMI) or similar industry-standard risk management standards throughout the Contract term. These standards include risk management planning, identification, analysis, responses, monitoring and controlling the risks, and effectively communicating all potential risks and corresponding mitigation plans to the Agency.	

52	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Meetings	The Contractor shall be responsible for the capture and dissemination to the Agency of agendas, meeting notes and documentation, for successful execution of their BMS scope of work. This includes, providing a detailed agenda for all meetings the Contractor schedules with the Agency no less than one (1) business day prior to the meeting. Ad hoc (informal) meetings are exempt from the Agenda requirement. The Contractor shall document all meetings with the Agency and provide a copy of those meeting notes to the Agency within three (3) business days.	
53	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Meetings	The Contractor shall participate in deliverable walkthroughs when requested by the Agency.	
54	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Meetings	The Contractor shall participate in necessary meetings with the Agency, stakeholders and other Contractors, if requested by the Agency.	
55	[Item 2]: Staffing, Project Organization and Project Management	Project Management - IV&V	The Contractor shall support the Agency and its Contractor(s) in Independent Verification and Validation (IV&V) activities associated with the Contract including CMS Medicaid Enterprise Certification Toolkit (MECT) Certification activities.	
56	[Item 2]: Staffing, Project Organization and Project Management	Equip/Hardware/Software	The Contractor shall provide all technology and equipment needed to support and complete the Scope of Work described in this RFP, including cell phones, projectors, servers, laptops/personal computers, printers, fax machines, routers and related equipment for Contractor staff.	
57	[Item 2]: Staffing, Project Organization and Project Management	Monitoring SLAs	Throughout the project, any Active Corrective Action plans shall be tracked by the Contractor. The Contractor shall provide monthly updates to the Agency until the Contractor and Agency agree that the Contractor has satisfied the Corrective Action Plan.	

58	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Agency Training	The Contractor shall conduct trainings for Agency staff on the claims system, tools, and other Contractor application(s). Basic trainings shall be conducted monthly, and training on more advanced topics shall be conducted as need or requested, including after any update to systems releases and prior to implementation of new functionality. The Proposer shall describe their approach to training all types of Agency users.	
59	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Agency Training	The Contractor shall conduct Agency trainings onsite at Agency location, unless otherwise approved by the State.	
60	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall conduct monthly provider training and additional training based on identified issues found through monitoring provider claim submissions and payment processing. This may be satisfied via a combination of live webinars and recorded trainings available on demand. Topics shall include, but not be limited to, the following: (a) Use of the portal and other provider tools (i.e.: claims submission by provider, PASRR) (b) Provider Coverage and Payment Policies (c) EDI (d) Electronic RAs. The Contractor shall describe their approach to training all types of provider users.	
61	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall provide trainers to meet all training requirements and shall track electronic and in-person contacts for each trainer as well as the wait time for Agency and providers to receive training.	
62	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall provide billing and policy training to providers.	
63	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall review errors in claim and payment processing to determine areas for provider billing training and provide training as identified.	

64	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall conduct policy and billing training for providers. Training shall be made available in person to in-state providers, if requested by provider.	
65	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall conduct in-state provider training visits in person for new providers. Note: Training sessions may be combined for new providers with comparable geographic locations so long as providers unable to attend are offered alternatives.	
66	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall conduct in-state provider training visits in person for established providers, if requested by provider or Agency.	
67	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall conduct quarterly webinar trainings. Training topics shall include the top issues causing billing and payment errors, policy changes, and any areas determined for ongoing provider training.	
68	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall meet with new providers. Contractor shall have in-person contact with new providers within fourteen (14) days and offer a monthly webinar for new providers.	
69	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Provider Training	The Contractor shall conduct provider education to promote provider claims correction on their first response rather than stopping after each error and requiring the provider to resubmit multiple times for each claim. The intent is to eliminate the back and forth with the Provider when correcting a claim.	
70	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Contractor Training	The Contractor shall ensure that its Provider Call Center staff are trained to serve as policy and reimbursement rules experts.	
71	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Contractor Training	The Contractor shall respond to the Agency's requests or referrals for provider outreach, follow-up, and training.	

72	[Item 2]: Staffing, Project Organization and Project Management	Project Management - Contractor Training	The Contractor shall review errors in claim and payment processing to determine areas for increased claims processing training for Contractor staff and provide training as identified.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
73	[Item 3]: Project Management Deliverables	Deliverables	Project Management Plan: The Contractor shall update the project management plan that was submitted as part of the Contractor's Proposal, as required by the lifecycle of the project, or at the request of the Agency.	
74	[Item 3]: Project Management Deliverables	Deliverables	Project Plan Baseline: The Contractor shall provide a BMS project baseline during start-up/planning phase, that shall, at a minimum, consist of a group of reference points related to start dates, finish dates, durations, work, and cost estimates that are initially estimated, and continually refined and updated as the project progresses, that can be set to record the original project plan when that plan is completed and refined.	
75	[Item 3]: Project Management Deliverables	Deliverables	Project Work Plan: The Contractor shall submit a project work plan (Work Breakdown Structure (WBS) format) that meets the needs of the RFP and indicates a thorough understanding of the scope of the work as outlined in Section 6: Requirements/ Specifications Responsibilities of Contractor. The Proposer shall identify realistic person hours of effort and responsibilities for the deliverables and each work activity.	
76	[Item 3]: Project Management Deliverables	Deliverables	Resource Management and Staffing Plan: The Contractor shall update, as required by the lifecycle of the project, or at the request of the Agency, the Resource Management and Staffing Plan that was included in the Contractor's Proposal.	
77	[Item 3]: Project Management Deliverables	Deliverables	Communication Plan: The Contractor shall provide a Project Communication Plan during start-up/planning phase that describes the communication that will occur on the project and how it will be managed. At a minimum the plan, shall include details about the various types and means of communication, communication channels, communication flow within the organizational structure, escalation, guidelines for meetings, dissemination of	

			knowledge, and communication effectiveness.	
78	[Item 3]: Project Management Deliverables	Deliverables	Risk Management Plan: The Contractor shall develop a Risk Management Plan during project planning/start-up, and submit to the Agency for review and approval, that describes at minimum: (a) The appropriate methods, tools, and techniques for active and ongoing identification and assessment of project risks; (b) Development of risk avoidance, transfer, mitigation, or management strategies; (c) Contingency Planning/Business Continuity Plan, as applicable; (d) Approach to monitoring and reporting of risk status throughout the life of the project including procedures for documenting, resolving, and reporting issues and risks identified by the Contractor or Agency; (e) Participate in root cause analysis.	
79	[Item 3]: Project Management Deliverables	Deliverables	Quality Management Plan: The Contractor shall provide a Quality Management Plan during start-up/planning phase that identifies which quality standards are relevant to the WINGS project and determines how they can be satisfied. The plan shall describe at a minimum, the implementation of quality events such as peer reviews and checklist execution by using various quality tools such as templates, standards, and checklists.	
80	[Item 3]: Project Management Deliverables	Deliverables	Change Management Plan: The Contractor shall provide a Change Management Plan during start-up/planning phase, to guide the management of changes with the WINGS project in a rational and predictable manner so that the Agency and Contractors can plan accordingly to increase the value of IT resources and services.	

81	[Item 3]: Project Management Deliverables	Deliverables	Requirements Traceability Matrix – Technical/Functional: The Contractor shall provide a Requirements Traceability Matrix (RTM) during the requirements phase, which shall be developed and used in the WINGS project to ensure that the project's scope, requirements, and deliverables remain as originally procured when compared to the baseline. The RTM shall create a way to trace the original deliverables through agreed upon changes to the project's completion.	
82	[Item 3]: Project Management Deliverables	Deliverables	Contractor R2 Certification Plan - After the completion of the requirements phase, the Contractor shall provide a certification plan for assisting the Agency on compilation of BMS certification related information and evidence in preparation for go-live into Production. The Contractor's plan shall be based on Centers for Medicare and Medicaid Services (CMS) Medicaid Enterprise Certification Toolkit (MECT) guidance and checklists criteria, and the WINGS Certification Plan, R2 Operational Milestone Review information contained in Appendix G of this RFP.	
83	[Item 3]: Project Management Deliverables	Deliverables	Solution Architecture Document – Technical: The Contractor shall provide, during the design/build/configuration phase, a detailed and technical explanation of all aspects of the solution including detailed architectural diagrams, data flows, component specifications, and COTS products.	
84	[Item 3]: Project Management Deliverables	Deliverables	Hosting Plan: The Contractor shall provide a Hosting Plan during the design/build/ configuration phase. This Hosting plan should include a detailed list of all technical specifications related to hosting all system environments, third party agreements, hosting provider certifications, key personnel, disaster recovery processes and business continuity approach.	

85	[Item 3]: Project Management Deliverables	Deliverables	System Security Plan: The Contractor shall provide a System Security Plan (SSP) during the design/build/configuration phase that shall document the current level of security controls within the WINGS project that protects the Confidentiality, Integrity and Availability (CIA) of the system and its information. This SSP is based upon the Centers for Medicare and Medicaid Services (CMS) Acceptable Risk Safeguards (ARS) to assess CIA and NIST SP 800-53 Rev 4. The SSP shall be a living document that shall be updated no less than annually, and when new vulnerabilities are identified and mitigated, and when additional functionality, components or COTS products are implemented.	
86	[Item 3]: Project Management Deliverables	Deliverables	Testing Plan: The Testing plan shall include an explanation and cadence of all system, technical, functional and data-related testing that will be completed by the Contractor. This testing shall include at a minimum: APIs, mapping, workflow, reporting, analytics, scheduling of updates, security controls relevant to data transmission and interfaces and performance. The Test Plan shall define the exit criteria which, when met and approved by the Agency, provide evidence of the completion of the test effort. The Testing Plan will also provide the methods that the Contractor will use to work proactively with the WINGS Testing Contractor, including that the Contractor shall allow the Agency's independent third party Testing, QA-QC Contractor access to the Contractor's testing environment to perform independent and validation testing. The Contractors will work with the Agency to define rules of engagement for testing however, refusing to enable access to the testing environment or access that is so limited to prevent appropriate testing as determined by the Agency, is a material breach that compromises the interoperability and integration of the WINGS project.	

87	[Item 3]: Project Management Deliverables	Deliverables	Training Materials: The Contractor shall provide training material during the training phase for use of the solution so that project team members are able to rapidly understand and quickly become productive.	
88	[Item 3]: Project Management Deliverables	Deliverables	Implementation and Release Plan: The Contractor shall develop and provide this plan that shall define the implementation to the production environment. The plan will also explain the promotion of code through the environments, the trunk/branch process used, how the contractor will identify when code is not loosely coupled, timing of releases, types of releases, and responsibilities of each stakeholder in the release process.	
89	[Item 3]: Project Management Deliverables	Deliverables	Business Continuity Plan: The Contractor shall develop a comprehensive business continuity plan to enable continuation of services in the event of an outage.	
90	[Item 3]: Project Management Deliverables	Deliverables	The Contractor shall develop and update operational procedures and user guides/manuals within one (1) month of go-live and then within five (5) business days of identified update, change or deletion.	
91	[Item 3]: Project Management Deliverables	Deliverables	The Contractor shall maintain and provide to the Agency, a library of all versions of operational procedures and user guides/manuals.	
92	[Item 3]: Project Management Deliverables	Deliverable	The Contractor shall develop and provide to the Agency upon implementation of the solution, a monthly report identifying client dates of death.	
93	[Item 3]: Project Management Deliverables	Deliverables	During Operations and Maintenance period, the Contractor shall develop training materials for provider groups and the Agency, with input and approval of the Agency.	
94	[Item 3]: Project Management Deliverables	Deliverables	Turnover Plan: The Turnover Plan shall be delivered to the Agency no later than nine (9) months prior to the contract termination date. During that project closeout time, the Contractor shall provide a Monthly Turnover Report reflecting transition activities during the turnover period and include a Turnover Results Report that documents completion of each step of the Turnover Plan.	
95	[Item 3]: Project Management	Deliverables	For project closeout and turnover, the Contractor shall transfer to the Agency, solution and services documentation and	

	Deliverables		all data requested by the Agency.	
96	[Item 3]: Project Management Deliverables	Deliverables	For project closeout and turnover, the Contractor shall provide an operational procedures document that describes how maintenance is performed for the solution.	
97	[Item 3]: Project Management Deliverables	Deliverables	The Contractor shall cooperate with the successor contractor while providing all required turnover services. This will include meeting with the successor and devising work schedules that are agreeable for both the Agency and the successor contractor.	
98	[Item 3]: Project Management Deliverables	Deliverables	Lessons Learned Document: The Lessons Learned Document shall be delivered to the Agency at least one (1) month prior to the termination of the contract.	
99	[Item 3]: Project Management Deliverables	Deliverables - Process	The Contractor shall work through the Agency's Deliverables Review Process. The Deliverables Review Process defines how deliverables are: submitted for review; reviewed; commented on; how requests for changes are managed; the schedule for review; the schedule for updates; and deliverables acceptance.	
100	[Item 3]: Project Management Deliverables	Deliverables - Process	The Contractor shall submit all deliverables included in the RFP within the Agency defined timeframes and in accordance with the deliverables document standards and acceptance form template provided in Appendix F.	
101	[Item 3]: Project Management Deliverables	Deliverables - Process	The Contractor shall correct any deficiencies relating to deliverables and shall engage in any investigation necessary to determine the source of such deficiencies, at no cost to the Agency.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
102	[Item 4]: Claims Intake & Document Management	Electronic Claim Process	The Contractor shall establish connections with trading partners for receiving and validating EDI claims directly from our trading partners, including for testing periods while establishing new trading partners.	
103	[Item 4]: Claims Intake & Document Management	Electronic Claim Process	The Contractor shall support claim submission via the provider web portal that includes the provider's ability to submit supporting claim documentation.	

104	[Item 4]: Claims Intake & Document Management	Paper Claim & Attachment Process	The Contractor shall establish a paper claims and attachments process that includes: (a) Establishing and maintaining mailroom operations. (b) Full capability for data entry of claims (c) Scanning of paper claims and attachments into image format for use by claims examiners (d) Batching and reconciliation/balancing of all paper claim submissions. (e) Paper claims shall balance from receipt of claim to adjudication finalization. (f) Matching attachments to claims. (g) Maintain images within the claims workflow process and associated with the claims presented for adjudication. (h) Optical Character Recognition is required functionality within the claims data entry system. (i) Paper claims inventory reports will be produced.	
105	[Item 4]: Claims Intake & Document Management	Paper Claim & Attachment Process	The Contractor shall perform the claims intake processes for paper claim inbound submissions. These processes will support standard claims billing forms, CMS 1500 (Professional Claim billing form) and UB04 (Institutional Claim billing form).	
106	[Item 4]: Claims Intake & Document Management	Paper Claim & Attachment Process	The Contractor shall provide an integrated document management system to scan paper claims and attachments for electronic processing.	
107	[Item 4]: Claims Intake & Document Management	Paper Claim & Attachment Process	The Contractor shall capture and upload paper documentation if necessary as part of the Medicare Part D process for dual eligible and Low-Income Subsidy eligible members.	
108	[Item 4]: Claims Intake & Document Management	Paper Claim & Attachment Process	The Contractor shall match attachments to claims as part of the scanning and/or intake process.	
109	[Item 4]: Claims Intake & Document Management	Paper Claim & Attachment Process	Contractor shall provide the capability to accept attachments, including paper attachments, which shall be searchable and viewable in a convenient location within the Contractor's application.	
110	[Item 4]: Claims Intake & Document Management	Paper Claim & Attachment Process	The Contractor shall name, encrypt, and index all imaged documents appropriately, so the user knows what the document contains and the date it was received.	

111	[Item 4]: Claims Intake & Document Management	Management of Documents & Attachments	The Contractor shall archive all documentation to provide to the Agency for administrative hearings, or as otherwise requested. Note: All documentation will be maintained for ten (10) years; however, the Contractor must keep documentation related to supporting administrative hearings for as long as necessary, even if exceeding the ten (10) year limit).	
112	[Item 4]: Claims Intake & Document Management	Management of Documents & Attachments	The Contractor shall maintain documentation ten (10) years, or longer if part of an active program integrity investigation or audit.	
113	[Item 4]: Claims Intake & Document Management	Management of Documents & Attachments	The Contractor shall produce discovery information, or case related evidence, to the Agency, as needed. Discovery information shall be maintained for as long as the Agency deems necessary or the ten (10) year documentation limit, whichever is longer.	
114	[Item 4]: Claims Intake & Document Management	Management of Documents & Attachments	The Contractor shall accurately capture, appropriately label, organize, maintain, and provide search capabilities for all documents, correspondence, attachments, and claims with providers, Agency staff, and members using EDMS functionality.	
115	[Item 4]: Claims Intake & Document Management	Management of Documents & Attachments	The Contractor's system shall support electronic forms, such as for tribal referrals, and ensure the referral form is matched to the submitted claim. Note: Tribal claims are eligible for (100%) FMAP but referrals must be properly documented.	
116	[Item 4]: Claims Intake & Document Management	Management of Documents & Attachments	The Contractor shall accurately capture, organize, and maintain all claims, attachments, and Contractor-generated documentation using Contractor provided EDMS functionality.	
117	[Item 4]: Claims Intake & Document Management	Management of Documents & Attachments	The Contractor shall maintain electronic documents of all paper documents used in financial support services.	
118	[Item 4]: Claims Intake & Document Management	Management of Documents & Attachments	The Contractor shall accept electronic attachments through an auto-fax type mechanism, via mail, and submitted through the online provider portal.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
119	[Item 5]: Claims & Encounter	Price FFS Claims	The Contractor shall document all claims payment methodologies demonstrating how system logic calculates the	

	Pricing		payment.	
120	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall provide the capability to price inpatient hospital services according to DRG. The Agency is transitioning to APR DRGs, which should be achieved prior to the Contractor conducting design for this contract and the current level of care method will be replaced by DRG.	
121	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall reimburse providers on a DRG discharge rate for hospital inpatient services.	
122	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall perform manual pricing as directed by the Agency.	
123	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor's system shall provide a reimbursement indicator with a value for manual pricing. This shall be configurable in reference and provider contracts as to under what conditions manual pricing is required. This indicator shall be applied when no pricing fee schedules are found.	
124	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor's system shall flag and process for manual review claims with individual procedures and combinations of procedures which require manual pricing in accordance with Agency parameters.	
125	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor's system shall utilize data elements and algorithms to compute claim reimbursement for claims that are consistent with 42 CFR 447.	
126	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor's system shall price claims according to pricing data and reimbursement methodologies applicable on the date(s) of service on the claim.	
127	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall price all claims according to Agency benefits, provider contracts, and methodologies as directed by the Agency.	

128	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall reimburse the lower of either the Medicaid fee schedule or the provider's bill (usual and customary) charge for the following services, supplies, and programs, including, but not limited to (additional information can be found in Appendix I): (a) Ambulance (b) BH (c) Care Management Entity Waiver (d) Clinic Centers (e) Dental (f) DME (g) ESRD (h) Home Health (i) Laboratory (j) Physicians and Other Practitioners (k) Public Health or Welfare (l) Vision (m) Community Choices Waiver (n) Comprehensive and Supports Waiver.	
129	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	Contractor's solution shall, at a minimum, provide pricing capabilities as follows: Professional Claims – (priced at the service line level): (a) Provider contracted rates (b) CPT4/HCPCS procedure codes Fee Schedules (c) CPT4/HCPCS Modifier codes (d) RBRVS claims (e) Manual Pricing Dental Claims: (f) CDT procedure codes Fee Schedule (g) Manually priced claims Institutional Claims - Inpatient Claims (priced at the header level and revenue line level): (h) APR-DRG (Diagnosis-Related Group) (i) Per Diem at provider specific rates (j) Revenue codes for room & board, other services, and add-on pricing amounts from revenue lines (k) Manual Pricing Institutional Claims - Outpatient Claims – (priced at the line level): (l) Revenue Code Fee schedules (m) Revenue code/HCPCS/CPT4 rates (n) Manual Pricing (o) Provider specific encounter rate, FQHC, RHC, IHS	

			(p) OPPTS PACE Claims: (q) PMPM with line level detail	
130	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall provide a way to process and pay Medicare crossover claims that is in line with Wyoming's State Plan and Medicare policy. Currently for Medicare crossover claims, the Medicaid payment responsibility on the claim will be the lesser of the Medicare coinsurance and deductible, or the difference between the Medicare payment and the Medicaid rate. If the reimbursement paid by Medicare exceeds the Medicaid allowable payment, Medicaid will pay nothing additional on the claim.	
131	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall assign claim line items on Medicare crossover claims for physician administered drugs \$0.01 on the appropriate claim line as a flag for the PBMS contractor. This applies only to crossover claims where no payment shall be made based on the previous requirement. Note: Wyoming pays at least a penny in order to claim a pharmacy rebate on these claims. Wyoming can only claim rebate on items the State has paid on.	
132	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall reimburse providers based on Medicare's Outpatient Prospective Payment System for the following services and supplies: (a) Ambulatory Surgery Center (b) Hospital Outpatient (c) Comprehensive Outpatient Rehabilitation Facility (CORF).	
133	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall have the ability to process claims by utilizing Medicare's Outpatient Prospective Payment System (OPPS) maintained by CMS.	
134	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall reimburse providers on a per diem rate for the following services and supplies: (a) Hospice (b) Nursing Facility (c) Psychiatric Residential Treatment Facilities (d) Rehabilitation hospitals. Note: This is a carve-out of DRG.	

135	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall reimburse providers based on a prospective per encounter rate for the following provider types: a) Federally Qualified Health Centers b) Rural Health Clinics c) Indian Health Service or 638 Tribal Facilities.	
136	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall have the capability to restrict payment for providers that are reimbursed on a prospective per encounter rate claim, based on the following criteria: (a) Numbers of encounters per day (b) Primary and admitting diagnosis codes (c) Provider taxonomy (d) Line level service data included on the encounter claim.	
137	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor's system shall have the capability to support the calculation required for resource-based relative value system fee schedule for radiology, anesthesia, and general medical services.	
138	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall base Conversion Factors (CF) or relative value units (RVU's) effective range based on claim date of service maintained in a reference table with valid date ranges.	
139	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall provide a way to process and pay claims using Level of Care, or Tiered Pricing. Currently, this model has levels or tiers into which a variety of services are grouped depending on the treatment type and intensity of care required. Claims are priced and paid accordingly.	
140	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall obtain transportation documentation from the Agency's Ambulance Trip Reporting System in order to fully adjudicate ambulance transportation claims.	
141	[Item 5]: Claims & Encounter Pricing	Price FFS Claim	The Contractor shall pay a Medicaid claim related to the same services claimed under Medicare (if the Medicare claim was filed in a timely manner) within six (6) months of the Agency or the provider receiving notice of the disposition of the Medicare claim.	
142	[Item 5]: Claims & Encounter Pricing	Price FFS Claims	The Contractor shall price claims according to pricing data and reimbursement methodologies applicable on the date(s) of service on the claim.	

143	[Item 5]: Claims & Encounter Pricing	Pay Managed Care Premiums	The Contractor shall provide the capability for accepting and processing managed care encounters and the ability to receive and edit on line level service data received from managed care vendors.	
144	[Item 5]: Claims & Encounter Pricing	Claim Conversion (J-Code Pricing)	The Contractor shall identify and pull the J-code lines related to physician administered drugs from medical claims and route to the WINGS Pharmacy Benefit Management System (PBMS) for processing.	
145	[Item 5]: Claims & Encounter Pricing	Claim Conversion (J-Code Pricing)	The Contractor shall accept processed J-code claim lines related to physician administered drugs from the WINGS Pharmacy Benefit Management System (PBMS).	
146	[Item 5]: Claims & Encounter Pricing	Claim Conversion (J-Code Pricing)	The Contractor shall coordinate the pricing and processing of J-code claims with the Pharmacy Benefit Management System (PBMS), as appropriate.	
147	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	The Contractor's system shall allow for tiered copays for family care adults versus other non-disabled adults.	
148	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	The pricing process shall establish the allowed amount of the provider's reimbursable dollar amount prior to member liability dollars being applied.	
149	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	The Contractor shall track deductibles and coinsurance paid by Medicaid for all crossover claims, by member and program type.	
150	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	The Contractor shall calculate Medicare and TPL coinsurance and deductible charges for crossover and TPL claims using a "lesser than" calculation (i.e.: Medicaid will pay the lesser of the charge, either: the amount of Medicare coinsurance plus the Medicare Deductible amount OR the Medicaid allowed amount minus the amount Medicare paid).	
151	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	The Contractor shall allow copays at different dollar amounts based on business rules and member eligibility groups, e.g. enrolled Native American status, IHS status, children, and nursing home residents are all excluded from routine copay requirements.	
152	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	The Contractor shall accept patient contribution information from WES and apply appropriately from nursing home claims, swing bed and extraordinary care claims.	

153	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	Copays shall be applied up to a designated percentage (currently 5%) of the total household income and turned off (quarterly or monthly) once the maximum is met.	
154	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	The system shall notify the member through EOB and the member portal when copay limit is reached and reactivate the copay assessment during the next time period.	
155	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	The Contractor shall track member cost-sharing for benefits for max out-of-pocket for individual or family on a monthly or quarterly basis as required by CMS guidance. If the application has ability to do other types of cost sharing such as deductibles, please specify.	
156	[Item 5]: Claims & Encounter Pricing	Assess Cost Sharing	The Contractor's system shall provide and maintain the capability to process member cost sharing (e.g. copayments, LTC patient liability) on any service specified by the Agency using a fixed amount or percent of charges.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
157	[Item 6]: Claims & Encounter Processing	Implementation & Rollout - Go-Live	The Contractor shall process claims with submission dates equal to or greater than the new system go-live date (the date the Contractor assumes operational responsibilities) using the new claims adjudication process.	
158	[Item 6]: Claims & Encounter Processing	Business Rules	To ensure that a submitted claim is not processed with invalid or missing information, the Contractor shall perform field validity editing and pre-editing on basic claim fields, including, but not limited to: (a) Provider number (b) Member ID number (c) Procedure code (d) Diagnosis code	
159	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall provide and maintain a data entry system that includes, but is not limited to, hard copy claims, claim adjustments, and voids.	
160	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall maintain procedure codes including narrative descriptions of each code contained in the files and effective dates.	
161	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall provide a base set of all claims edits, audits, and rules for Agency use. The Agency will supply the Contractor with additional business rules and policies for use in configuring claim edits and audits.	

162	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall use applicable reference data for processing older claims and for duplicate claims detection. NOTE: The Contractor shall indicate if its system has any limitations on age of claims that can be processed.	
163	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor's system shall allow manual override of claims older than three hundred sixty-five (365) days.	
164	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor's system shall allow for historical reference data and apply based on date of service.	
165	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall have the capability to configure edits to deny claims rather than suspend.	
166	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall have business rules to appropriately process claims as determined by the Agency, including the ability to sum different types of procedure units spanning multiple members for a single date of service by providers in order to avoid exceeding certain limits. For example, treating providers shall be limited from being able to bill over twenty-four (24) hours per day. Editing is done up front, during claim processing. A list of the Agency's edits can be found in Appendix I.	
167	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor's system shall provide the capability to flag and report EPSDT (Well-Child Checks) claims based on procedure diagnosis and treatment services, in support of CMS 416 reporting.	
168	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall, at the request of the Agency, allow payment for non-State Plan services required under expanded EPSDT regulations, on a case-by-case basis.	
169	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor's system shall allow for billing of claims with valid and nationally recognized unspecified diagnosis codes based on business rules configurable by Provider Type, Procedure Code, and Diagnosis Code. Providers should only be allowed to submit a limited amount of claims with an unspecified diagnosis code before specified diagnosis codes would be required.	

170	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall perform audit checks on all claims and ensure claims comply with Agency policies and business rules, including, but not limited to: (a) Duplicate Checking Edits (b) History Checking Edits (c) Bundling Edits (d) Payment Error Rate Measurements (PERM) Audit Support (e) Edits based on trend analysis against claims history (f) NCCI / MUE – Medically Unlikely Edits (g) NCCI / PTP – Procedure to Procedure Edits (h) Edits for CPT4 to HCPCS Relationship (i) Maximum allowable units by Revenue Code/HCPCS relationship (j) Limit checks for member accumulators such as dollar and units limits reached monthly, annual, and lifetime.	
171	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall provide and maintain, for each error code in a claim submission, a resolution code, an override, force, or deny indicator, and the date that the error was resolved, forced, or denied. All codes and indicators shall have a user friendly short description and long description, including a summary of the business rules.	
172	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall edit all claims to ensure each claim complies with National Correct Coding Initiative (NCCI) edits and Department policies. All Medicaid (MCD) NCCI methodologies must be incorporated into the Contractor's system.	
173	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor's System shall be able to override NCCI edits, Department policies, and edits, if the exception is approved (manually or otherwise).	
174	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall define and maintain claims edits in a configurable business rules engine to be used by the Contractor business analyst staff. This includes configuring program codes, fee schedules, provide types, provider taxonomies, and edit changes.	
175	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall provide the capability to turn off claim edits, report only, set as fatal (cannot be overridden), or set as warnings (can be overridden).	

176	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall use the most current CAQH CORE, including CAGC. Claims edits maintained in an edit status table shall have field values for standard CARC and RARC. The Contractor's system shall support configuration for valid values for both of these code sets and support standard values for X12 837 and X12 835 files.	
177	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall provide the capability to apply edit and audit settings in a variable manner, by certain member groups, provider taxonomies, or benefit plan.	
178	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall have the capability to provide flags and supports to identify duplicate claims and other upfront edits and audits to proactively identify fraud or abuse.	
179	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall validate received claims prior to entering full claims processing.	
180	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor's System shall be able to edit claims, including, but not limited to vision and dental, based on State policy service limits within groups of associated services (if this, then this). Examples: 1) If a filling was done on tooth #3 within the past 18 months, then, deny. 2) If the member had this code, then these other codes should deny.	
181	[Item 6]: Claims & Encounter Processing	Business Rules	The Contractor shall be able to provide a complete history by individual tooth and a complete history by individual eye (vision) (Met Life Dental functionality as an example). - This requirement would probably fit better under Reporting & Analytics, Claims Data.	
182	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's System shall receive, process, and store encounter data (Managed Care Encounter Claims) from PIHP.	

183	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's System shall contain a "revolving file" mechanism for pending claims waiting on active member eligibility. The Contractor will check member eligibility status against pended claims in the "revolving file" daily for thirty (30) days. Once eligibility is confirmed, the Contractor shall report claims to the Agency for review, as applicable. Note: Currently, the Fiscal Agent has a mechanism referred to as a "revolving file" to pend claims waiting for an applicant's eligibility to be active. These are checked daily for changes in eligibility status until thirty (30) days have passed. After which, appropriate action is taken to continue processing the claim or deny.	
184	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall report the suspended status of claims requiring Agency review to the Agency within five (5) business days.	
185	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall review claims that remain suspended with no processing activity for fifteen (15) calendar days after the last process date. These claims shall be researched and electronically tracked until paid or a decision to reject is made.	
186	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall verify that the billed amount is within reasonable and acceptable limits or if it differs from the allowable fee schedule amount by more than a certain percentage (either above or below), then the claim is flagged and processed for manual review for: (a) Possible incorrect procedure (b) Possible incorrect billed amount when too high, possible need for individual consideration.	
187	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	When reviewing submitted documentation, the Contractor shall identify claims related discrepancies (i.e.: missing medical records, attachments...) and resolve claims through automated and manual intervention as appropriate.	
188	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall allow for manual entry of claims into the System by Contractor and Agency staff, as applicable.	
189	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall process through edits, audits, and exceptions (error codes) as far as possible so that every error is flagged.	

190	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall capture, record, and communicate all edits, audits, and exceptions for processing steps that the system performs on a claim as it is processed.	
191	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall process claims and encounters using edits and business rules during adjudication to validate transactions against service authorization or Prior Authorization required, including, but not limited to: (a) Presence of a service authorization for the time period (b) Units remaining (c) Conflict with other service authorizations (d) Valid for the provider and/or provider type.	
192	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall show claims billed against the Prior Authorization.	
193	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall create notification for providers of Prior Authorization activity.	
194	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall accept (X12) approved and denied individual Prior Authorizations and edit for suspended, denied, and overlapping claims.	
195	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall have the capability to authorize and issue Prior Authorizations for service(s) to be provided for a member where the provider is unknown and to authorize a provider to perform a service on a specific member.	
196	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the ability for Agency staff or other Agency designees to manually enter, correct, or void a prior authorization in Agency-approved cases.	
197	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the ability to approve, modify, deny, or suspend a claim for additional information related to prior authorization service requests.	
198	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall receive and process Prior Authorization requests from multiple external Agency systems to support claims processing.	

199	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the capacity to put individual providers on Prior Authorization (for services that are not necessarily required for Prior Authorization) and remove providers from Prior Authorization (PA) as deemed necessary by the Agency.	
200	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the appropriate response information for the 278 Health Care Services Review Response transaction.	
201	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall determine if the PA is valid including but not limited to: valid member, calendar dates, and valid provider.	
202	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall have the ability to issue PAs for services to be performed on a member where the provider is unknown and issue a PA for a provider to perform a specific service on a specific member.	
203	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall have the capability to adjudicate claims using batch adjudication. Batch adjudication shall run nightly, at a minimum.	
204	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall have the capability to adjudicate claims using real-time adjudication.	
205	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	Contractor shall work all suspended claims, except those that require Agency review.	
206	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall research and electronically track suspended claims until a paid or deny resolution is made.	
207	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall identify and ensure claims that require facility admission and continued stay process documentation (PASRR 1, PASRR 2, and continued medical eligibility review (i.e. LT-101 review)) are present and accompany the claim for processing. If facility admission and continued stay process documentation is not submitted with the claim, the Contractor shall suspend the claim.	
208	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall finalize suspended claims after edits are cleared or overridden or use batch adjudication.	
209	[Item 6]: Claims & Encounter	Adjudicate Claims & Encounters	The Contractor shall provide the capability to allow claims to be specified as suspended.	

	Processing			
210	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall have the capability to assign suspense locations from the edits that indicate where the claim will be directed for final resolution.	
211	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall have the capability to allow suspended claims to be overridden.	
212	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the capability to suspend payments to providers who are in the enrollment process.	
213	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall verify that suspended transactions have valid error or exception codes. After edits have been resolved, all suspended claims shall be re-processed within five (5) days.	
214	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's process shall allow for provider suspension by levels, e.g., total suspension, partial.	
215	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the ability to suspend claims for review that are over a certain dollar amount or deemed suspicious (i.e.: services that a provider has never billed before, provider who bills more than twenty-four (24) hours of services in a day, claim dollar amount that is atypical of their normal billing range, a new provider who bills millions of dollars once becoming a new Medicaid provider).	
216	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall notify the provider and suspend payment services for nursing home claims when issues are identified with admission or continued stay processes, including admit claim, PASRR 1 and 2, and continued medical eligibility review conducted (i.e. Wyoming LT-101 review).	
217	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide a solution in order to ensure Nursing Facility claims are being processed and paid correctly and ensuring that Medicare Nursing Home days are being exhausted prior to billing Medicaid. Contractors are not required to use the Agency's current vendor to deliver this functionality. For informational purposes, access to the current 'Appropriate Payer Solution' Contractor's website, Dart Chart, can be accessed here: https://www.dartchart.com/ . There is	

			additional information provided in Attachment I.	
218	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall receive and validate service authorizations from the Agency's Utilization Management contractor(s) as X12 278 Health Care Services Review Information request transactions. The Agency's Utilization Management contractor(s) shall approve or deny Prior Authorization requests.	
219	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall support receiving, processing and sending electronic health care service review, request for review, and response transactions required by 45 CFR part 162, as follows: (a) Dental referral certification and authorization (ASC X12N 278) (b) Professional referral certification and authorization (ASC X12N 278) (c) Institutional referral certification and authorization (ASC X12N 278)	
220	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall validate Prior Authorization transactions received from the Agency's Utilization Management contractor(s) based on agreed upon validation rules.	
221	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall support TPL requests related to tracking and reporting cost avoidance dollars.	
222	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall deny claims or deduct claim costs for members with appropriate third-party coverage or Medicare assignment.	
223	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall support coordination of benefits pricing and editing when TPL sources such as Medicare, private, commercial, or other insurance is present.	
224	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall notify applicable Enterprise stakeholders in the event current or retroactive third-party coverage has been identified.	
225	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	Claims processing is a variable process and as such, the manner in which claims are adjudicated is not one size fits all. While real-time adjudication is appealing, the Agency is aware that processing circumstances may lend to batch processing being a more appropriate method. The Proposer shall describe their adjudication philosophy related to batch versus real-time adjudication.	

226	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall process claims and encounters using edits and business rules during adjudication to validate transactions against member information such as member eligibility during date of service.	
227	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall process claims and encounters using edits and business rules during adjudication to validate transactions against provider information including, but not limited to: (a) Valid enrollment span (b) Valid taxonomy (c) Certification (d) Attestation level (e.g. CLIA number on Provider file) (e) Enrollment in specific program or plan (e.g. participating PCMH, Home and Community Based Waivers).	
228	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall process claims and encounters using edits and business rules during adjudication to validate transactions against benefit plan information, including, but not limited to: (a) Coverage under benefit plan (b) Type of provider (c) Procedure/service (d) Co-pay (e) Taxonomy (f) Diagnosis.	
229	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall process claims and encounters using edits and business rules during adjudication to validate transactions against service/procedure code information, including, but not limited to: (a) NCCI (b) Age (c) Sex (d) Gender (e) Medicaid Coverage (f) Service limits.	
230	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall process claims and encounters using edits and business rules during adjudication to validate transactions against edits, including, but not limited to: (a) Duplicate check (b) Conflicts (c) Concurrent services (d) Required documentation (e) Timely filing Please see Appendix I for a complete list of current edits.	

231	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the ability to edit on the line level for FQHC, RHC, IHS, CME, and other providers that are paid by encounter.	
232	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall process and store encounter (FQHC, RHC, HIS, CME) data per National CMS claims standards and Agency requirements.	
233	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor's system shall maintain synchronization of claims and encounter record dates with provider and member record dates (i.e. a claim or encounter is always linked to the provider status and member status segments associated with the date of service).	
234	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall report the status of suspended claims to the provider.	
235	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the capability to re-process claims and make payments that are initially denied.	
236	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the capability to suppress claims processing on an individual member according to Agency requirements.	
237	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall provide the capability to suppress claims processing on an individual provider according to Agency requirements.	
238	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall resolve claims discrepancies based upon process agreed upon between the Contractor and Agency.	
239	[Item 6]: Claims & Encounter Processing	Adjudicate Claims & Encounters	The Contractor shall collaborate with other Agency contractors, as required, to ensure claims processing and proper reporting.	
240	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall obtain transportation documentation from the Agency's Ambulance Trip Reporting System in order to fully adjudicate ambulance transportation claims.	
241	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall process transportation claims submitted by members or representatives of the member (parents/guardians).	
242	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor's System shall process transportation claims billed by providers related to taxis, lodging, and non-taxis.	

243	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor's System shall identify and reprocess all claims and adjustments processed in error that were caused by system malfunction, Contractor error, or identified for mass claim reprocessing through other mechanisms.	
244	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall provide the role based capability for Contractor and Agency Staff to make updates to claims post processing that do not impact payment (i.e.: tooth code, admission date).	
245	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall track and pay capitation and premiums per Agency and federal rules and policy.	
246	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor's system shall allow for auto denials of certain claims (i.e.: billing of claims with unspecified codes).	
247	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall process professional, institutional, and dental claims provided by multiple methods, including web portal and EDI transaction data provided via a clearinghouse that follows ASC X12 278 837 P, 837I, and 837D. Additional details of HIPAA compliance requirements can be found in Section 6.3.1.	
248	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall accept and process all current and nationally recognized claim forms and formats.	
249	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall provide the ability to process Medicaid-covered non-healthcare services, including waiver services.	
250	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall process and pay claims accurately within State and federally required timeframes.	
251	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	Claims shall be paid or denied within thirty (30) calendar days of receipt excluding days assigned to Agency staff. (Refer to 42 CFR 447.45)	
252	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall maintain compliance with 42 CFR 447 for claims processing requirements.	
253	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall enforce timely filing requirements that all provider-submitted claims are no later than twelve (12) months from the date of service.	

254	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall provide the capability to waive timely filing on an ad hoc basis for claims older than twelve (12) months to be processed as directed by the Agency. Exceptions include: (a) Retroactive adjustments paid to providers who are reimbursed under a retrospective payment system, as defined in CFR § 447.272. (b) If a claim for payment under Medicare has been filed in a timely manner, the Agency may pay a Medicaid claim relating to the same services within six (6) months after the Agency or the provider receives notice of the disposition of the Medicare claim. (c) Claims from providers under investigation for fraud or abuse. (d) In accordance with a court order, to carry out hearing decisions or agency corrective actions taken.	
255	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall provide the capability to prevent payments to a Medicaid provider who does not have a valid provider enrollment and provider agreement.	
256	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall provide claims processing and payment information to Agency by service category or provider type so that the Agency can analyze timely processing of provider claims according to requirements (standards) contained at 42 CFR 447.45. This includes, but is not limited to: (a) Provider (b) Claim submission date (c) Claims entry date (d) Paper or electronic (e) Claims processing date (f) Provider paid date.	
257	[Item 6]: Claims & Encounter Processing	Assess Final Claim Disposition	The Contractor shall provide claims data to the data warehouse and provide a lookup tool within its system with filter capability.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
258	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with SSA – 1902(a)(18) Requires that a state plan for medical assistance complies with provision § 1917(b) with respect to an estate recovery plan.	

259	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with §1917(b)(1)(B)(ii) – Eliminates from estate recovery, medical assistance for Medicare cost sharing for Medicare Savings Program benefits due to MIPPA of 2008.	
260	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with all applicable Wyoming Statutes at a minimum to include: W.S. §42-2-403(f)(i), Wyoming Uniform Trust Code, W.S. 2-1-205(e), W.S. 2-7-205(a)(iii), W.S. 2-18-101 – 2-18-106, W.S. §42-4-206 and W.S. §42-4-207.	
261	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with 42 CFR 433.36, related to liens and recoveries.	
262	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be complaint with State Medicaid Manual sm 03 3 3800-3812.2 doc and the State Plan Section 4.17(b)(1-4), 4.17(c)(1-6) and 4.17-A(1-7) for estate recovery.	
263	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with 42 USC 1396p Liens, adjustments, and recoveries and transfer of assets.	
264	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant for bona fide efforts to sell with State Plan supplement 8B to Attachment 2.6A. More liberal methods of treating resources under section 1902(r)(2) of the Act. (Non-section 1902 (f) state)	
265	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with 20 CFR 416.1242, 20 CFR 416.1245, and 20 CFR 416.1246. This is for Conditional Benefits Agreements.	
266	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with SSA POMS Manual SI 01120.203 - Exceptions to Counting Trusts.	
267	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with W.S. § 42-4-201 - 42-4-205 for TPL Benefit Recovery and the State Medicaid Manual for TPL 3900-3910.15. The CMS State Medicaid Manual provides guidance to the States concerning third party liability.	
268	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with Section 1902(a)(25)(I)(i) of the Social Security Act directs States to enact laws requiring health insurers to provide plan eligibility and coverage information to Medicaid agencies. W.S. § 42-4-204(e)(i-iv)	

269	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with Sections 1902(a)(25) (Requires that States or local agencies take all reasonable measures to identify legally liable third parties and threat verified TPL as a resource of the Medicaid applicant or member. Provides for the collection of health insurance information.), 1902(a)(45) (provides for mandatory assignment of rights to payments for medical support and other medical care owed to members.), 1903(d)(2) (Allows reducing payments to States by the amount of TPL reimbursement.), 1903(o) (Provides that FFP is not available to a State if an insurer would have paid except for the Medicaid exclusionary clause.), 1903(p) (Allows for incentive payments for collecting and enforcing rights of support or payment assigned under § 1912.), 1912(a)(1) (Requires as a condition of eligibility: assignment to the State of rights to medical support and to payment for medical care from any third party; Cooperation, in the absence of "good cause", in establishing paternity and obtaining medical support and payments; and Cooperation in the absence of "good cause", in providing information to assist the State in pursuing any third party liable for payment.), and 1912(a)(2) (Requires that State plans provide for entering into cooperative agreements for the enforcement of rights and collection of third party benefits. These agreements may be with the State title IV-D agency, any appropriate agency of any State, and appropriate court and law enforcement officials.)	
270	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with Title 42; Chapter IV; Subchapter C; Part 433; Subpart D - Third Party Liability.	
271	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with Section 4.22 (a)-(g), 4.22-A, 4.22-B, 4.22-C and Supplement to attachment 4.22-A of the State Plan.	
272	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be compliant with State Medicaid Rules, Chapters 1, 18, and 35.	

273	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be knowledgeable of CMS State Medicaid Manual 03_3257-3259.8	
274	[Item 7]: Third Party Liability (TPL) Functionality	TPL Compliance	The Contractor shall be knowledgeable of the Bipartisan Budget Act of 2018.	
275	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall create, update and maintain a check log for accounts receivable. The check log shall contain at a minimum the following data items: (a) date of receipt; (b) check number; (c) vendor's name; (d) amount paid; (e) deposit date; (f) Agency's budget information; (g) reason for payment; and, (h) reason code for payment. The checks shall be logged daily and securely delivered to the Agency with a summary report of all checks delivered with signatures required from the currier and receiver. The check log shall be balanced and updated with the Agency's deposit log information and any discrepant information reported to the Department within two (2) business days of receipt of deposit log.	
276	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall perform cash deposit and reconciliation procedures according to generally accepted accounting principles (GAAP), as specified by the Department.	
277	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall develop, maintain and update an accounts receivable system for TPL and estate recovery payments, denials, etc. received on a daily basis. This system shall coordinate with other entities accounts receivable systems, such as the PBMS and be based on generally accepted accounting principles (GAAP). Weekly and monthly reports shall be created and delivered to the Department from this system at the direction of the Department.	
278	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The TPL Solution shall automatically perform calculations at a minimum when partial TPL payment is received, when TPL payments are being received pursuant to a payment plan, and when multiple third parties are responsible for payment.	

279	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall evaluate, process, and track the purchase of group health insurance premium for cost effectiveness for the Wyoming Health Insurance Premium Payment (WHIPP) program to include at a minimum: (a) Notify members of the outcome (approval, denial, or pending) (b) Track premium amounts paid by employee and, (c) Create invoice for premium payments for Agency approval, on a quarterly basis, at a minimum.	
280	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall evaluate the effectiveness of the WHIPP costs at a minimum once per year per Agency policy and guidelines.	
281	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall provide the methods and ability to manage the Agency's EID program. This shall include premium management, including, but not limited to: (a) notification to members when premium is due, (b) tracking of premiums payments, (c) track and update premium amounts, (d) collection of premiums, (e) notification to members when premiums are late, and, (f) notification to the Agency of nonpayment of premiums.	
282	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall operate, maintain solution, and perform all functions to support Premium Payment and/or Collection efforts and refunds, including, at a minimum the following programs: (a) Wyoming Health Insurance Premium Payment (WHIPP) and, (b) EID Premium collection	
283	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall maintain a record and initiate collections for any checks returned from EID members for Insufficient Funds.	
284	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall identify monthly Wyoming Medicaid members, who have been determined retroactively eligible for Medicare benefits, determine what claims Wyoming Medicaid paid as the primary payer, and seek recovery/recoupment of Medicaid's payment from Wyoming Medicaid providers at the direction of the Agency. The Medicare reclamation process shall be automated and any recovery efforts shall be tracked, maintained, and	

			followed up on in the TPL case management and case tracking solution.	
285	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall track, record, and follow up, when necessary, on any claims denied by Medicare. The provider shall adhere to yield management procedures.	
286	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall post and allocate payments and denials received from Wyoming Medicaid providers within five (5) business days of receipt of payment or denial to the case tracking system or case tracking solution.	
287	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall issue billings, including all federally mandated pay-and-chase services, to carriers in order to maximize recoveries on a frequency determined by the Agency.	
288	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall follow up on and perform recovery tracking until final claims disposition and identify by type and reason.	
289	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor's Solution shall collect claim specific data and TPL data, identify, track and report for TPL for the Agency including at a minimum: (a) basic financials, (b) support for the quarterly CMS 64 report, (c) monitoring of payment agreements, (d) restitutions, (e) multiple payments and checks, (f) settlements, (g) bankruptcies, (h) claim/encounter adjustments, (i) line item financial detail, (j) offsets, (k) under recoveries amounts and unrecovered amounts by carrier, type of coverage and reason, and amount remaining due. The basic financial shall include at a minimum: (a) State share; (b) Federal share; (c) Overpayments; (d) Recovered amounts and collections; (e) Outstanding amounts; (f) Refunds and over collections; (g) pro-rate federal share for full and partial recoveries; (h) under recoveries; (i) unrecovered amounts; and	

			(j) Cost Avoidance at the direction of the Agency.	
290	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall produce TPL data and cost avoidance reporting as required by federal and state rules, regulations, policies, and guidelines. Including at a minimum recovery activity, status of recovery activity, total dollar amount recovered and number of open cases. The Contractor shall monitor and report to the Agency TPL recovery activities, including at a minimum: recovery activity, status of recovery, total dollar amount recovered, number of opened cases, number of closed cases, number of referred cases, dollar amount collected by Contractor, aging analysis, dollar amount collected by contract attorney's office, and dollars recovered to potential amount owed at the Agency's direction.	
291	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall submit request for refund payments received in error to the Agency.	
292	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall identify, verify, maintain, and update health insurance coverage for Medicaid members and other healthcare programs administered by the Agency through all available resources.	
293	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall generate, distribute, and follow up on health insurance verifications forms at Agency's direction.	

294	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall identify and maintain TPL resource data including at a minimum: (a) Health plan ID; (b) Group number; (c) Policy number; (d) Sub-policy number; (e) Effective dates (start date, end date, and gap date); (f) Individuals covered; (g) Relationship to the insured; (h) Policy holder name; (i) Policyholder social security number (if available); (j) absent parent information, such as name, address, social security number (if available) (k) Carrier information including name, contact information, type of coverage, and filing periods; (l) Source of the information; (m) If coverage is verified (verification); (n) Identification of covered services under the policy; (o) Name and address of policy holder's employer, if known; (p) Flagged for follow-up; (q) date verified; (r) Date added; and (s) Date of online updates included in the comments or notes section.	
295	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	If non-custodial parent insurance has been identified in the past, the Contractor shall: (a) If the member is coded as an adult and the absent parent policy is still active, term policy and convert it to a TPL in order to cost avoid claims instead of pay and case; or b) If the member is coded as a child and turns 21, if the policy is still active, switch the policy to a regular policy in order to cost avoid claims instead of pay and chase.	
296	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall develop and implement a cost avoidance process in conjunction with Agency guidelines and implemented technology.	
297	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall provide to the Agency best practices and industry standards related to TPL cost avoidance.	

298	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	If the Contractor identifies Wyoming Medicaid providers billing against Third Party Liability policy and guidelines, the Contractor shall flag the claims for investigative follow-up and notify the Agency.	
299	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	When the Medicaid member has multiple health insurance policies with the same coverage types, the Contractor shall prioritize the coverage per Agency guidelines, document the case.	
300	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall create, update and maintain a carrier file, allow for updates and consolidation if a carrier merges or disassociates with another, and track and update carrier effective dates. This includes Medicare Part D PDP carriers.	
301	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall receive, review, track and forward health insurance overpayments and refunds or overpayments from estates, casualty carriers, etc. to the Department for review and payment.	
302	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall work with the PBMS vendor to verify any health insurance coverage and update the TPL solution, as needed.	
303	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall maintain applicable data use agreements with governmental and private insurance companies to verify coverage.	
304	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall ensure one hundred percent (100%) accuracy of TPL data in the TPL resource file based on monthly quality assurance audit of the sample data. The results of the quality assurance audit shall be shared with the Agency.	
305	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall maintain the integrity of TPL resources file when a member is approved for Medicaid and there is an active insurance in the TPL system that hasn't been verified in over a year or when medical insurance is added in the system, but lacks the prescription coverage, vision coverage, dental coverage, or vice versa.	
306	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall conduct policy verification with the health insurer or governmental entity within two (2) business days of receiving information about members identified through the eligibility determination process as having other health insurance or governmental insurance coverage.	

307	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Yield Management: (a) The Contractor shall utilize a yield management process by which a denied or under processed claim with third party liability insurance is reviewed for accuracy; (b) The Contractor shall request additional information and challenge the denial or lack of payment when it appears that the claim should have been paid by the third-party insurance; (c) The Contractor shall obtain all necessary explanation of benefits (EOBs) from the appropriate source and enter into the Department approved system; (d) The Contractor shall submit monthly reports of yield management collections to the Department, to include but not limited to the total state fiscal year to date amount of Medicaid funds recovered and the break outs, as directed by the Department.	
308	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall operate, maintain the solution and perform all functions to support Casualty Recovery/Subrogation efforts, including, at a minimum: (a) Class Action Recovery/Mass Tort Litigation; (b) Workers' Compensation; (c) Trauma/MVA/Medical Malpractice; (d) Court-ordered restitution; (e) Wrongful death; and (f) Survivor action.	
309	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall receive, process, track, and, when appropriate, respond to all notices of casualty recovery from various sources within the case tracking system. The Contractor shall review all notices to ascertain if the injured party was a Medicaid applicant or Medicaid member at the time of accident or has become a Medicaid applicant or member after the date of loss.	
310	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall handle and follow up on, when necessary, inbound telephone inquiries concerning casualty recovery from attorneys, Medicaid members, Wyoming Medicaid providers, casualty carriers, etc. and answer any questions or resolve any concerns. The Contractor shall follow up on emails and voicemails within twenty-four (24) hours of receipt.	

311	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The contractor shall open a new casualty case in the case tracking system within one (1) business day of identification that an injured party was a Medicaid applicant or Medicaid member.	
312	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall subrogate legally obligated third parties within five (5) business days of opening the new casualty case at the direction of the Agency.	
313	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall review and follow up on casualty cases monthly or at the direction of the Agency until settlement, judgment, or final disposition is reached.	
314	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall track all subrogation cases from initial identification and intake to final disposition.	
315	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall refer casualty cases to the contract attorney's office's at the direction of the Agency. The Contractor shall work in cooperation with the contract attorney's office until settlement, judgment, or final adjudication is reached.	
316	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall close non pursuable casualty cases within one (1) business day of receipt closure notice.	
317	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall create and run a query to determine the amount Medicaid has paid in accident related claims and follow up with the legally obligated third party at the Agency's direction.	
318	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall perform trauma code editing and reporting. Annually, the Contractor shall create and run a report to determine priority TPL diagnoses. The Contractor shall deny any professional or institutional claims at a minimum that are not billed with the appropriate external cause codes. For trauma code editing and reporting, the Contractor shall utilize and report external cause codes billed on Medicaid claims monthly. The Contractor shall review the report and follow up with the Medicaid member within one month from the report generation date to ascertain if there an obligated third party responsible for payment. The Contractor shall access other State Agency's databases to research accidents. The Contractor shall also utilize and report on external cause	

			codes as leads for other third party liability. The Contractor shall open new subrogation cases based on leads provided by trauma code editing and reporting.	
319	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall send a follow-up trauma questionnaire/request to members that have not submitted the trauma related injury questionnaire within twenty (20) business days of the initial request. The Contractor shall send a notification of non-cooperation with the third party liability to the Department for any member age 21 and older that have not provided a response to the trauma related questionnaire within ten (10) business days of due date. The Contractor shall notify the Department within twenty-four (24) hours for member that comply with the request after the notification of non-cooperation with third party liability has been sent to the Department.	
320	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall electronically retain and maintain documentation of any legal pleadings or legal documents related to casualty and estate recoveries received from members, attorneys, casualty carriers, heirs, etc., including signed HIPAA authorizations to release medical information.	
321	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall access and utilize web portals of Lien Resolution Administrators to discover new subrogation cases involving products liability or mass torts (global settlements) and continue using the web portals until final settlement or disposition of the case.	
322	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall review, evaluate, process, track and recover outstanding credit balances from active and inactive providers that have not been resolved or are not decreasing in dollar figure by claims processing within the BMS within twenty (20) business days by: (a) mailing payment demand letter; (b) transferring credit balance from one provider number to another provider number with the same tax identification number; (c) following up monthly with the provider until the credit balance is resolved; and (d) Writing off provider credit balances when the overpayment is below the	

			threshold for recovery as directed by the Department.	
323	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall prepare and process credits or adjustments against refunds within ten (10) business days of receipt of the refund unless additional information is requested to determine the action to be taken.	
324	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	For refunds requiring additional information from the provider, the Contractor shall enter claim adjustments or credits within five (5) business days of receipt of additional information from the provider.	
325	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall notify the Department of any deceased provider with a provider overpayment/credit balance.	
326	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall refer any providers with an identified overpayment/credit balance who have filed Chapter 7 or Chapter 11 bankruptcy to the Department.	
327	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall refer provider overpayments/credit balances to the Department within ten (10) business days when a provider with a credit balance fails to pay in full, sign a payment-agreement, or has exhausted all appeal rights.	
328	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall identify medical assistance subject to recovery from the estate of a deceased member, a surviving spouse, a surviving child, or a surviving sibling in according with Wyoming Statutes § 42-4-206 and 207.	
329	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall develop and provide to the Agency upon implementation of the solution, a weekly report identifying member dates of death.	
330	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall receive, process, track, and, when appropriate, respond to all notices of estate recovery from various sources within the case tracking system. The Contractor shall review all notices to ascertain if the decedent or decedent's predeceased spouse received Wyoming Medicaid benefits according to Agency guidelines.	
331	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	When the Contractor identifies a decedent or predeceased spouse was Medicaid eligible, the Contractor shall open and create a new estate recovery	

			case.	
332	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Estate Recovery: For newly open estate recovery cases, the Contractor shall review the electronic long term care eligibility file and Wyoming Eligibility System within one (1) business day of opening the case to determine if the decedent or the predeceased spouse owned any real property at the time of death or should have owned real property but for a transfer of the property. The Contractor shall review property records from the county where the deceased Wyoming Medicaid member last resided to identify ownership of real property.	
333	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Estate Recovery: If the deceased member or the member's predeceased spouse owned real property at the time of death, within one (1) business day of property identification, the Contractor shall request a title search (record owner guarantee or ownership and encumbrance) or chain-of-title from a title company located in the county where the property exists.	
334	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall determine the amount due by creating and running a query. The Contractor shall review the query results to identify any outstanding unpaid claims or any denied claims that need resubmitted for payment. The Contractor shall contact the provider and resolve any claim errors. Recoverable claims shall be determined by federal and state regulations, rules, guidelines and policy.	
335	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Estate Recovery: The Contractor shall refer estate recovery cases to the contract attorney's office within two (2) business days of receipt of the requested title search or chain of title and work with the Agency and its contract attorney's office until recovery from the estate occurs or a determination is made that recovery is not possible. The Contractor shall close any un-pursuable estate case and any pursuable estate case within one (1) business day of receipt of returned case from contract attorney's office.	

336	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall respond to questions and requests for information concerning estate recovery received by email, telephone call, and voice mail from attorneys, deceased members authorized representatives, the Agency's staff, and public.	
337	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall identify to the Agency improvements to estate recovery processing on an annual basis.	
338	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall operate, maintain the solution and perform all functions to support asset identification throughout the United States of America and its territories, and Estate Recovery Efforts, as per Agency approval, including, at a minimum: (a) Probate (b) Non-probates/liens (c) Summary distributions (d) Bona fide efforts to sell (e) Voluntary payments and (f) conditional benefits.	
339	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall file an estate recovery claim in probate court on behalf of the Department for deceased members whose estates have not been opened.	
340	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall prepare, complete, and track verified lien statements and amended lien statements, maintain accuracy of properties legal descriptions according to the Agency's guidelines.	
341	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall determine the value of the estate subject to recovery, the expenses of the estate, and the priority of the expenses by requesting information on the deceased member's assets and the expenses from the deceased member's authorized representative.	
342	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall prepare and transmit to the contract attorney's office an Affidavit of Claimant and Claim Against the Estate within five (5) business days of receipt of probate notice.	

343	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall receive, review, and track an applications for a decree/notices of summary probate (distribution); create a new summary distribution case if the decedent or the decedent's predeceased spouse identified in the notice received benefits from Wyoming Medicaid; determine the amount due Medicaid; request title search; draft and complete the notice of lien when requested by the contract attorney's office; draft and track verified lien statement; refer a new summary distribution case within five (5) days of receipt of application for a decree.	
344	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall draft, track notices of future claims for the contract attorney's office at the direction of the Agency.	
345	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall open, track, and maintain future estate recovery cases at the Agency's direction.	
346	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall receive, track, and electronically store transfers on death deeds received from the county clerks' offices for future use. When the Contractor receives notification of the grantor(s) deaths, the Contractor shall conduct research to determine if the grantor or the grantor's predeceased spouse received Wyoming Medicaid benefits. The Contractor shall draft, track and mail a limited or full certificate of clearance to the heirs, their legal counsel, or title company. If the grantor or the predeceased spouse of the grantor received Wyoming Medicaid benefits, The Contractor shall complete a verified lien statement, refer the case to the contract attorney's office, and update the case tracking system.	

347	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall work with the family, member, legal counsel, etc. when the family, member, legal counsel, etc. decide to sell the member's home (a bona fide effort to sell). The Contractor shall request, receive, and track the power of attorney/guardian and conservatorship, broker's price opinion, current deed to the property, and out-of-pocket expenses paid by the family to maintain the home. The Contractor shall determine the amount due Medicaid and refer the case to the contract attorney's office within five (5) business days of receipt of the aforementioned documentation. The Contractor shall e-mail the LTC Unit Benefits and Eligibility Specialist when there is a bona fide effort to sell as well as send a follow up email when funds are received from the sale of the property noting any required spend down.	
348	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall receive, process, track, and electronically store conditional benefits cases and voluntary payments cases from initial intake until final disposition at the direction of the Department.	
349	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Upon identification of a deceased member retaining a life estate in a home, the Contractor shall review the life estate tables in the CMS State Medicaid Manual to determine the life estate interest, complete the verified lien statement noting the life estate interest and refer the case to the contract attorney's office according to Agency guidelines.	
350	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall review, track revocable and irrevocable trusts in alignment with CMS and State rules.	
351	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall perform trust monitoring for Miller Trusts, Pooled Trusts, and Special Needs Trusts annually or as specified by the Agency.	
352	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall handle inbound inquiries concerning irrevocable trusts from attorneys, trustees, members, family members, etc. and answer any questions involving the trust. The Contractor shall respond to emails and voicemails within twenty (24) hours of receipt.	

353	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall review any court filings, pleadings, petitions, motions, or orders regarding special needs trusts, pooled trusts or Miller Trusts within ten (10) business days and in sufficient time to permit timely court filings.	
354	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall notify the trustee, representative, or attorney of the deceased of the obligation of the trust to relinquish funds in repayment of Wyoming Medicaid expenditures, as the Department is a qualified beneficiary or vested remainder beneficiary of the trust.	
355	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall refer all matters requiring the attention of the contract attorney's office within ten (10) business days and in sufficient time to permit timely court filings.	
356	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall track all activity of the trusts to identify trust terminations for which recovery activity should be initiated.	
357	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall notify the Department when a trustee or beneficiary has requested court approval for an expenditure to which the Department does not consent.	
358	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall conduct outreach activities to educate trustees and members of the bar association on the obligations owed to the Department arising from Miller Trusts, special needs trusts, and pooled trusts.	
359	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Special Needs Trusts: The Contractor shall receive and incorporate an approved special needs trust into the case tracking database.	
360	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall track and mail to the trustee responsibilities, any agreements that the trustee must sign noting their responsibilities, and any forms for future distributions from the trust.	
361	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Special Needs Trusts: The Contractor shall request, at the member's annual Medicaid renewals, an annual accounting, including financial statements, from all opened and active special needs trusts.	

362	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Special Needs Trusts: The Contractor shall review trust accounting after receipt of documentation to verify if distributions are for the sole benefit of the Wyoming Medicaid member and follow policy and regulations. If funds are misused, the Contractor shall issue a letter of education to the trustee identifying the misuse of funds. If after education the trustee continues to misuse funds, the Contractor shall notify the Department. The Contractor shall notify the Department when an annual accounting is not received from a trustee.	
363	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	If the Department determines that funds from the trust were misappropriated, the Contractor shall notify the trustee of the Miller Trust, special needs trust, or pooled trust about requirement of repayment to the trust. The Contractor shall monitor the trust to determine if the funds have been returned to the trust. If the funds are not returned to the trust, the Contractor shall notify the Department for further direction.	
364	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Special Needs Trusts - The Contractor shall draft, mail, and track final accounting letter to trustee. The Contractor shall review the final accounting. If the special needs trust final accounting is in order, the Contractor shall draft, mail, and track request for reimbursement from the special needs trust.	
365	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall draft all necessary guidance documents regarding trust related obligations, including but not limited to, informational letters, training materials, forms, a communication plan, recommendations to changes to administrative rules, employee manual entries, and Internet material for Department approval.	
366	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall determine the amount of Medicaid paid on behalf of the member subject to estate recovery by obtaining the member's history of paid claims and buy-in information from the Data Warehouse.	
367	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall notify the representative and refer any cases to the contract attorney's office where the trustee or representative does not respond to recovery efforts.	

368	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall notify the trustee/representative in writing of the amount due the Department, which is the lesser of the balance in the terminated trust, up to the amount of medical assistance paid.	
369	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall submit an annual report which includes identifying information for all trusts acted on during the state fiscal year, the resolution of each trust case (such as closed with a collection, closed without a collection, or still open), the money owed to Medicaid and the money amount (if any) that was collected.	
370	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall request in writing and review requests for expenditures from Miller Trusts, special needs trusts, pooled trusts, resolve disputes with trustee or beneficiary over expenditures, provide education to trustees and beneficiaries about expenditures, identify any Department inappropriate objections to requested trust expenditures, reclaim any misappropriated funds or provide recommendations to the Department about next steps concerning inappropriate distributions, and work with the Department to file any necessary court documents regarding approval of requested expenditures.	
371	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Pooled Trusts: The Contractor shall receive and incorporate approved joinder agreements into the case tracking system.	
372	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Pooled Trusts: The Contractor shall receive and track annual accountings according to the anniversary date established by the trust officer or trust administrator or the Contractor shall request at member's annual Medicaid renewal an annual accounting from open and active pooled trusts.	
373	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Pooled Trusts: The Contractor shall review trust accounting after receipt of documentation to verify if distributions are for the sole benefit of the Wyoming Medicaid member and follow policy and regulations. If funds are misused, the Contractor shall issue a letter of education to the trustee identifying the misuse of funds. If after education the trustee continues to misuse funds, the Contractor shall notify the Agency. The Contractor shall notify the Agency if an	

			annual accounting is not received from the trust officer.	
374	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	Pooled Trusts - The Contractor shall review final accounting from non-profit organization and confirm that the reimbursement amount to Medicaid is in accordance with Agency policy or the Contractor shall draft, mail, and track final accounting letter to trustee. The Contractor shall review the final accounting. If the pooled trust final accounting is in order, the Contractor shall draft, mail, and track request for reimbursement from the pooled trust.	
375	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall receive, incorporate approved Miller Trusts into the case tracking system; draft and mail letter with trust instructions/responsibilities to the trustee and successor trustee based on the member's Medicaid annual renewal; annually or at the request of Agency, draft and mail Miller Trust annual accounting letter to trustee or successor trustee; refer any annual accounting requests not complied with to the Agency, complete an audit of the documentation provided by the trustee or successor trustee per Agency guidelines.	
376	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall refer to the Department or the contract attorney's office if the trustee is non-compliant with reimbursing the Department from funds remaining or that should have remained in the Miller Trust.	
377	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	If Irrevocable Income Trust/Miller Trust documentation is incomplete, the Contractor shall request additional documentation from the trustee or successor trustee.	
378	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall work with the Agency to determine how to proceed if the audit of the records demonstrates that funds have been misused.	
379	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall send a letter to trustee or successor trustee requesting the final accounting/documentation from the Miller Trust account and complete an audit of the documentation provided by the trustee or successor trustee. If the final accounting is in order, request the remaining funds from the Miller Trust account. If funds have been misused, request that the trustee or successor trustee replace the misused funds.	

380	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall complete, track, and mail a settlement agreement to the trustee or successor trustee with a breakdown of agreed upon payments if the trustee is unable to make a single full payment to Medicaid.	
381	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall mail a letter to the trustee or successor trustee requesting the final accounting/documentation from the Miller trust account when there is no material purpose to continue to keep the trust opened in compliance with the Uniform Trust Code Wyoming Statute Title 4 - W.S. § 4-10-411(a)	
382	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall request an early distribution from an irrevocable trust at the direction of the Agency.	
383	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall allow for early termination of a trust based on the trust provisions, Wyoming Uniform Trust Code, and the SSA POMS Manual.	
384	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall respond to phone calls and email messages regarding trust-related issues within two (2) business days.	
385	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall respond to written correspondence regarding trust related issues within ten (10) business days.	
386	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall determine the amount of Medicaid benefits and services paid on behalf of the member by creating and running a claims query. The amount due to the Agency shall include Medicare buy-in premiums.	
387	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall collect and allocate all related Third Party Liability and estate recovery payments and meet all Agency defined timeframes for the collection. The Contractor shall utilize and process, when possible, the ANSI X12 835 transaction.	

388	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The contractor shall receive, monitor, track, post, and report any denials of payment and other reasons for non-payment from third parties by reason and reason code. The Contractor shall follow-up on pay and chase claims when the reason for non-payment, includes at a minimum: (a) Duplicate claim; (b) Payment is made to the policy holder; (c) Payment is made to the provider of service; (d) Third party is requesting additional documentation from the provider in order to process the claim; (e) Claim is denied for not having prior authorization; (f) Claim is denied for technical reasons; or, (g) The carrier fails to respond to a carrier billing at the Agency's direction. The Contractor shall use, when possible, the ANSI X12 835 transaction.	
389	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	For TPL resources verified after Medicaid claim payment, the Contractor/TPL solution shall screen claims to determine if the claims are the responsibility of a health insurer or a governmental entity and initiate post payment recovery. The Contractor shall identify and bill to the responsible party any claims that fail to pull to the post payment recovery solution. The Contractor shall follow up on and perform recovery tracking until final claims disposition.	
390	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall adjust claims when payment is received from another liable third party via the adjustment and financial management process when retroactive coverage is identified or pay chase claims are identified.	
391	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall review claims files processed by the BMS Contractor to locate recoverable claims.	
392	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall perform TPL pay and chase activities on a schedule defined by the Agency. Wyoming Medicaid may seek recovery of pay and chase claims and when retroactive TPL resources are discovered for up to three (3) years from the date of service or pursuant to federal and state statutes, regulations, and guidelines.	

393	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall recoup funds from the policy holder when the provider submits a claim with documentation noting that the policy holder was paid by the legally responsible third party.	
394	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall ensure that TPL recoveries do not exceed the Medicaid paid amount and will reconcile any over recoveries through Agency-approved reimbursement practices.	
395	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall provide the Agency with best practice policy and industry standard practices related to TPL pay and chase.	
396	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall coordinate with the Department and other insurers to develop and maintain pay and chase processes, including but not limited to disallowance.	
397	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall research and maintain TPL health insurance coverage and match and validate information to members. The Contractor shall perform data matching with health insurers and governmental entities in collaboration with the Agency and based on Agency specifications and update the TPL resources according to Agency guidelines.	
398	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall provide thirty-six (36) months of insurance data obtained through data match agreements with insurance carriers of Wyoming members for the Agency. The data specifications shall be determined in collaboration between the Agency and the Contractor and shall be an ongoing process throughout the life of the contract.	
399	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall respond to causality carrier notification within an Agency defined timeframes to ensure we meet the timing necessary to object to the settlement of a personal injury claim.	

400	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	On behalf of the Agency, the Contractor shall receive and track data match requests from casualty carriers. The Contractor shall conduct research in systems, such as the Wyoming Eligibility System, to determine if the injured party was a Medicaid applicant or Medicaid member at the time of accident, or became a Medicaid member after the date of loss. The Contractor shall respond to the data match request within five (5) business of receipt of the request to ensure the Agency's compliance with objecting to the proposed settlement of a personal injury claim. If the injured party was a Medicaid member or Medicaid applicant, the Contractor shall open a new subrogation case.	
401	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall draft and send a letter to casualty carriers not currently participating in a data match with the Agency at least annually to determine if the casualty carrier is interested in participating in a data match.	
402	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall, on a monthly basis, access the Wyoming Department of Transportation's crash/accident records database and run a pre-defined query. Within five (5) business days, the vendor shall match this data with a current eligibility file and report any matches. Within an additional three (3) working days, the vendor shall pull crash reports from WYDOT's crash/accident records database. The vendor shall have twenty (20) business days to review all parties referenced on the crash report for Medicaid eligibility and to review paid claims related to the automobile accident. If Wyoming Medicaid has paid \$250.00 or more in related claims, the vendor shall follow up with the liable third parties by opening a new subrogation case. If Medicaid has not paid \$250.00 in accident related claims for an injured party referenced on the crash report, the Contractor shall file the crash reports and research monthly to determine if Medicaid has paid additional accident related claims totaling \$250.00 until it has been a year from the date of loss.	

403	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor, on a quarterly basis, shall receive an electronic data match file(s) from the State's Workers' Compensation Division containing information concerning injured workers and Workers' Compensation paid claims information. The Contract shall match this file to a current eligibility file and report any matches. The Contractor must follow up on any cases where Medicaid has paid \$250.00 or more in claims related to the workplace injury within twenty (20) business days of identification by sending a recoupment letter to the provider of service. The Contractor shall continue to follow up with the provider per Agency guidelines.	
404	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall for each Medicaid reclamation claim paid by a health insurer, provide claim identifying information, comprehensive insurance billing data, payment information, and posting date of payment to the WINGS Data Warehouse.	
405	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall perform, related to TPL functionality, data matches related to the TPL processes including at a minimum the following: (a) Vital statistics; (b) Workers' Compensation; (c) Department of Defense (DEERS and CHAMPAS/Tricare); (d) Wyoming Department of Transportation; (e) Department of Family Services Child Support Enforcement Service Unit; (f) Health insurance carriers; (g) Entities such as Navinet (h) Department of Family Services PRICE Unit and (i) Other data matching sources.	
406	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall accept calls routed from the Customer Service Center (CSC) relevant to the applicable scope of work.	
407	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall identify and act upon leads throughout the case lifecycle, including at a minimum: (a) Trauma code editing and reporting (b) Nursing Home Death notices (c) Presence of health insurance (d) State Medical Manual (e) 42 CFR 433 (f) Wyoming Statute Title 42-4-201 through 208, and,	

			(g) Any other identified source.	
408	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall create, generate, and review a monthly report using the coordination of benefits information provided on electronic claims for members who have third party liability billed on the claim, but the health insurance is not on the TPL resource file.	
409	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall process all leads from the Department.	
410	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall receive, review, verify, and update TPL data using Department generated reports from the PARIS data match, SWICA data match, SDX interface, 8019 interface, and SSA at the Department's direction.	
411	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall handle, track and update TPL resources based on calls from at a minimum Wyoming Medicaid providers, Wyoming Medicaid members.	
412	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall identify all liable third-party resources for FFS Medicaid members and managed care for the entire Medicaid population	
413	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The TPL Solution shall provide the ability to associate/cross reference multiple individuals to a case, if necessary.	
414	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The TPL Solution shall be able to track TPL payments for different reasons for a single member to prevent duplicate recovery.	
415	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The TPL Solution shall be able to identify and associate multiple case types to a single individual.	
416	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The solution shall link all services to a single individual regardless of the number of historical changes in Member ID.	
417	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall ensure that all work performed by the Contractor, if manual, is also available for review by the Agency.	
418	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The TPL Solution shall be able to account for adjustments made to claims when pay and chase claims have been billed.	

419	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor's solution shall have the ability to create, send, manage, and track correspondence through a library of templates with customizable fields as specified by the Agency. The system shall create a note and document the steps taken to send letters.	
420	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor's solution shall have the ability to prevent the editing of notes, except for authorized users, which must include an audit trail of any edits.	
421	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor's solution shall have the capability to create free-form text notes for associated cases, at a minimum of two thousand (2,000) characters in length each, and, allow each case to have multiple notes.	
422	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor's solution shall allow for tracking and linking of case documentation and notes including linking multiple TPL cases, of varied types, for a member.	
423	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Solution shall generate and distribute notices, including at a minimum, the following: (a) Notices to attorneys; (b) Notices to insurance companies; (c) Notices to members; (d) Notices and recoupments to providers; (e) Notices to trustees; (f) Delinquent/late payment notices; and (g) Collection letters.	
424	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor's solution shall allow for the maintenance of relevant case documents.	
425	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Solution shall automatically re-bill insurance companies if a response (payment or denial) is not received within Agency-specified guidelines.	
426	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Solution shall utilize a letter generation tool to include free form text capabilities.	

427	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall create letters for the State's Workers' Compensation Division extract process and must be mailed to the injured parties and provider to ascertain the circumstances surrounding the injury and determine if the injured party had or has health insurance. If the provider of service and/or injured party does not respond within sixty (60) calendar days from receipt of the letter, the claims will automatically be taken back from the provider of service.	
428	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The solution shall be able to show what status or phase a case may be in at a minimum, referred, pending, open, closed, or QA review	
429	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The solution shall be able to track alerts and workflows.	
430	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall work closely with the Department's Eligibility Unit and the contract attorney's office.	
431	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall determine if a data match continues to be cost effective.	
432	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall support all TPL functions and activities at the direction of the Agency.	
433	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall assist the Department in defining its TPL responsibilities and make recommendations to change the content of the TPL Action Plan to the Department.	
434	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall suggest and implement at the direction of the Agency, improvements and efficiencies to streamline TPL processes on an annual basis	
435	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall prepare and process credits or adjustments against recoveries received within twenty (20) working days, unless elsewhere stated in this RFP.	

436	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	(a) The Contractor shall utilize a Department approved methodology for monthly quality assurance samples verifying the accuracy of the TPL updates applied during the previous month; (b) The Contractor shall develop a corrective action plan for identified errors through the quality assurance process. This plan shall be shared with the Department; (c) The Contractor shall correct any errors identified through the quality assurance process within twenty-four (24) hours of identification of the error; (d) The Contractor shall research, analyze, and make any necessary corrections to all errors generated by the BMS, as directed by the Department; (e) The Contractor shall have a quality assurance plan.	
437	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	All new staff employees shall have their work product reviewed at one hundred percent (100%) until job responsibilities are mastered.	
438	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall ensure that TPL recoveries do not exceed the Medicaid allowed amount and will reconcile any overpayment recoveries through Department approved reimbursement practices.	
439	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall be the subject matter expert in all areas of TPL.	
440	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall respond to information requests from the contract attorney's office and other state agencies within two (2) business days.	
441	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall establish a TPL case tracking record for each member and carrier for whom recovery is sought, including those for whom retroactive TPL coverage is identified. Provide daily updates to the PBM Contractor on a frequency determined by the Department.	
442	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall edit and perform TPL cost avoidance activities for Medicare, primary and private health insurance, and other third party resources.	

443	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall provide online update and inquiry access to all TPL files, for example carrier file, case tracking, accounts receivable) for Department Staff and their designees.	
444	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall report to the Department any fraudulent information or lack of information or cooperation by members at the direction of the Department.	
445	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall provide case related documentation for associated litigation or administrative hearings, as needed.	
446	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall support all TPL functions, files and data elements necessary to meet the requirements of this RFP.	
447	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall identify and report to the Department any TPL recoveries below a Department established threshold or percentage of provider billed charges, for example TPL payments below forty percent (40%) of the providers' billed charges.	
448	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall maintain an automated case tracking mechanism to log all case information and actions taken that is shared with the Department and its contract attorney's office.	
449	[Item 7]: Third Party Liability (TPL) Functionality	TPL Activities	The Contractor shall maintain an electronic manual with all updates posted online within two (2) business days.	
450	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall provide all TPL member information back to the Wyoming Eligibility System (WES) via the WINGS ESB.	
451	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall generate and submit/transmit an ANSI X12 837 transaction to carriers, when possible.	
452	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall receive a daily file from the KidCare CHIP vendor to update members' TPL Resources. The Contractor shall use this file like any other data match.	
453	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall have independent data sources that can provide TPL data relative to the cases and claims.	

454	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall have data match agreements with health insurance carriers in Wyoming.	
455	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall perform a monthly data match with Vital Statistics to identify Medicaid members who have passed away for estate recovery. The data match shall be conducted based on Agency specifications and requirements.	
456	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall utilize, validate, and aggregate Agency eligibility data to be used in matching against other data sources.	
457	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall provide a daily file via the WINGS ESB with TPL coverage identified for Medicaid members.	
458	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall conduct an annual electronic data match with the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with the date and file formatting required by DEERS/CMS. The DEERS online data system shall be used to verify and update TPL resource data.	
459	[Item 7]: Third Party Liability (TPL) Functionality	TPL Technical	The Contractor shall perform a data match with Child Support Enforcement Services on a schedule and per specifications provided by the Agency. The Contractor shall create, generate a report from the data match process to be reviewed according to Agency guidelines.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
460	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall track electronic and paper claims backlog, manual data entry backlog, suspended file status by claim status and location, and other service level agreements.	
461	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall communicate to Quality Assurance (QA), Home and Community Based Waivers (HCBS), and Program Integrity (PI) staff regarding potential cases of fraud or abuse within two (2) business days, as applicable.	
462	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall monitor claims and provide post payment reporting when unusual trends are identified.	

463	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall accept and process encounter data per Agency requirements. Note: Wyoming currently only has one managed care program which is related to nursing home level of care.	
464	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall maintain and report on claims audit trails.	
465	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall provide reports of averages, minimums, maximums, and number and percent over exception levels.	
466	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall review and evaluate all output reports produced for data transmissions and pre-adjudication processing within twenty-four (24) hours of receipt to identify any problems.	
467	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall work with the Agency to provide additional detail when a claim denies for National Correct Coding Initiative (NCCI) edits.	
468	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall provide monthly reporting on: (a) Number of grievances received; (b) Number of appeals received; (c) Number of grievances resolved by the Contractor; (d) Number of appeals rejected by the Contractor; (e) Number of grievances escalated to the State for resolution; (f) Number of appeals escalated to the State for resolution; (g) Average length of time to resolve grievances; (h) Average length of time to resolve appeals.	
469	[Item 8]: Reporting & Analytics	Claims Data	The Contractor's system shall identify and track claims history as part of the business logic, including edits and audits posted to the claim, duplicate checking, bundling edits, and criteria defined by defined by the Agency.	
470	[Item 8]: Reporting & Analytics	Claims Data	The Contractor's system shall identify and track bundles/episodes of care.	
471	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall identify and track all edits and audits posted to the claim in a processing period.	

472	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall process and validate claims according to Agency rules and track claim status, such as paid, denied, suspended, or pending. Benefit plan and program information can be found in Appendix I of the procurement library.	
473	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall track utilization of Prior Authorization received from Agency external systems (i.e.: DME, HM/UM, EMWS, and Legacy MMIS) and have the ability to share utilization back with Prior Authorization vendor.	
474	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall track claims flagged for investigative follow-up because of third-party discrepancies.	
475	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall provide a daily reconciliation of web-based claims submissions.	
476	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall determine an episode of care using claims data.	
477	[Item 8]: Reporting & Analytics	Claims Data	The Contractor's system shall de-duplicate the members on the PMPM payment report to determine the exact members the provider is receiving their PMPM payment for and their NCQA status.	
478	[Item 8]: Reporting & Analytics	Claims Data	The Contractor's system shall have a built-in algorithm where it can determine what members each Patient Centered Medical Home (PCMH) is being paid for to verify the payment being made to a provider based on service pattern.	
479	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall provide an automated attribution list for provider billing using a "weighting" methodology (two (2) visits with one provider, one (1) visit with another).	
480	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall capture and store the claim adjudication date, claim paid date, WOLFS paid date, and EFT or check number associated with each claim.	
481	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall provide the ability to report on encounters.	
482	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall collect and store encounter data, as applicable.	
483	[Item 8]: Reporting & Analytics	Claims Data	The system shall generate reports from encounter data to monitor services furnished to enrollees with special health needs.	

484	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall maintain all historical prior authorization request data for Professional, Institutional, Dental, and Home and Community Based Services (HCBS) claims.	
485	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall monitor the status of authorized services and report on prior authorization services provided and age of prior authorizations.	
486	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall document and report on the time lapse of claims payment, flagging, or otherwise noting clean claims (error free).	
487	[Item 8]: Reporting & Analytics	Claims Data	The Contractor shall provide an aging report of claims per CMS specifications that shows volumes and ages of claims inventory. This report is required by CMS to prove compliance with Federal claims processing timeline requirements.	
488	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall conduct regular post payment reporting where odd trends are identified and ensure the Agency is notified.	
489	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall maintain financial data to create, store, and report federal payment statements.	
490	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall track provider tax payments and receivables.	
491	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall track all provider financial activity, including but not limited to: accounts receivable, accounts payable, and credit balances.	
492	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall report recoveries for the federal share of overpayments according to federal standard in § 42 CFR 433.320.	
493	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall maintain, track, and report on financial audit trails.	
494	[Item 8]: Reporting & Analytics	Financial Data Tracking	The report shall include a view and edit access history, what was accessed, who accessed it, when it was accessed, and any operations that were performed.	
495	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall track member financial transactions for purposes of look-back and buy-in.	
496	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall track all financial transactions and payments based on up-to-date provider account information, including but not limited to: credit balances, incorrect payments, returned payments, refunds, other payments from providers, and all other accounts	

			receivable data.	
497	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall identify history-only recoveries and payments. Claims shall be retained in the system indefinitely so that adjustments can be made and include claim detail such as who changed claims, why, and what was changed.	
498	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall track, process, and maintain the history of all State recoveries due to overpayments.	
499	[Item 8]: Reporting & Analytics	Financial Data Tracking	The Contractor shall track inter-governmental payments and receivables such as Qualified Rate Adjustments (QRA's) and Upper Payment Limits (UPLs).	
500	[Item 8]: Reporting & Analytics	TPL Data	The Contractor shall include, at a minimum, the following recoupment data items: (a) Member Medicare Number (SSNRI compliant); (b) Claim type; (c) Date(s) of service; (d) Date(s) of payment; (e) Provider billed amount; (f) Medicaid paid amount; and (g) Provider's NPI; Recoupment amount shall include, but not be limited to, the following items and shall be produced per the specifications furnished by the Agency.	
501	[Item 8]: Reporting & Analytics	TPL Data	The Contractor shall create a monthly report for Medicare reclamation claims for Agency use that shall include at a minimum, the following: (a) Medicaid member's name; (b) First and last claims dates of service; (c) Medicaid paid amount; (d) Medicaid recoupment amount; (e) Date Medicare recoupment initiated; (f) Outstanding recoupment amount; and (g) Report Totals.	
502	[Item 8]: Reporting & Analytics	TPL Data	The Contractor shall provide a monthly project summary report that, at a minimum, shall summarize the recovery effort to identify adjustments, overpayments recoveries, disallowed amounts, uncollected amounts, and identification of pay and chase claims.	

503	[Item 8]: Reporting & Analytics	TPL Data	The Contractor shall provide an annual report at the end of the state fiscal year to the Agency, including but not limited to: (a) A summary of the year's activities; (b) Total dollars collected; (c) Number of cases pending, what their status is, and why the case is still pending; (d) Dollar value of the cases pending; (e) Any case referred to the contract attorney's office; (f) Total Medicaid expenditures paid out on behalf of the members for whom recovery is requested; (g) Percentage of the amount recovered from the Estate Recovery compared to the total amount of Medicaid paid for the member; (h) Total number of cases referred to the contract attorney's office; (i) The total dollar amount of estates where recovery did not occur; (j) Average number of months to settle a case from initial identification to collection or final disposition; (k) Total number of undue hardship requests; (l) Total number of undue hardship requests granted and denied; and, (m) Total number of cases deferred due to undue hardship. If the Agency determines that this annual report is needed prior to the end of the state fiscal year, the Contractor shall provide the report at the request of the Agency.	
504	[Item 8]: Reporting & Analytics	TPL Data	The Contractor shall provide monthly reports of reimbursement right, subrogation rights, and lien rights recovery activity by the tenth business day of the month with state fiscal year-to-date data and updated for the previous month's activity.	
505	[Item 8]: Reporting & Analytics	Track Contract SLAs	The Contractor shall track and report SLA compliance to the Agency monthly, or more frequently, at the request of the Agency. The Agency's preference would be a real-time mechanism in a compact format, such as a dashboard.	
506	[Item 8]: Reporting & Analytics	Track Contract SLAs	The Contractor shall distribute a questionnaire to a sample of members verifying services were received as billed.	

507	[Item 8]: Reporting & Analytics	Track Contract SLAs	The Contractor shall process questionnaire responses from members and report on aggregate findings.	
508	[Item 8]: Reporting & Analytics	Ad-Hoc Reporting	The Contractor shall provide the ability for users to run ad-hoc reports by utilizing system fields.	
509	[Item 8]: Reporting & Analytics	Ad-Hoc Reporting	The Contractor shall provide an impact analysis of proposed provider rate changes that may include changes to adjudication rates, volume of claims and/or Prior Authorizations impacted, and projection of the financial impact to the Agency and providers.	
510	[Item 8]: Reporting & Analytics	Ad-Hoc Reporting	The Contractor shall provide the Agency with an analysis of the proposed changes due to Benefit Plan updates received by the Agency. The Analysis shall yield: (a) Volume of claims and Prior Authorizations impacted by the change; and (b) Projection of the financial impact to the Agency and providers.	
511	[Item 8]: Reporting & Analytics	Ad-Hoc Reporting	The Contractor shall provide the Agency with an analysis of how business rules and federal reporting may be affected with the addition of new taxonomies and categories of services.	
512	[Item 8]: Reporting & Analytics	Ad-Hoc Reporting	The Contractor shall provide ad hoc reports to the Agency, as needed or requested, to support the Scope of Work related to Contractor's financial management activities.	
513	[Item 8]: Reporting & Analytics	Ad-Hoc Reporting	The Contractor shall provide the Agency with an analysis of proposed changes to the system including but not limited to: taxonomy updates, category of service updates, and business rule updates. The Analysis shall yield: (a) Volume of claims and Prior Authorizations impacted by the change; (b) Projection of the financial impact to the Agency and providers; and, (c) Affected reports	
514	[Item 8]: Reporting & Analytics	Ad-Hoc Reporting	The Contractor shall report capitation claims, service data, and payments for the PACE, CME, and Kid Care CHIP plans. Reporting inclusions shall be determined during requirement sessions and agreed upon by the Agency.	

515	[Item 8]: Reporting & Analytics	Ad-Hoc Reporting	The Contractor shall maintain a credit balance report. Specifics related to credit balance reporting shall be determined during requirement sessions and agreed upon by the Agency.	
516	[Item 8]: Reporting & Analytics	Ad-Hoc Reporting	The Contractor shall report on payment reconciliation to the Agency after completing the weekly financial processing. Financial reporting shall be determined during requirement sessions and agreed upon by the Agency.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
517	[Item 9]: Reference Data Management	Claim Reference Data	The Contractor shall update and maintain system reference information, including but not limited to: ICD-10, CPT and HCPCS codes, NCCI edits, OPPS, and rate changes. The Contractor is responsible for monitoring releases of reference information related to payment methodology. Update methods and schedules will be mutually agreed to during early stages of DDI phase.	
518	[Item 9]: Reference Data Management	Claim Reference Data	The Contractor shall utilize the most recent version of the Current Procedural Terminology (CPT) for physician and other health care services as stipulated in 45 CFR Part 162.1002.	
519	[Item 9]: Reference Data Management	Claim Reference Data	The Contractor shall utilize the Agency-approved APR-DRG codes and groupings supplied by the Agency's DRG Contractor.	
520	[Item 9]: Reference Data Management	Claim Reference Data	The Contractor shall utilize the most recent version of the Healthcare Common Procedure Coding System (HCPCS) for physician and other health care services, including substances, equipment, supplies, or other items used in health care services, as stipulated in 45 CFR Part 162.1002.	
521	[Item 9]: Reference Data Management	Claim Reference Data	The Contractor shall receive and edit based on trauma indicators, ICD-10 external cause codes, or other indicators, as directed by the Agency, to identify potential TPL cases.	
522	[Item 9]: Reference Data Management	Claim Reference Data	The Contractor shall use the most current industry standard for International Classification of Diseases (ICD).	
523	[Item 9]: Reference Data Management	Claim Reference Data	The Contractor shall utilize the most recent version of health care Revenue Codes for institutional health care services.	

524	[Item 9]: Reference Data Management	Provider Specific Reference Data	The Contractor shall load all available taxonomy codes as inactive and activate as directed by the Agency.	
525	[Item 9]: Reference Data Management	Provider Specific Reference Data	The Contractor shall maintain taxonomy codes including narrative descriptions of each code contained in the files and effective dates.	
526	[Item 9]: Reference Data Management	Provider Specific Reference Data	The Contractor shall track NCQA status for provider certification levels and PMPM payments.	
527	[Item 9]: Reference Data Management	Provider Specific Reference Data	The Contractor's system shall have the ability to prior authorize providers for certain services, specific CPT codes, maximum dollar limits per month, limiting care to Medicaid members on specific benefit programs, or other restrictions, as directed by the Agency.	
528	[Item 9]: Reference Data Management	Other Reference Data	The Contractor shall utilize Claim Adjustment Reason Codes (CARC) as provided and updated by CMS.	
529	[Item 9]: Reference Data Management	Other Reference Data	The Contractor shall obtain and update the MCD NCCI methodology files located on the MII (Medicaid Integrity Institute) secure web site. These files are updated on a quarterly basis.	
530	[Item 9]: Reference Data Management	Other Reference Data	The Contractor shall utilize Claim Adjustment Reason Codes and Remittance Advice Remark Codes as provided and updated by CMS (CARC & RARC).	
531	[Item 9]: Reference Data Management	Other Reference Data	The Contractor shall maintain drug files and effective dates for as long as the BMS Contractor processes J-Code (physician administered drugs) pharmacy claims.	
532	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall maintain benefit plan information on prepaid health plans, including CME, PACE, and CHIP.	
533	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall track and report on members enrolled in the CME, CHIP, and PACE benefit plans.	
534	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall identify the appropriate Medicaid benefits or benefit packages based on the member's eligibility code.	
535	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall maintain benefit plan packages to process claims by benefit plans.	

536	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall maintain the capability to provide listing of covered services by benefit plan.	
537	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall provide member lock-in based on benefit plans, diagnosis, and program codes (A99 should be checked to see if this is allowed).	
538	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall have the capability to create and manage multiple non-Medicaid eligibility groups or benefit plans that are not within WES. Note: This functionality shall be restricted to designated users or user groups.	
539	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall accept WES changes no less than daily and shall produce complete and detailed information that supports error correction and synchronization of member eligibility data.	
540	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall track utilization of services by various member categories.	
541	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall identify, track, and manage tribal claims for purposes of federal match.	
542	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall provide the Agency with information on possible duplicate members for approval to merge. Merge members upon the request of the Agency. Provide the ability to unmerge members, if needed.	
543	[Item 9]: Reference Data Management	Member Reference Data	The Contractor shall have a solution and process for identifying potential cases and merging and unmerging members. If the Contractor has a process that accomplishes the same goals as merging and unmerging, please describe that alternative process. Note: The BMS will obtain member data from the System Integrator that originates from the Wyoming Eligibility System (WES). The SI is tasked to identify cases for merging and unmerging members as a function of handling master data management, which supports the availability of clean data for consumer modules, such as the BMS. Since BMS is specialized and equipped to identify possible matches	

			and mismatches between member data, the opportunity for the Contractor to identify additional cases for merging and unmerging members is possible.	
544	[Item 9]: Reference Data Management	Fee Schedule Maintenance	The Contractor shall update and maintain rates provided by Agency Contractors or external sources, as approved by the Agency.	
545	[Item 9]: Reference Data Management	Fee Schedule Maintenance	The Contractor shall maintain multiple fee schedules and provider-specific reimbursement rates with begin and end dates. The Contractor shall maintain a minimum ten (10) year history of all contract rates.	
546	[Item 9]: Reference Data Management	Fee Schedule Maintenance	The Contractor shall maintain reasonable and customary charge information for Medicaid to support claims processing.	
547	[Item 9]: Reference Data Management		The Contractor's system shall utilize a consistent method and algorithms to correct specific data including but not limited to issues with: (a) Address; (b) Name; (c) Other demographic or identifier information.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
548	[Item 10]: Financial & Support Services	Provider Payment Processing	The Contractor shall provide and maintain the capability to process standard financial transactions including recoupments and payouts which cover more than one (1) claim or service.	
549	[Item 10]: Financial & Support Services	Provider Payment Processing	The Contractor shall make timely payments to providers at any time, in accordance with a court order, to carry out hearing decisions or Agency corrective actions taken to resolve a dispute, or to extend the benefits of a hearing decision, corrective action, or court order to others in the same situation as those directly affected by it.	
550	[Item 10]: Financial & Support Services	Provider Payment Processing	The Contractor shall utilize a real-time automated workflow to control, track, and reconcile all captured claims to validate that all received claims are processed.	

551	[Item 10]: Financial & Support Services	Provider Payment Processing	The Contractor shall utilize a real-time automated workflow for check logging, financial federal reporting, manual financial processing, and other applicable tasks. The Agency requires the ability to monitor tasks and transaction progress from initiation, completion, and through archiving and to identify where in this process the transaction is.	
552	[Item 10]: Financial & Support Services	Provider Payment Processing	The Contractor shall send a status back on all payments sent from the State Auditor's Office (i.e.: file interchange).	
553	[Item 10]: Financial & Support Services	Provider Payment Processing	The Contractor shall reconcile processed claims to payments issues by the SAO on a weekly basis.	
554	[Item 10]: Financial & Support Services	Provider Payment Processing	The Contractor shall produce user friendly electronic RAs for providers and Agency staff.	
555	[Item 10]: Financial & Support Services	Provider Payment Processing	The Contractor shall generate electronic remittance advices for payments to providers, including payments, voids, suspensions and payment adjustments.	
556	[Item 10]: Financial & Support Services	Provider Payment Processing	The Remittance Advice (RA) and screen lookup shall identify all denial reasons and flags for each claim.	
557	[Item 10]: Financial & Support Services	Coding: State Budget, Federal Category of Service, and T-MSIS	The Contractor shall enhance audit fields to support budget analysis that includes granular details to complete roll ups for CMS 64 reporting purposes.	
558	[Item 10]: Financial & Support Services	Coding: State Budget, Federal Category of Service, and T-MSIS	The Contractor shall enhance information on claims based on federal code categories. The Contractor shall categorize claims to CMS-64 and CMS-64 feeder forms, federal provider category of service, and match rate. This includes claims and administrative portions as well as waiver feeder forms. The Contractor shall store this information and share with the Agency Data Warehouse (DW).	
559	[Item 10]: Financial & Support Services	Coding: State Budget, Federal Category of Service, and T-MSIS	The Contractor shall ensure feeder forms (within CMS-64) feed up into the CMS-64. All of the feeder forms shall match up at lower levels and higher levels, reconciling summaries with supporting details.	

560	[Item 10]: Financial & Support Services	Coding: State Budget, Federal Category of Service, and T-MSIS	The Contractor shall include federal reporting information and procedure codes within claims data that allows the Agency the ability to drill down for audit purposes.	
561	[Item 10]: Financial & Support Services	Coding: State Budget, Federal Category of Service, and T-MSIS	The Contractor shall enhance information and categorize claims to T-MSIS for all processed claims.	
562	[Item 10]: Financial & Support Services	Coding: State Budget, Federal Category of Service, and T-MSIS	The Contractor shall categorize claims to State budget categories, accounts, funds, Federal Medical Assistance Percentages (FMAP), and other relevant financial information as requested by the Agency. The Contractor shall store this information and share with the Agency DW.	
563	[Item 10]: Financial & Support Services	Coding: State Budget, Federal Category of Service, and T-MSIS	The Contractor shall have the capability for the system to drill down into provider taxonomy, procedure codes, pay-to provider, members, and treating provider according to business rules, e.g. HXXX code can be billed if the treating providers is under this type of pay-to provider.	
564	[Item 10]: Financial & Support Services	Adjustments & Withholds	The Contractor shall conduct prepayment review where larger dollar claims and suspicious claims are suspended and Agency is notified.	
565	[Item 10]: Financial & Support Services	Adjustments & Withholds	The Contractor shall process gross adjustments for claims and providers that are outside the claims window contained in the claims processing system.	
566	[Item 10]: Financial & Support Services	Adjustments & Withholds	The Contractor shall process mass adjustments and retroactive adjustments for claims and providers. The claims window is seven (7) years.	
567	[Item 10]: Financial & Support Services	Adjustments & Withholds	The Contractor's system shall have the capability to prevent suspended claims from being processed by the financial application.	
568	[Item 10]: Financial & Support Services	Adjustments & Withholds	The Contractor shall withhold claim payments to providers, as directed by the Agency, when a provider is under investigation for fraud, waste, or abuse.	
569	[Item 10]: Financial & Support Services	Adjustments & Withholds	The Contractor shall alert the Agency of any payment changes requiring further review or investigation (e.g. statistical variances or rapid payment changes).	
570	[Item 10]: Financial & Support	Adjustments & Withholds	The Contractor shall provide the ability to do legal holds on provider reimbursements, when directed by the	

	Services		Agency.	
571	[Item 10]: Financial & Support Services	Adjustments & Withholds	The Contractor's system shall align with the prepayment edits used by the Program Integrity process.	
572	[Item 10]: Financial & Support Services	Accounts Receivable	The Contractor shall identify and track the source and purpose of all checks received. The Contractor shall ensure providers send identifying information with their payment per the Agency's Provider Manual.	
573	[Item 10]: Financial & Support Services	Accounts Receivable	The Contractor shall perform and track credit balance write offs.	
574	[Item 10]: Financial & Support Services	Accounts Receivable	The Contractor shall notify the Provider Enrollment module when a provider, who has had a previous credit balance written off, attempts to enroll as a provider. The Contractor shall identify written off credit balances and work with the Provider Enrollment Contractor to recoup funds before the provider is eligible to fully enroll.	
575	[Item 10]: Financial & Support Services	Accounts Receivable	The Contractor shall process payments from providers for refunds and update records, as needed.	
576	[Item 10]: Financial & Support Services	Accounts Receivable	The Contractor shall coordinate with the WINGS Fraud, Waste, and Abuse Contractor in instances including but not limited to when actual or suspected fraud, waste, or abuse is identified and when necessary to harmonize provider overpayment collection.	
577	[Item 10]: Financial & Support Services	Accounts Receivable	The Contractor shall perform and track credit balances relating to claim adjustments and recoupments from providers.	
578	[Item 10]: Financial & Support Services	Accounts Receivable	The Contractor shall initiate the following provider credit and debit gross level adjustments and transmit to the Agency in a mutually agreed upon format: (a) Provider sends a refund check (b) Provider sends a check based on invoice sent by Agency (c) Debit a provider for interest owed to Agency (d) Interest debit when a check is received by a provider (e) Check needs to be canceled (f) Debit a provider for amount owed to Agency (g) Adjustment done by electronic claim	

			or predefined forms.	
579	[Item 10]: Financial & Support Services	Accounts Payable	The Contractor shall maintain, process, store, and track capitation payments based on Per Member Per Month (PMPM) rates and eligibility status for the Care Management Entity (CME), Programs of All-Inclusive Care for the Elderly (PACE), and any other future capitated payment programs.	
580	[Item 10]: Financial & Support Services	Accounts Payable	The Contractor shall generate and mail out paper checks. Check volume is expected to be less than seventy (70) paper checks per week.	
581	[Item 10]: Financial & Support Services	Accounts Payable	The Contractor shall generate a payment authorization to the State Auditor's Office (SAO) for payments made through the Wyoming Online Financial System (WOLFS).	
582	[Item 10]: Financial & Support Services	Accounts Payable	The Contractor shall track and support federal payments payable under the Medicare Part D claw-back with the ability to view into data to the individual claim level.	
583	[Item 10]: Financial & Support Services	Accounts Payable	The Contractor shall pay retroactive adjustments to providers who are reimbursed under a retrospective payment system, as defined in § 42 CFR 447.272.	
584	[Item 10]: Financial & Support Services	Accounts Payable	The Contractor shall reconcile electronic funds transfer (EFT) payments distributed to providers by WOLFS.	
585	[Item 10]: Financial & Support Services	Accounts Payable	The Contractor shall appropriately apply and track third party liability reason codes related to fraud, waste, and abuse recoveries in the payment process.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
586	[Item 11]: Technical Operations	Provide Recurring Extract to DW	The Contractor shall provide a regular extract file of up to one hundred percent (100%) of all the fields in the system, including metadata (timestamps), into the DW. This includes claims history, for all claims, encounters, and premium or capitation payments processed by the Contractor. Extract file shall be provided to Data Warehouse at least weekly.	
587	[Item 11]: Technical Operations	Provide Recurring Extract to DW	The Contractor shall interface with the DW and generate a report identifying members and providers incentivized for PMPM payments based on NCQA status.	

588	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall provide and maintain secure and user friendly interactive voice response (IVR) system with scripts approved by the State to respond to inquiries using a telephone menu and response system.	
589	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's IVR system shall have the ability to use educational scripts for callers on hold or waiting in the queue.	
590	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's IVR system shall provide quality monitoring tools and processes to enable a continuous improvement cycle for toll-free call center services that includes: (a) Plug-in/double-jack monitoring; (b) Silent Monitoring; (c) Record and Review; (d) Voice and Screen/multi-media monitoring for call center supervisors, State resources, or designated resources.	
591	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall maintain extraneous call information (i.e.: date and time of call, duration) with the call recording.	
592	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's IVR system shall have the ability to route calls to other call centers or IVR systems, as applicable.	
593	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's IVR system shall have the ability to update callers within the queue regarding how long the anticipated wait time is until their call is picked up by a human.	
594	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's CRM tool shall have the ability to upload or associate attachments to correspondence records.	
595	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall establish a process for documenting, tracking, prioritizing, and coordinating resolution of escalated member calls regarding items within Contractor scope of work.	
596	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall track and maintain Call Center information for Agency provider operations staff to utilize for research purposes, including: (a) Time and date of call; (b) Call duration; (c) Provider name and contact information; (d) Reason for calling; (e) Status of resolution; (f) Resolution description.	

597	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall establish a process for documenting, tracking, prioritizing, and coordinating resolution of escalated provider calls regarding items within Contractor scope of work.	
598	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall provide, configure, and maintain an automated call and contact tracking system (CRM tool) for all calls and correspondence received.	
599	[Item 11]: Technical Operations	Provide Call Center Software	The CRM tool must log and track information for each call that includes at a minimum the following elements: (a) Time of call; (b) Date of call; (c) Identifying information on caller; (d) Representative ID; (e) Call Type; (f) Call Category; (g) Inquiry Description; (h) Ticket Status; (i) Response Description; (j) Call Reference Number.	
600	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's CRM tool shall have the ability to link the CRM record and the workflow tool to automatically route appropriate tickets to the State for review.	
601	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's CRM tool shall have the ability to link related CRM tickets.	
602	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's CRM tool shall have the ability to include a free form text field for each CRM ticket for comments and/or resolution.	
603	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's CRM tool shall have the ability to provide for online display, inquiry, and updating of call records with access, including, but not limited to, call type, API or NPI number, inquirer's name, representatives ID or name, provider name, or a combination of these data elements.	
604	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's CRM tool shall have the ability to utilize CTI to auto-populate CRM screens with caller's basic information and access to contact history.	
605	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's CRM tool shall allow users to view related correspondence records from a single correspondence record.	

606	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's CRM tool shall have the ability to present the contacts authorized to perform business functions with the State's healthcare programs on behalf of the provider or entity.	
607	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor's CRM tool shall have the ability to accommodate searches on call center records by characteristics such as call type, category, CRM number, name of provider, provider number, contact name, other entity names, service authorization number, category of service, user ID, and any combinations thereof.	
608	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall make available to the Agency read-only access into the CRM, IVR, and call recording software. Agency needs access for up to five (5) concurrent users and twenty-five (25) named users.	
609	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall make available to the Agency edit access for State actions related to the provider or member into the CRM. Agency needs access for up to five (5) concurrent users and twenty-five (25) named users.	
610	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall record and store all calls and allow Agency personnel access to recordings from the Agency location.	
611	[Item 11]: Technical Operations	Provide Call Center Software	The Contractor shall keep all recorded calls for ten (10) years. Compressed formatting is acceptable.	
612	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall have workflow processes and capabilities. At a minimum, the Agency anticipates users to have the ability to log in and access work queues in order to manually review, route, and close (archive) tasks to other workflow users. The workflow shall include Contractor and Agency users, with the ability to route between both parties. The workflow shall accommodate the scanning and input of documents, as well as written requests, all of which can be routed. There shall be a mechanism to archive completed tasks and re-route tasks for further investigation, even after being archived. The workflow shall have a search functionality that scans and identifies tasks based on search criteria. Tasks shall be clearly identified by naming and dating appropriately. Actions and access taken against workflow items will be time	

			and date stamped.	
613	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall securely and electronically receive processed J-code claims related to physician administered drugs from the Pharmacy Benefit Management System (PBMS) using industry standards whenever possible.	
614	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall securely and electronically transmit J-code claims related to physician administered drugs to the Pharmacy Benefit Management System (PBMS) using industry standards whenever possible.	
615	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide read-only access to designated Agency staff to all Contractor systems used for this scope of work.	
616	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall accommodate, import, and accept configurations to enable business rules, including all industry standard files, taxonomies, diagnosis codes, and procedure codes.	
617	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall assist the Agency with simplifying business rules and policies to establish streamlined benefit plans for claims processing purposes.	
618	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide a flexible business rules engine that can restrict billing in accordance with State policy and parameters, including, but not limited to: (a) Pay-to provider; (b) Treating provider; (c) CPT/HCPCS code; (d) Diagnosis code.	
619	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide audit functionality for the business rules engine, according to Agency guidelines.	
620	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide the capability for the business rules engine to be restricted to view-only access and audit functionality.	
621	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide an interactive website for member, providers, Agency staff, and the general public.	

622	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide an external facing website that includes: (a) Member Newsletters; (b) Find a doctor, hospital or clinic; (c) List of DFS Offices by County; (d) Wyoming Medicaid Handbook and general Medicaid information; (e) Travel Assistance Manuals; (f) Training and Tutorials to assist with use of secure member portal.	
623	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide a secure member portal where members can: (a) Check eligibility; (b) Request information on services covered under benefit plans; (c) Request EOBs; (d) Complete transportation requests; (e) Request a Medicaid ID card; (f) Send questions to Ask Wyoming Medicaid.	
624	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall generate electronic Explanation of Benefits (EOB) notices according to Agency requirements. EOB notices should be formatted as an easy to read document and available on Member Portal.	

625	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall support a secure web-based provider portal for the following: (a) List of workshops (date, location, time) (b) Portal Downtimes (what is impacted, functionality impact, Why, When downtime is scheduled) (c) Registration for Secure Portal (d) Web Portal tutorial Page (e) Provider Manuals and Bulletins (f) Provider Locator (g) CMS Re-enrollment Information and Frequently Asked Questions (h) Browser Compatibility (i) Contact and FAQ Pages (j) Dental Page (Bulletins, Forms, Information, Dental Programs...) (k) EULA Agreement before access to Fee Schedules (l) Downloadable Medicaid Forms (m) Senate Enrolled Act 49, general information (n) HIPAA 5010 and ICD-10 Information (o) Interpretation Services (p) Links to Related Sites (q) Medicare Prescription Drug Coverage Information (r) Vendor Services (s) NDC Billing Requirements (t) OPPS Information (u) Provider Training (v) Patient Centered Medical Home (w) Web Tutorials (x) Software & Training (y) What's New.	
626	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide the ability for providers to request information online including status of claims, prior authorizations, remittance advices, current provider enrollment status and expiration date, member eligibility status and date spans, member benefit plan, and services covered under benefit plan.	
627	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide prompt response to inquiries regarding the status of any claim through a variety of appropriate technologies and shall track and monitor responses to the inquiries.	
628	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall process electronic claim status request and response transactions (ASC X12N 276/277) required by 45 CFR Part 162.	

629	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor's system shall allow providers to view all Prior Authorizations issued to them and the Prior Authorization source, reason code, and Prior Authorization number.	
630	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide real-time online access for providers to reference data, including fee schedules, provider manuals, bulletins and benefit plan coverage. Information shall be read-only and viewable by effective date (i.e., multiple fee schedules should be available with beginning and end dates for the fee schedule).	
631	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide an electronic user interface where providers can log on to see the status of a claim in real-time, including detail beyond "in process" such as the claim is waiting on an attachment in order to finish processing.	
632	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor's web portal shall allow a provider to check eligibility with a detailed description of covered benefits and utilization information, where the member is with copays, and what might need a Prior Authorization.	
633	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall support a provider web portal to include the following: (a) "Ask Wyoming Medicaid"; (b) Support Web-based Claims; Submission (c) Claim Status Inquiry; (d) Real time claim status, including details. For example, if claim is waiting on an attachment, the status would inform the provider that a claim is waiting on an attachment to process; (e) RA Retrieval Ability to Upload Files; (f) Provider Warrant Summary; (g) Prior Authorization for Processing; (h) LT101 Inquiry (Medical Assessment for Long-Term Care); (i) PASRR Level I ; (j) Electronic Claim Attachments; (k) EDI Application; (l) Eligibility check with a detailed description of covered benefits and utilization information; (m) Ability for provider to run reporting such as total number of claims submitted in specified time spans, denials, denial reasons, and other surrounding details.	

634	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall make commonly used information related to a member available on a member summary page, so the State user does not have to access multiple subsystems.	
635	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall make commonly used information related to a provider available on a provider summary page, so the Agency user does not have to access multiple subsystems.	
636	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide the ability for authorized users to view all Prior Authorizations issued for a member from the member screen.	
637	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide the ability for authorized users to view all benefits used to date, with remaining balances on benefits that have limitations or caps, from the member screen.	
638	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide real-time online access for internal system users (Contractor and Agency staff) to reference data and benefit plan business rules. Information should be viewable by effective date (i.e., multiple fee schedules should be available with beginning and end dates for the fee schedule).	
639	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide access to designated Agency staff to allow uploading and updating documents on the web portal.	

640	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide a holistic view of each member, searchable by Agency and Contractor staff, including, but not limited to: (a) Member Demographic Information; (b) Familial Case Ties; (c) Member Characteristics: Problems, Social History, Allergies, Adverse Reactions, Alerts, Immunization Information; (d) Provider Demographic Information; (e) Episode(s) of Care; (f) PA Summary (active, inactive, units used/total units); (g) Procedure Data & Encounters; (h) Medical History; (i) Copay Amounts (Met/Remaining); (j) Other Coverage Information (TPL); (k) Benefits and Coverages; (l) Denied/Paid/Suspended Claims Associated to the Member; (m) Grievances & Appeals; (n) FWA Case Involvement; (o) Waiver and Case Management Details.	
641	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor shall provide a holistic view of each provider, searchable by Agency and Contractor staff, including, but not limited to: (a) Provider Demographic Information; (b) Member Universe; (c) PA Summary by Member, as Utilized by the Provider; (d) Procedure Data & Encounters; (e) Denied/Paid/Suspended Claims submitted by the Provider; (f) FWA Case Involvement; (g) Grievances & Appeals; (h) Recoupment Information (including payment plan details).	
642	[Item 11]: Technical Operations	Provide Claims Processing System	The Contractor's System shall allow the user to run more than one instance at the same time.	
643	[Item 11]: Technical Operations	Data Management	The Contractor shall produce a file of record issues and errors to be sent to the originating source, as needed.	
644	[Item 11]: Technical Operations	Data Management	The Contractor shall process and report on claims that are processed which indicate the Member's date of death for follow-up by the Member eligibility or Third-Party Liability (TPL) personnel.	

645	[Item 11]: Technical Operations	Data Management	The Contractor shall support automated data exchange process(es), as specified by CMS, to identify and track Medicare Part D dual eligible and Low-Income Subsidy eligible members.	
646	[Item 11]: Technical Operations	Data Management	The Contractor's system shall link each PA to its corresponding claim.	
647	[Item 11]: Technical Operations	Data Management	The Contractor shall accept prior authorizations via Movelt, direct entry, industry standard file types (i.e.: 278), EDI, and other applicable avenues.	
648	[Item 11]: Technical Operations	Data Management	The Contractor shall issue confirmation (i.e.: auto generated letter or electronic response) to the provider upon PA approval and denial, as applicable.	
649	[Item 11]: Technical Operations	Data Management	The Contractor shall track and calculate pending, approved, used, and denied PA units.	
650	[Item 11]: Technical Operations	Data Management	The Contractor's system shall allow for manual entry of PAs.	
651	[Item 11]: Technical Operations	Data Management	The Contractor's system shall allow for editing and updating current and active PAs.	
652	[Item 11]: Technical Operations	Data Management	The Contractor's imaging equipment of hard copy documents shall be utilized for PA input.	
653	[Item 11]: Technical Operations	Data Management	The Contractor's system will assign each PA a unique number.	
654	[Item 11]: Technical Operations	Data Management	The Contractor shall track PAs using criteria including but not limited to: category of service, provider utilization of units, and member.	
655	[Item 11]: Technical Operations	Data Management	The Contractor shall receive and utilize member eligibility information from external sources, including the Wyoming Eligibility System, which is the primary source of eligibility data.	
656	[Item 11]: Technical Operations	Data Management	The Contractor's system shall interface with WES to get the reported verified household income and track all copays.	
657	[Item 11]: Technical Operations	Data Management	The Contractor shall send and receive information to and from WOLFS to ensure all Contractors and the Agency have the same payment date for purposes of claims processing and reporting.	
658	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall provide contextual topic help that further explains each data item on the current screen. This help shall be available on all user interface	

			screens.	
659	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall provide help desk services to provide level 0 (customer self-service) level 1 (basic support), level 2 (moderate support) that includes, as appropriate, escalation to the State, and level 3 (technical/integration) support related to the functionality of the module's scope of work. Level 1 help desk is the first point of contact and is responsible for logging the issue and, if possible, assisting the user.	
660	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall automate acceptance of prior authorization requests and referrals.	
661	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall implement changes required by CMS and national coding groups within thirty (30) days of release of requirements. Specifically this requirement is in regard to reference data (i.e. code set-up dates, procedure updates, taxonomies, OCE, NCCI).	
662	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall provide the Agency with a monthly system change log that documents all changes and updates that have occurred.	
663	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall accommodate updates in code sets, rate changes, and billing requirements through an automated methodology.	
664	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall accept or generate all published healthcare industry standard X12 files (i.e.: 270, 271, 276, 277, 278, 820, 834, 835, 837).	
665	[Item 11]: Technical Operations	Ongoing Technical Operations	The System shall allow configuration via screens of at a minimum the following items: (a) Fee schedules; (b) Taxonomies; (c) Program codes; (d) Benefits plans; (e) Active or allowed diagnosis codes; (f) Procedure codes; (g) Edits; (h) Prior Authorization requirements/edits; (i) Provider Charge Files (provider specific rates). Please list other configurable items if available. The Contractor shall note for each item the level of configuration for reference data edits, and other areas available through system via screens by designated users without hard coding	

			(add, change, delete, and view).	
666	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall accept plain language requests for changes from the Agency and analyze for system impacts, including but not limited to how changes may impact other parts of the system, and determining the best way to implement into the system.	
667	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall translate Agency selected recommendations into system changes, test plans, and operational readiness criteria.	
668	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall provide a staging testing environment that mirrors production where State staff can access and perform testing that includes but is not limited to: testing one-off scenarios, changes to business rules, pricing updates, rate adjustments, claim adjustments, and edits posting by claim type.	
669	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall refresh the staging testing environment weekly with current production data.	
670	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall provide a self-service mechanism for a provider to test file acceptance and software compatibility between the provider and the Contractor.	
671	[Item 11]: Technical Operations	Ongoing Technical Operations	The system shall retain claims indefinitely so that adjustments can be made and include claim detail such as who changed claims, why, and what was changed.	
672	[Item 11]: Technical Operations	Ongoing Technical Operations	The Contractor shall provide a single sign-on and allow time out by user role.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
673	[Item 12]: Business Operations	Mailroom & Document Management	The Contractor shall establish and maintain mailroom operations with paper claims processing functionality.	
674	[Item 12]: Business Operations	Mailroom & Document Management	The Contractor shall establish a process for receiving, scanning, and associating paper claims, paper checks, and related attachments.	
675	[Item 12]: Business Operations	Mailroom & Document Management	Contractor shall provide hardware and software for scanning to feed document management system.	
676	[Item 12]: Business Operations	Mailroom & Document Management	The Contractor shall scan, name, and date all received paper documents used in financial support services.	

677	[Item 12]: Business Operations	Mailroom & Document Management	The Contractor shall retain all original paper documents for fifteen (15) calendar days from the date the documents are received and have been scanned, indexed, and stored. Original documents may be destroyed once indexed and stored and the retention period is met in accordance with State and federal guidelines.	
678	[Item 12]: Business Operations	Mailroom & Document Management	The Contractor shall have the ability to process and re-process claims concurrently (i.e.: batches).	
679	[Item 12]: Business Operations	Mailroom & Document Management	Contractor shall establish a process for receiving, processing, and documenting member verification of services questionnaire responses received.	
680	[Item 12]: Business Operations	Member Business Operations Support	The Contractor shall provide translation services from Spanish to and from English.	
681	[Item 12]: Business Operations	Member Business Operations Support	The Contractor shall respond to inquiries that may be escalated and transferred from the centralized member call center. Note: A centralized call center is available for members, which is separate from this RFP. The Contractor may be requested to assist with responses to inquiries on claims, escalated member calls, and member calls related to the BMS scope of work. These calls shall be tracked as part of the Contractor's Customer Relationship Management tool.	
682	[Item 12]: Business Operations	Member Business Operations Support	The Proposer shall describe their definition for what an accurate response to a member telephone call/inquiry looks like.	
683	[Item 12]: Business Operations	Member Business Operations Support	The Contractor shall provide support for following areas in English and Spanish as directed by the Agency: 1) Notices produced 2) Portal pages 3) IVR system If at a certain point, a minority population reaches 3.5% of the Medicaid population, the Contractor may have to provide translation services for that language.	
684	[Item 12]: Business Operations	Member Business Operations Support	The Contractor shall approve or deny requests for transportation authorization from providers in accordance with Agency policy (i.e.: taxi and non-taxi).	

685	[Item 12]: Business Operations	Member Business Operations Support	The Contractor shall approve or deny requests for transportation authorization from providers in accordance with Agency policy (i.e.: taxi and non-taxi).	
686	[Item 12]: Business Operations	Member Business Operations Support	The Contractor shall verify member transportation claims. Verification methods include at a minimum: phone verification, verification of submitted travel paperwork, and comparison between claim location against member address.	
687	[Item 12]: Business Operations	Member Business Operations Support	The Contractor shall verify member transportation claims. Verification methods include at a minimum: phone verification, verification of submitted travel paperwork, and comparison between claim location against member address.	
688	[Item 12]: Business Operations	Member Business Operations Support	The Contractor shall process transportation claims submitted by members or representatives of the member (parents/guardians).	
689	[Item 12]: Business Operations	Member Business Operations Support	The Contractor's System shall process transportation claims billed by providers related to taxis, lodging, and non-taxis.	
690	[Item 12]: Business Operations	Member Business Operations Support	The Contractor shall generate and distribute Medicaid ID cards and replacement Medicaid ID cards. ID Cards shall be generated on a regularly scheduled basis determined by program and policy, as defined by the Agency.	
691	[Item 12]: Business Operations	Provider Business Operations Support	The Contractor shall establish a process for coordinating communication between the Provider Call Center and the escalated Member Call Center to ensure seamless transfer of communications to resolve member inquiries.	
692	[Item 12]: Business Operations	Provider Business Operations Support	The Contractor shall operate and maintain a Provider Call Center for providers to request information on eligibility of member's benefit plan coverage, claims submission, claims processing, payment and reimbursement inquiries, and any Medicaid-related questions. The Provider shall center will be open 7:00 AM to 6:00 PM Mountain Time on all State business days, Monday through Friday (excluding State holidays).	
693	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall provide expertise on State and federal laws and monitor changes for impact to the Contractor's system and services.	

694	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall conduct an impact analysis summary report for system changes that includes: (a) Proposed policy, law, regulation, system change, or change in national best practices; (b) Identification of impacts the change will have on how claims are processed and how the system functions; (c) Identification of any system constraints or workarounds necessary to comply with the change; (d) Options for updating the system or services to comply with the change. The Contractor shall provide impact summary analysis and recommendations in plain, business language.	
695	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall be familiar and keep apprised of Federal Medicare Policies in relation to Medicare claims processing and be able to keep the system updated.	
696	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall provide prospective modeling and reporting to support Agency policy changes. Prospective modeling will allow the State to understand the impact of changes and identify provider training needs prior to implementation.	
697	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall provide quarterly recommendations for process improvements, based on industry standards, best practices, and cost efficiencies immediately and looking forward for the upcoming twelve (12) months.	
698	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall provide any system analysis to the Agency in simplified terms for ease of understanding.	

699	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall develop provider communications regarding claims processing and payment with input and approval of the Agency. Provider claims processing and payment communications include: (a) Provider notifications (b) Provider manuals (c) Newsletters (d) Bulletins (e) RA banners (f) State memos (g) Billing manuals (h) Websites and portals (i) Privacy and security notifications (j) Licensure letters.	
700	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall develop a follow-up communications process for Agency approval.	
701	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall generate follow-up communications per the approved process.	
702	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall assist the Agency with obtaining documentation, pulling data sets, and assisting with analysis of provided data sets to support Agency activities for audits, program administration, hearings, appeals, and fraud, waste and abuse.	
703	[Item 12]: Business Operations	Agency Business Operations Support	The Contractor shall provide the capability to lock-in members to certain providers and services as directed by the Agency.	
704	[Item 12]: Business Operations	Administrative Claim Review	The Contractor's system shall flag and route within the workflow claims, documents, and attachments for manual review.	
705	[Item 12]: Business Operations	Administrative Claim Review	The Contractor shall perform manual reviews on claims, documents, and attachments within the workflow flagged by the system for manual review.	
706	[Item 12]: Business Operations	Administrative Claim Review	The Contractor shall provide a CMS-compliant grievance and appeals process specific to claims and the scope of work in the RFP. Note: Additional details on the process can be found at: https://health.wyo.gov/healthcarefin/bms-procurement-reference-library/.	

707	[Item 12]: Business Operations	Administrative Claim Review	The Contractor shall receive initial notifications and take the first steps to resolve all grievances and appeals.	
708	[Item 12]: Business Operations	Administrative Claim Review	If first resolution is unsuccessful, the Contractor shall escalate grievances and appeals to the Agency.	
709	[Item 12]: Business Operations	Administrative Claim Review	The Contractor shall provide an electronic process to accept and process provider grievance and appeals according to Agency-defined process. The Contractor shall also provide printable forms for providers to use as an alternative mechanism.	
710	[Item 12]: Business Operations	Administrative Claim Review	The Contractor shall develop a grievance process specific to the Contractor's scope of work in the RFP, including claims processed by the Contractor and other Contractor activity.	
711	[Item 12]: Business Operations	Administrative Claim Review	The Contractor shall classify and report to the Agency all escalated grievance and appeals and provide first tier responses, additional research, and recommendations to the Agency to manage the grievance or appeal.	
712	[Item 12]: Business Operations	Administrative Claim Review	The Contractor's provider on review process shall ensure that every claim for provider on review is flagged and manually reviewed.	
713	[Item 12]: Business Operations	Administrative Claim Review	The Contractor shall release individual claims for providers on review.	
714	[Item 12]: Business Operations	Administrative Claim Review	The Contractor shall establish a providers on review process including establishing levels of providers on review. This process shall be able to refer providers for flagging or suspension.	

Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
715	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor acknowledges and agrees that the Business Associate Agreement is subject to HIPAA, and the HIPAA implementation regulations thereunder, and the Health Information Technology for Economic and Clinical Health Act (HITECH), and the HITECH implementation regulations thereunder. Under the Agreement, the Contractor is responsible for security and privacy compliance related to their solution and must take advantage of the appropriate security capabilities and measures and adequate data validation, as well as have appropriate policies and procedures in place to minimize or prevent unlawful access by any person who may have access to the database.	
716	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor's solution shall be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) requirements in effect as of the date of release for the RFP and with any changes that subsequently occur, unless otherwise noted.	
717	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor will be required to enter into a signed Business Associate Agreement (BAA), sample included in Attachment D, that is in compliance with the Privacy and Security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prior to start of work.	
718	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Sub-contractor, if applicable, shall be required to enter into a signed Business Associate Agreement (BAA), sample included in Attachment D, that is in compliance with the Privacy and Security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prior to start of work.	
719	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall maintain all information not specifically identified as Protected Health Information (PHI) or Personally Identifiable Information (PII) as defined under HIPAA and/or HITECH, must be treated as privileged communications; must be held confidential; and must meet the terms and conditions specified in this RFP, and	

			the BAA between the Agency and its Contractor.	
720	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall adhere that all federal regulations regarding standards for privacy, security, electronic healthcare transactions and individually identifiable health information, the privacy regulations found at 45 CFR 160, 162 and 164, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the American Recovery and Reinvestment Act of 2009 (ARRA)/HITECH Act (P.L. 111-005), are continuously met. The Contractor must comply with any future HIPAA requirements.	
721	[Item 13]: Solution Goals, Compliance, and Certification	Alignment with Goals	The Contractor shall comply with the Seven Standards and Conditions, set forth by Centers for Medicare Medicaid Services (CMS), in order to receive enhanced federal financial participation (FFP). These are covered in the MITA 3.0 framework and an overview can be found at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf .	
722	[Item 13]: Solution Goals, Compliance, and Certification	Alignment with Goals	The Contractor shall be compliant with MITA 3.0 - MITA Condition or the latest MITA version that requires States to align to and advance in MITA maturity for business, architecture and data.	
723	[Item 13]: Solution Goals, Compliance, and Certification	Alignment with Goals	The Contractor shall ensure the solution is modular and configurable with limited need for custom development.	
724	[Item 13]: Solution Goals, Compliance, and Certification	Alignment with Goals	The Contractor shall implement a BMS solution that allows for effective integration and removal of data sources quickly.	
725	[Item 13]: Solution Goals, Compliance, and Certification	Alignment with Goals	The Contractor shall minimize dependence on traditional IT infrastructure, with the ability to procure off-premise (non-State hosted) solutions and services that leverage delivery mechanisms such as Software as a Service (SaaS).	

726	[Item 13]: Solution Goals, Compliance, and Certification	Alignment with Goals	The Contractor shall provide a solution that utilizes web services and allow seamless and flexible communication between components that share data through the System Integrator into the Data Warehouse.	
727	[Item 13]: Solution Goals, Compliance, and Certification	CMS Certification	The Contractor shall coordinate with the Agency to develop and provide information for the CMS Certification Checklist documentation for the five (5) core MMIS Module Checklists and the three (3) BMS specific MMIS Module checklists applicable to the RFP scope. Under the current MECT 2.3 guidance, the applicable BMS checklists are: (a) Information & Architecture (b) Standards & Conditions (c) Access & Delivery (d) Integration & Utility (e) Intermediary & Interface (f) FFS Claims & Adjudication Checklist (MMIS Module) (g) Reference Data Management Checklist (MMIS Module) (h) Third Party Liability Checklist (MMIS Module)	
728	[Item 13]: Solution Goals, Compliance, and Certification	CMS Certification	The Contractor shall ensure system CMS Certification through correct design, implementation, documentation and certification support and, at no cost to the Agency, correction of problems/defects that prevent CMS Certification of the RFP scope.	
729	[Item 13]: Solution Goals, Compliance, and Certification	CMS Certification	The Contractor shall participate in certification planning activities.	
730	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	All auditing and retention standards shall be in compliance with Wyoming State Policy & Standards, CMS requirements and HIPAA standards whichever is more stringent.	
731	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor's solution shall comply with applicable Federal and State rules and requirements (e.g. HIPAA, HITECH, CMS-ARMS, Pub 1075, ARRA, HI-TECH, etc.).	

732	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor and its services, work products, and final deliverables provided by the Contractor applicable to the services described in the scope of work, shall be knowledgeable of and in compliance with pertinent State and Federal standards, statutory mandates, CIO Promulgated Rules, State IT policies, rules, and standards defined in the RFP, for required system hardware, software and development components when completed and accepted by the Agency.	
733	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall be compliant with SSA 1902 (f).	
734	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall be compliant with 20 CFR 416.1246, 20 CFR 416.1245.	
735	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall be compliant with SSA POMS Manual SI 01130.10.	
736	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall be compliant with W.S. § 42-4-201 - 42-4-205 and the State Medicaid Manual 3900-3910.15.	
737	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall be compliant with Section 1902(a)(25)(I)(i) of the Social Security Act directs States to enact laws requiring health insurers to provide plan eligibility and coverage information to Medicaid agencies. W.S. 42-4-204(e)(i-iv)	
738	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall adhere to recognized best practices during the execution of the scope of work including the latest version of the National Institute of Standards (NIST) Special Publication (SP) 800 series, at a minimum, related to security, interconnection of systems, risk mitigation, security planning, and cloud environments.	
739	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor must follow all applicable technical standards and security policies and procedures throughout the Contract term.	

740	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall comply with all sections of the Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act.	
741	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall comply with all state and federal statutes, regulations and rules applicable to the services described in the SOW. The Contractor shall also assist the Agency in meeting state and federal requirements for the BMS solution, including operational compliance with legislation passed at the federal or state level.	
742	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall have a working knowledge of all State and Federal mandates, regulations, standards and requirements that pertain to all WINGS project procurements under the Contractor's scope of work, including operational compliance with legislation passed at the Federal or State level, as applicable.	
743	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall be compliant with Title 42; Chapter IV; Subchapter C; Part 433 specifically 433.137 State Plan Requirements, 433.138 Identifying liable third parties, 433.139 Payment of Claims and 422.140 FFP and repayment of Federal share.	
744	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall adhere to Federal Standards and Statutory Mandates as defined in the RFP.	
745	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall adhere to State Standards defined in the RFP.	
746	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall follow all applicable technical standards and security policies and procedures throughout the Contract term.	
747	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall maximize use of industry standards for System design and exchange of data. Provide audit support to the Agency, including selection of samples, production of hard-copy documents, and gathering of other required data. The Contractor shall assist Agency 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.	
748	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall provide to the Agency a Statement on Standards for Attestation Engagements (SSAE) No. 16/18, Reporting on Controls at a Service Organization SOC1 and SOC2 reports. Unabridged and/or non-redacted SOC1 and SOC2 reports shall be provided for the Contractor's hosting vendor, if separate from the Contractor, and for the services provided by the Contractor. The sharing of these documents shall not require any additional agreements or authorization.	
749	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall provide assistance for the annual WY State Auditor's Office (SAO) audit. All certification and audit reports will be shared with the Wyoming's State Auditor Office (SAO) and their third party vendor that executes annual audits and may be shared with other entities, in the context of an official audit or investigative activities related to an issue, incident or breach.	
750	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall provide assistance to the Agency for the annual WY State Auditor's Office (SAO) audit.	
751	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall meet all Service Level Agreements and supply information to the Agency required to monitor the Contractor's solution.	
752	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall use data encryption that meets Federal Information Processing Standard (FIPS) 140-2 and at a minimum use AES 128 encryption.	
753	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor shall ensure that all technologies implemented are in compliance with any End User Licensing Agreements or other licensing arrangements.	
754	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor, except as provided by law, shall not disclose without prior written consent any information related to an individual. The Contractor must have written policies governing access to, and duplication and dissemination of all such information.	

755	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor's hosting environment for all system environment shall be compliant with SSAE 16/18 Type 2 and preferably have Federal Risk and Authorization Management Program (FedRAMP) certification.	
756	[Item 13]: Solution Goals, Compliance, and Certification	Compliance	The Contractor's solution shall comply with guidelines established by the SANS/CWE TOP-25 dangerous programming errors for web applications and the OWASP TOP 10 Web Application Risks.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
757	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Licensing	The Contractor accepts that all code developed specifically for this SOW, paid for by the Agency, is owned by the Agency. It is understood that code associated with COTS and SaaS products are not included in this requirement however all configuration items/settings shall be documented and provided to the Agency.	
758	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Licensing	The Contractor shall purchase or license any required solutions, software and utilities necessary to meet the SOW of the contract and provide to the Agency a complete inventory of all hardware and software licensing including license type, number of licenses, Licensor contact information and other requested information.	
759	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Licensing	The Contractor shall agree than any license purchased by the Contractor shall be transferred, if applicable, to the Agency at a predetermined time specified by the Agency.	
760	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Licensing	The Contractor shall identify in their proposal and through the project the software ownership and/or licensing. The Contractor shall clearly define the type of software and licensing type. Open source software is preferred however it must be of enterprise/commercial quality, have been successfully used in a similar type enterprise project and must provide clear and detailed documentation. Proprietary, commercial, open source, shareware and freeware may be used however the specifics of the restrictions, configuration management and how updated versions	

			will be leveraged must be described. Licensing type shall be documented such as GNU, proprietary, EULA, enterprise, concurrent, etc.	
761	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Licensing	The Contractor shall ensure that all technologies implemented and used are in compliance with all End User Licensing Agreements or other licensing arrangements determined by the Licensor. The Agency has the ability to verify compliance through multiple means including contacting the licensor.	
762	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Licensing	The Contractor shall manage and maintain software upgrades and licenses and provide training on software upgrades authorized System users, as necessary.	
763	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Licensing	The Contractor shall provide a code drop no less than quarterly of all Agency owned code. This shall include source code, libraries, other artifacts necessary to build the system, ROOT file of the code versioning software, build configurations, and scripts. This is dependent on the solution delivery model.	
764	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Architecture	Provide an architecture for the Benefit Management System that clearly defines service end points that add functionality without requiring pervasive or broad changes to the System.	
765	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Architecture	The Contractor shall demonstrate that the Benefit Management System infrastructure (hardware, software, and interfaces) is operational and meet federal and State architectural, technical, security and privacy requirements as well as the business and functional requirements.	
766	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Architecture	The Contractor shall enable system functionality, based on a Medicaid-proven and expandable data model design concept, that can seamlessly perform queries across all data sources.	

767	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Architecture	The Contractor shall meet the Interoperability Condition and shall provide seamless coordination and integration with appropriate exchanges, Federal and state systems through the use of standard messaging, protocols and architecture.	
768	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Architecture	The Contractor shall provide a solution that is modular and configurable.	
769	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Architecture	The Contractor shall provide a solution that can perform simple queries on tablets with results rendering appropriate for the device.	
770	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Data Store	The Contractor shall provide an appropriate data store to maintain case information and related data gathered from Contractor's other data sources.	
771	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Data Store	The Contractor shall provide reporting and analytics capability to the solution's data store.	
772	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Data Model/Schema	The Contract shall implement a data model that is expandable and allows incremental addition of component and interfaced system data items. For example, a few of such data items include provider, recipient, claims processing, and other data to support agency management reports and analyses.	

773	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Data Model/Schema	The Contractor shall allow all users to see column headers and table names even if they do not have the necessary permissions to access the data. It is desirable that those columns and tables the user does not have permission to use is identified as such by greying out the name or other similar means.	
774	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Data Model/Schema	The Contractor's implemented data model and any associating mapping will be fully owned by the Agency and fully documented and supplied to the Agency.	
775	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Data Model/Schema	The Contractor's solution shall be compliant with the Social Security Number Removal Initiative. (SSNRI) and the ability to use the new MBIS numbers.	
776	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Environments	The Contractor shall provide no less than five (5) environments to ensure continued access, security and integrity. The Contractor's solution will define the environments necessary but shall be at a minimum Production, Disaster Recovery, Testing, User Acceptance Testing and Development. At least three (3) environments will be the same security level as production and able to contain PHI.	
777	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Environments	The Contractor shall ensure that all environments, when applicable, mirror the Production environment to the extent possible and the Contractor shall define and document any differences.	
778	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Environments	The Contractor shall ensure that all environments are secure and ensure software patches are done timely and notification is provided to the Agency and integrated/ interfaced entities.	

779	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Hosting	The Contractor shall be responsible for providing hosting of the benefit management solution and all components in a way that reflects performance, security and data retention expectations described in this RFP in a manner that allows for scalability through virtualization to reduce costs and maintenance.	
780	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Hosting	The Agency prefers the service delivery mechanisms such as Software as a Service (SaaS), or Platform as a Service (PaaS) that allows for rapid deployment of functional capabilities.	
781	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Hosting	Hosting environment for all system environment shall be compliant with SSAE 16/18 Type 2 and preferably have Federal Risk and Authorization Management Program (FedRAMP) certification. The Contractor hosting the solution shall perform SSAE16/18 Type 2 audits annually (by an independent auditor). Responses to findings, action plans, and remediation plans shall be submitted to and approved by the Agency. Coordinate responses to initial findings with the Agency that may impact operations.	
782	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Hosting	The system shall be available and Users shall be able to access the Benefit Management System using the proposed hosting solution twenty-four (24) hours a day, seven (7) days a week, with the exception of planned downtime due to system upgrades or routine maintenance. All planned downtime and maintenance outages shall be communicated and coordinated with the Agency and agreed to by the Agency, at least five (5) business days in advance.	

783	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Hosting	The Contractor shall ensure that unscheduled system downtime (anytime the user cannot access the System or carry out business functions) due to any failures are limited. The following are indications that the System is operating outside of acceptable performance boundaries: (a) Delays or interruptions in the operation of System and related services caused by inadequate equipment or processing capacity; (b) Components not available for technical platform issues for use by authorized System users as required except during periods of scheduled maintenance; (c) Response time in excess of defined response times; (d) Inability of authorized users to create, process, or store reports.	
784	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Equip/HW/SW	The Contractor shall be responsible for operating and maintaining any hardware or software needed to support all components and tools in use by the Contractor in execution of the RFP Scope of Work.	
785	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Migration/ Conversion	The Contractor will conduct migration and conversion in accordance with an approved Data Management, Data Conversion, Migration and COTS Data Integration Plan and will communicate immediately with the Agency when any issues, problems or anomalies are discovered during conversion and all issues will be mitigated if possible.	
786	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Migration/ Conversion	The Contractor will conduct a smoke test related to conversion. The Agency will be included in the smoke test to ascertain that conversion has been successfully done and is functioning as necessary in the Contractor's solution and will share all migration and testing results.	
787	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Migration/ Conversion	The Contractor shall ensure referential integrity of all relational data during DDI and operations and maintenance.	

788	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor will work proactively with the WINGS Testing Contractor and shall share all results of testing, provide visibility into the full range of testing, and allow the Testing Contractor to access vendor test environment when participating in User Acceptance Testing. The WINGS Testing Contractor supports the Agency and does not impact the type, volume or intensity of the Contractor's Testing.	
789	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall allow the Agency's independent third party Testing, QA-QC Contractor access to the Contractor's testing environment to perform independent and validation testing. The Contractors will work with the Agency to define rules of engagement for testing however, refusing to enable access to the testing environment or access that is so limited to prevent appropriate testing as determined by the Agency, is a material breach that compromises the interoperability and integration of the WINGS project.	
790	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor will work proactively with the WINGS IV&V Contractor and shall share all results of testing, provide visibility into the full range of testing and allow the IV&V Contractor to participate in User Acceptance Testing.	
791	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	Contractor's approach and commitment to all testing phases required for the Benefit Management System, including at a minimum: System testing process, Integration testing, data conversion testing process, approach to supporting the Agency 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 hence an appropriately sized environment.	
792	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall provide all tools necessary for testing completed by them. The Agency and its Testing Contractor may employ additional tools.	

793	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall manage the testing of all functionality of the benefit management solution including documenting objectives, entrance criteria, scheduling, testing strategy, test procedures, resource identification, and exit criteria.	
794	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall perform integration and performance testing with the System Integrator to ensure the Contractor's solution is integrated into the ESB.	
795	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall perform performance testing of all Benefit Management System functionality with the System Integrator and the component vendors as well as the WINGS enterprise as a whole to ensure the appropriate and timely sharing of data with the Data Warehouse.	
796	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall provide a functional demonstration of the system including any changes or enhancements prior to user acceptance testing or, with the approval of the Agency, demonstrate functionality that is hard for a user to test.	
797	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall provide a testing environment for all test phases at a minimum to include: unit, regression, system, user acceptance testing, deployment testing, security testing and certification testing.	
798	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall conduct unit, regression, system, performance, security, integration and user acceptance testing and provide detailed reports of all testing activities, defects and mitigations.	
799	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall work collaboratively with the System Integrator Contractor and leverage automated testing tools they use to ensure that the system components works seamlessly with the Benefit Management System.	

800	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor shall work proactively with the WINGS Testing vendor to review all test results and provide the necessary system and functional information to create verification procedures and user acceptance test cases.	
801	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor will work with the System Integrator Contractor to design appropriate test cases, testing approach and actively participate in the testing of the integration of data and will work with the Agency to manage the execution of user acceptance testing including setup of shared resources, setup of instrumentation, conducting of the tests, and documentation of anomalies.	
802	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor will submit all testing results and documentation to the Agency for approval.	
803	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Testing	The Contractor's solution shall provide the ability to execute performance tests of a simulated user load consistent with the actual load projected or used in production.	
804	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Implementation	The Contractor shall provide implementation services for the benefit management solution including all required data integrations as defined by the SOW.	
805	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Implementation	If the Contractor's solution is a SaaS or PaaS solution the Agency will have the option to leverage enhancements to the solution created as a result of the Contractor's other members' enhancements.	

806	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Implementation	Service endpoints/Application Program Interface (APIs) shall be exposed to the System Integrator ESB and shall be able to receive and submit messages through the enterprise service bus.	
807	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Implementation	The Contractor shall provide a solution that is capable of receiving data using the following Web Service (WS) standards and specifications: JSON-WDP, SOAP, REST, UDDI, WS-Addressing, WS-Coordination, WS-Discovery, WSDL, WS-Federation, WS-Management, WS-Metadata Exchange, WS-Policy, WS-Security, WS-Reliable Messaging, WS-Transaction, WS-Trust, others as determined necessary.	
808	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Implementation	The Contractor shall have the ability to consume SOAP communication protocols.	
809	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Implementation	The Benefit Management System shall have an interoperability layer that supports efficient interactions with the System Integrator's ESB.	
810	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Implementation	The Contractor shall utilize an approach that promotes standardized data using intrastate enterprise modeling.	
811	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Enterprise Integration	The solution shall allow for uploading, retrieving, and viewing of native file formats including at a minimum Microsoft Office Suite, odm, odt, pdf, pub, gif, jpeg, XML, zip, 7zip, gz, jar, tar, iso, dat, myo, asc, apr, geotiff, dem, bmp, pdn, png, vsd, audio files, system generated documents, and scanned documents in real time.	

812	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Integration/APIs	The Contractor shall work with the Systems Integrator to establish appropriate connectivity through exposed Application Program Interfaces (APIs) to the Agency's ESB to establish appropriate transfers of data and messages.	
813	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Integration/APIs	The Contractor shall capture data in the DW from internal and external sources, such as public health or behavioral health data, and make available for incorporation into analytics, reporting, forecasting, and mapping where appropriate.	
814	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Integration/APIs	The Contractor shall provide ability to add new data sources efficiently.	
815	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Integration/APIs	The Contractor shall use web services when feasible.	
816	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Integration/APIs	The Contractor's solution shall comply with all current and future HIPAA standard Transactions and Code Sets (TCS) in place or mandated by the Agency and CMS.	
817	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Integration/APIs	The Contractor's solution shall support functionality to interface with multiple entities outside the WINGS enterprise for exchange of information to include the direct and secure querying of data from the System Integrator, the Data Warehouse and other integrated and/or interfaced systems.	
818	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Integration/APIs	The solution's inbound and outbound interfaces shall comply with National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), HIPAA-compliant standards, and other applicable standards such as CAQH-CORE and HL7.	

819	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Interfaces	The Contractor's interfaces inbound and outbound shall be orchestrated through the System Integrator's technical platform Enterprise Service Bus.	
820	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Interfaces	The Contractor shall work with the System Integrator and Data Warehouse Contractor to provide a data extract to the data warehouse no less than weekly.	
821	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Enterprise Integration	The Contractor shall share common data structures, business rules, and endpoints related to the solutions to ensure integration and alignment with acceptable data flow.	
822	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Enterprise Integration	The Contractor shall provide sufficient bandwidth and redundancy to ensure accessibility, reliability/fault tolerance and acceptable performance.	
823	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Operation Readiness	The Contractor shall coordinate with the Agency and conduct an Operational Readiness Walkthrough with the Agency prior to the roll out. The Operational Readiness Walkthrough shall validate the Contractor's, System's, and Agency's operational readiness. The Agency shall formally sign off on each Operational Readiness Walkthrough prior to implementation.	
824	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall apply all security patches for any applicable operating system or any other software implemented for the Benefit Management System. The Contractor shall 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.	

825	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall ensure access to the benefit management solution is granted through the use of a unique user identifier and user profile, combined with a strong password. Any transaction or change to data shall be traced and audited by the Contractor, down to the User ID level including Administrator accounts.	
826	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall ensure all communications and transmission external to the Benefit Management System environments shall use TLS 1.2, SHA 2 with a minimum of a 2048 bit key or other approved methods.	
827	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall ensure that the benefit management solution and its environments are secured using applicable controls defined in the NIST SP800-53 Revision 4 or latest. The applicable controls will include all security families. However those not applicable will be disclosed to the Agency, but the Agency has final approval of any families whose controls are not implemented.	
828	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall ensure that the secure outer perimeter of defense includes, but is not limited to, the use of technical barriers, physical barriers, and administrative safeguards especially related to legacy systems where perimeter security may be the most effective control.	
829	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall ensure that the security solution within the benefit management solution, including reporting tools, has ability to create, delete, modify and assign role-based security to grant view and modify access to individual window, report, data element & field levels.	
830	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall initiate a third party cyber security assessment to execute the security audit prior to go-live.	

831	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor's solution shall have a vulnerability assessment performed prior to promotion to production and the results supplied to the Agency. Any major or critical vulnerabilities must be mitigated before migration to production.	
832	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor's solution shall have been penetration tested within the last six (6) months prior to implementation and any major or critical vulnerabilities mitigated.	
833	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall initiate third party vulnerability scanning no less than quarterly and all results of the scans, including native format formats, provided to the Agency within ten (10) business days of the scan.	
834	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall maintain a log of login activity to the benefit management solution, including reporting tools, and these shall be audited and access restricted when anomalies are detected.	
835	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall maintain policies and procedures for security clearance and staffing controls, allowing Contractor personnel access to Agency owned confidential information and/or to restricted areas within the Contractor's host environment.	
836	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall protect the database from SQL injection attacks, access to the database from the application shall be through a standard database abstraction layer.	
837	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor's solution shall support either a hierarchical role structure whereby user and password define program or individual menu item access, or logon program/device security based strictly on user and password or PIN.	

838	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall 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 in real time with appropriate authorizations.	
839	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall routinely review an appropriate subset of audit logs of system activity looking for suspicious activity no less than quarterly.	
840	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor's solution should not include any code of unknown origin.	
841	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The System shall encrypt Electronic Protected Health Information (ePHI) whenever deemed appropriate, including in databases using an agreed upon and appropriate strength cipher.	
842	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	Third party applications shall adhere to any applicable Agency system security practices, configurations & procedures.	
843	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor solution shall manage role-based permissions and provide NIST compliant identification, authentication and accounting mechanisms.	
844	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Security	The Contractor shall provide multiple layers of external and internal security that provides administrative, physical, and technical means to protect sensitive or confidential information used in performing the responsibilities and duties set forth in this RFP.	

845	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Solution/System Alerts	The Contractor's solution shall provide an exception or failure notification for real time interfaces, batch processing, and files related to claims processing, and identify a resolution process.	
846	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Archiving	The Contractor shall be able to demonstrate requirements for backup and archiving using CMS and industry standards. The BMS data archiving requirement is ten (10) years.	
847	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Documentation	The Contractor shall develop detailed specification design documents for development, configuration, testing, and implementation of the solution including processing guidelines that and function as a technical guide for other contractors sharing information with the Benefit Management System.	
848	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Documentation	The Contractor shall document, maintain and share with the Agency detailed technical documents related to the database including but not limited to database model, table structure, ERD, data flows, technologies, protocols, security controls and a complete data dictionary.	
849	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Documentation	The Contractor shall provide and maintain data layout documentation, data dictionary, data mapping crosswalk, inbound/outbound capability, and frequency for all interfaces. The data dictionary shall be developed using industry best practices identified and cited by the Contractor and approved by the Agency. At a minimum, the data dictionary shall contain for each field: (a) Human readable/"plain English"; (b) Field name; (c) Field description; (d) Database field name; (e) Database table; (f) Field type and length; (g) Codes associated with the field; (h) Descriptions of each code.	

850	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Documentation	The Contractor shall develop and maintain a data dictionary of all claims, member and provider data. The data dictionary must be available and searchable online. Required elements on the data dictionary include business name, field type, length, description, source, and valid values.	
851	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Technical Documentation	The Contractor shall provide the Agency any third party product documentation of any component implemented into the BMS solution.	
852	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Audit	The Contractor's solution shall have security audit trail reporting capabilities for a variety of criteria (e.g. security, level, locale, IP address, user ID, what was modified and what to, etc.) and shall produce robust audit trails and audit logs of all applications and system activities related to specific user IDs.	
853	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Audit	The Contractor's solution audit trail record shall contain information determined by the Agency and must meet HITECH auditing standards.	
854	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Audit	The Contractor's solution shall have the ability to implement stringent logging for all user types, including database administrators, and create an audit trail that cannot be modified.	
855	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Audit	The Contractor's solution shall not permit the alteration of any security log or audit trail, and log repositories are to be encrypted. Audit logs should be able to be queried and analyzed by authorized users.	
856	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Audit	The Contractor's solution shall support audit controls for hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use ePHI.	

857	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Audit	The Contractor shall provide a solution that has an audit trail with reporting capabilities that shall include at a minimum, all actions by a user on the system. The audit trail shall identify down to the data item level, what was changed and how it was changed.	
858	[Item 14]: BMS Technical, Components, and Implementation Solution Goals and Compliance	Audit	The Contractor's solution shall maintain an audit trail of all correspondence.	
Req. No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response
859	[Item 15]: Enterprise Data Management Goals and Compliance	Staging Environment	The Contractor shall ensure that the data in the staging environment is secure and use the same security controls as in the production environment.	
860	[Item 15]: Enterprise Data Management Goals and Compliance	Staging Environment	The Contractor shall provide a staging environment that mirrors functionality of tools in the production environment.	
861	[Item 15]: Enterprise Data Management Goals and Compliance	Disaster Recovery	The Contractor shall have a disaster recovery facility that can provide timely failover and create relevant documented policies and procedures to implement a recovery. A copy of the hosting DRP and Continuity of Operations Plan (COOP) shall be provided to the Agency.	
862	[Item 15]: Enterprise Data Management Goals and Compliance	Disaster Recovery	The Contractor shall provide all backups and snapshots in a manner that they are secure, quickly accessible and meet Agency recovery point objectives with a Recovery Point Objective (RPO) of eight (8) hours.	
863	[Item 15]: Enterprise Data Management Goals and Compliance	Disaster Recovery	The Contractor shall provide disaster recovery and business continuance processes, including offsite storage capability.	
864	[Item 15]: Enterprise Data Management Goals and Compliance	Disaster Recovery	The Contractor shall provide full restoration services within a Recovery Time Objective (RTO) of twenty-four (24) hours after a service disruption in compliance with recovery time objectives	

865	[Item 15]: Enterprise Data Management Goals and Compliance	Disaster Recovery	The Contractor will conduct Disaster Recovery testing no less than annually and no more than semi-annually. All results will be supplied to the Agency and the Agency can participate.	
866	[Item 15]: Enterprise Data Management Goals and Compliance	Disaster Recovery	The Contractor will document all disaster recovery processes and procedures for review and approval of the Agency. All aspects of disaster recovery should be included.	
867	[Item 15]: Enterprise Data Management Goals and Compliance	Data Management	The Contractor shall develop a data management strategy for: 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 Agency approved security protocols and processes. Non-repudiation of Data – parties to a transaction cannot deny their participation in the transaction.	
868	[Item 15]: Enterprise Data Management Goals and Compliance	Data Management	The Contractor shall document procedures related to the data management lifecycle that includes: 1) Plan: description of the data that will be compiled, and how the data will be managed and made accessible throughout its lifetime. 2) Collect: observations are made either by hand or with sensors or other instruments and the data are placed into digital form. 3) Assure: the quality of the data is assured through checks and inspections. 4) Describe: data are accurately and thoroughly described using the appropriate metadata standards. 5) Preserve: data are submitted to an appropriate long-term archive. 6) Discover: potentially useful data are located and obtained, along with the relevant information about the data (metadata). 7) Integrate: data from disparate sources are combined to form one homogeneous set of data that can be readily analyzed. 8) Analyze: data is analyzed.	
869	[Item 15]: Enterprise Data Management Goals and Compliance	Data Management	The Contractor shall develop and provide applicable policies and procedures related to the use and function of the BMS solution and its data aligned with the data lifecycle.	

870	[Item 15]: Enterprise Data Management Goals and Compliance	Data Management	Solution must have a platform that establishes an interoperability layer that supports interactions among components via a variety of protocols (HTTP/HTTPS, XML, SOAP, Internet Inter-ORB Protocol [IIOP], .NET remoting, message-oriented middleware [MOM] protocols, file transfer protocols [FTP/SFTP], JMS/MQ, RDBMS, REST, WSDL, UDDI, etc.) and interaction styles (request/reply, conversational, publish and subscribe, asynchronous messaging, etc.).	
871	[Item 15]: Enterprise Data Management Goals and Compliance	Metadata Management	The Contractor shall provide a comprehensive metadata repository supporting the full lifecycle of data to ensure appropriate data management and data governance.	
872	[Item 15]: Enterprise Data Management Goals and Compliance	Metadata Management	The Contractor shall allow authorized users to interact with metadata level without having to understand the complexities of the underlying data and database.	
873	[Item 15]: Enterprise Data Management Goals and Compliance	Metadata Management	The Contractor shall be able to maintain data lineage captured from metadata to include data flow, rules, data field specifics, usage, and data quality index.	
874	[Item 15]: Enterprise Data Management Goals and Compliance	Metadata Management	The Contractor shall develop and maintain a metadata dictionary of all claims, member and provider data. The data dictionary must be available and searchable online. Required elements on the data dictionary include business name, field type, length, description, source, and valid values.	
875	[Item 15]: Enterprise Data Management Goals and Compliance	Metadata Management	The Contractor shall ensure that all metadata is stored securely. Access shall be granted to authorize users based on a security matrix.	
876	[Item 15]: Enterprise Data Management Goals and Compliance	Metadata Management	The Contractor shall maintain in the metadata repository, at a minimum, the following categories of metadata: business, technical, ETL, operational, security and end user.	

877	[Item 15]: Enterprise Data Management Goals and Compliance	Metadata Management	The Contractor shall maintain metadata in a way that allows for the ability to capture, store, identify, analyze and leverage such information to provide detailed knowledge and characteristics of the data.	
878	[Item 15]: Enterprise Data Management Goals and Compliance	Data Governance	The Contractor shall collaborate with the Agency and its contractors, including the Systems Integrator contractor, for establishing the data governance structure of WINGS.	
879	[Item 15]: Enterprise Data Management Goals and Compliance	Data Governance	The Contractor shall participate in WINGS enterprise data governance working sessions and meetings when requested by the Agency.	
880	[Item 15]: Enterprise Data Management Goals and Compliance	Data Governance	The Contractor, through the governance process, shall create processes associated with data duplication, data item definition duplication, mapping, integration, interoperability, data reuse, and data quality.	
881	[Item 15]: Enterprise Data Management Goals and Compliance	Data Standards	The Contractor shall maintain data in accordance with Agency policy.	
882	[Item 15]: Enterprise Data Management Goals and Compliance	Data Standards	The Contractor shall maximize the use of industry standards for System design and exchange of data. Provide audit support to the Agency, including selection of samples, production of hard-copy documents, and gathering of other required data. The Contractor shall assist Agency 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.	
883	[Item 15]: Enterprise Data Management Goals and Compliance	De- Identification/Anonymization/	The Contractor shall provide a method for data de-identification, obfuscation or anonymization. Techniques that can be used include: substitution, shuffling, number and data variance and nulling.	
884	[Item 15]: Enterprise Data Management Goals and Compliance	De- Identification/Anonymization/	Contractor shall provide a method to enable masking of data at the field level and where such data is displayed. Note: Masking is a role based permission item. Should be available at the field level based on security roles but would be used for PHI/PII items.	

885	[Item 15]: Enterprise Data Management Goals and Compliance	ETL/ELT	The Contractor shall develop ETLs to interface with multiple entities outside of the WINGS project, such as other eligibility determination systems, prior authorization entities, health information exchanges, including provider directory information and Immunization and Birth/Death Registries.	
886	[Item 15]: Enterprise Data Management Goals and Compliance	ETL/ELT	The Contractor shall develop, implement and maintain a data transformation approach that includes approach, strategy, architecture, methodology, process, tools, resourcing and contingency plans.	
887	[Item 15]: Enterprise Data Management Goals and Compliance	ETL/ELT	The Contractor shall execute and manage the Extract, Transform and Load (ETL) process from all necessary source systems.	
888	[Item 15]: Enterprise Data Management Goals and Compliance	ETL/ELT	The Contractor's solution toolset shall provide detail logging and reporting capability including start and end times for all extract, transform and load jobs/processes that have been planned and scheduled in specified timeframes.	
889	[Item 15]: Enterprise Data Management Goals and Compliance	ETL/ELT	The Contractor's solution's data integration tool shall be triggered through files, messages, queues, or any other payload as applicable.	
890	[Item 15]: Enterprise Data Management Goals and Compliance	Integrity Monitoring	The Contractor shall be able to store Agency data in its original form and not lose any data fidelity and integrity in case it is needed for reprocessing.	
891	[Item 15]: Enterprise Data Management Goals and Compliance	Integrity Monitoring	The Contractor will assist the Agency in developing appropriate procedures, process and policies related to data stewardship and data quality management.	
892	[Item 15]: Enterprise Data Management Goals and Compliance	Mapping	The Contractor shall create and provide to the Agency detailed data element mappings, including values of legacy data elements to the new systems data elements, new data elements to legacy elements. These mapping will be owned by the Agency.	

893	[Item 15]: Enterprise Data Management Goals and Compliance	Mapping	The Contractor shall maintain mappings and the solution shall incorporate additional data sources if required.	
894	[Item 15]: Enterprise Data Management Goals and Compliance	Mapping	The Contractor shall use the data mappings to create data relationships.	
895	[Item 15]: Enterprise Data Management Goals and Compliance	Turnover	The Contractor shall develop a System Requirements Statement at no additional cost to the Agency, which would be required by another Contractor to fully take over system, technical, and business functions outlined in the Contract. The Statement shall also include an estimate of the number, type, and salary of personnel required to perform the other functions of the technical platform and supporting services. The Statement shall be based on the Contractor's experience in the operation of the System.	
896	[Item 15]: Enterprise Data Management Goals and Compliance	Warranty	The Contractor shall provide a defined warranty period for any system enhancements effective beginning the first day of the enhancement operation and terminating 365 calendar days later. The warranty period covers the agreed upon requirements as defined in the project change request documenting the enhancement. The Contractor shall be responsible for correcting defects that prevent the solution from operating according to Agency specifications. Vendors to define their approach to the warranty period.	
897	[Item 15]: Enterprise Data Management Goals and Compliance	Archiving	The Contractor shall be able to provide backup and archiving using Agency defined timeframes and archival specifications that may exceed CMS and industry standards.	
898	[Item 15]: Enterprise Data Management Goals and Compliance	Archiving	The Contractor shall provide archiving of all data; data up to ten (10) years shall be stored in a highly accessible storage solution. Data over ten (10) years will be retained in the Agency Data Warehouse and will not be the responsibility of the BMS Contractor.	

899	[Item 15]: Enterprise Data Management Goals and Compliance	Archiving	The Contractor shall complete, per Agency specifications, full backups, incremental backups and differential backups.	
900	[Item 15]: Enterprise Data Management Goals and Compliance	Data Extraction	The Contractor shall enable data extraction conducted by users with appropriate permissions and ensure that the extraction of data does not negatively affect data quality and completeness.	
901	[Item 15]: Enterprise Data Management Goals and Compliance	Data Integrity	The Contractor shall engage in operational processes, activities, and tasks that improves data integrity.	
902	[Item 15]: Enterprise Data Management Goals and Compliance	Enhancements/ Upgrades	The Contractor shall develop and implement any enhancements that have been agreed to through the Change Control Board and with an approved Project Change Request that details the scope, schedule and cost.	
903	[Item 15]: Enterprise Data Management Goals and Compliance	Enhancements/ Upgrades	The Contractor shall manage and maintain software upgrades and site licenses so they are compatible with standard Agency software. The Contractor shall provide training on software upgrades for authorized System users, as necessary.	
904	[Item 15]: Enterprise Data Management Goals and Compliance	Help Desk	The Contractor shall provide a fully functional Help Desk for Agency-authorized user.	
905	[Item 15]: Enterprise Data Management Goals and Compliance	Help Desk	The Contractor shall provide online help capability.	
906	[Item 15]: Enterprise Data Management Goals and Compliance	Help Desk	The Contractor shall provide telephone, online, and email support for user questions.	
907	[Item 15]: Enterprise Data Management Goals and Compliance	Help Desk	The Help Desk shall be able to direct users to links on the solution that provides reference, information, manuals, and documentation.	

908	[Item 15]: Enterprise Data Management Goals and Compliance	Maintenance	The Contractor shall provide solution maintenance as needed to support the statement of work.	
909	[Item 15]: Enterprise Data Management Goals and Compliance	Notification and Alerts	The Contractor shall provide the capability for users to receive push notifications/alerts based on user-configurable parameters to an email or to a dashboard.	
910	[Item 15]: Enterprise Data Management Goals and Compliance	Notification and Alerts	The Contractor's System shall provide an exception or failure notification for real time interfaces, batch processing, and files related to claims processing, and identify a resolution process.	
911	[Item 15]: Enterprise Data Management Goals and Compliance	Ongoing Operations	The Contractor shall operate the system in alignment with the Reporting Condition. The Contractor's solution shall produce transaction data, reports, and performance information that contribute to program evaluation, continuous improvement in business operations, transparency, and accountability. The Contractor shall provide examples of meeting this requirement including, but not limited to: accurate data, interfaces with other systems, automatic generation of reports and audit trails.	
912	[Item 15]: Enterprise Data Management Goals and Compliance	Ongoing Operations	The Contractor shall operate the system using the MITA Condition by supporting the ongoing development of enhanced operations and business processes that enable the Agency to operate more efficiently in meeting the mission.	
913	[Item 15]: Enterprise Data Management Goals and Compliance	Ongoing Operations	The Contractor shall provide efficient navigation through the ability to move forward and backward as necessary.	
914	[Item 15]: Enterprise Data Management Goals and Compliance	Ongoing Operations	The Contractor shall provide efficient navigation through the use of application toolbars.	
915	[Item 15]: Enterprise Data Management Goals and Compliance	Ongoing Operations	The Contractor shall provide efficient navigation through the use of descriptive navigation menus.	

916	[Item 15]: Enterprise Data Management Goals and Compliance	Ongoing Operations	The Contractor shall provide intuitive and efficient navigation for non-technical users through such things potentially as drop down menus.	
917	[Item 15]: Enterprise Data Management Goals and Compliance	Ongoing Operations	The Contractor shall provide efficient navigation using shortcut functions.	
918	[Item 15]: Enterprise Data Management Goals and Compliance	Ongoing Operations	The Contractor shall provide functionality to capture, store, edit, analyze, share, and display automatically generated geocoding data from addresses and other demographic data for Agency analysis to support decisions.	
919	[Item 15]: Enterprise Data Management Goals and Compliance	Ongoing Operations	The Contractor solution shall allow for auto population of persistent data.	
920	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Documentation	The Contractor shall provide supporting documentation for tables, fields, calculated fields, interfaces, reports, and solution components.	
921	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Documentation	The Contractor shall provide updated operational documentation of business process or system changes submitted within ten (10) business days of a change.	
922	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	Data management within the WINGS project and the Contractor's operational policies and practices shall meet HIPAA, HITECH, ARRA and other federal and State privacy and security requirements as they currently exist and be Configurable to assist in meeting future requirements. The contractor must ensure security, accuracy, and timeliness of data interfaces. The Contractor's solution must Incorporate electronic transactions.	
923	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor must be able to integrate and harmonize heterogeneous data from disparate sources in a way that users can access the necessary data.	

924	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall collaborate with the Agency and its partners to assist the Agency in establishing the data schemas, management approaches and basic data governance, including data modeling and metadata, hierarchy management, data stewardship, and data quality management. The existing legacy Data Mart structure should not be considered a baseline.	
925	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall develop a data model that shall provide enhanced program reporting and analytics.	
926	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall develop and use appropriate processes for data strategy, modeling, planning, security, access control, visualization, and integration of reporting and data analytics tools.	
927	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall ensure the approach to integration of data management services, including establishing appropriate governance and standards setting.	
928	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall implement internal policy and procedures to promote data documentation, development, and management of defined data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of Medicaid data and information.	
929	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall maintain data confidentiality and prevent disclosure to unauthorized users.	
930	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall provide ability to accommodate data changes and/or additions for State, Federal, and administrative and clinical data structures/elements.	
931	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall provide an outbound Health Internet Exchange (HIE) interface/ period data extract in HL7 format to accommodate the export of clinical and non - clinical data going through the System Integrator's Enterprise Service Bus.	

932	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall provide the ability to identify the source of data and the date added to the System.	
933	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall provide the ability to view online the data dictionary information for any given System field while viewing the actual data in the System.	
934	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall 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 joined in logical order.	
935	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall use geocoding and generic address validation to ensure the consistency in street addresses, cities, and other related demographics.	
936	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall integrate with National Plan and Provider Enumeration System (NPPES) for verifying NPIs and other related data.	
937	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall use medical code set ICD-10 for coding diseases, signs and symptoms, abnormal findings, and external causes of injuries/disease, as stipulated in 45 CFR Part 162.1002 that are assigned by the source systems.	
938	[Item 15]: Enterprise Data Management Goals and Compliance	Operational Support	The Contractor shall also maintain ICD-09 for backward compatibility and reporting.	
939	[Item 15]: Enterprise Data Management Goals and Compliance	Performance Management	The Contractor shall implement appropriate tools to determine latency at the database server level and supply results monthly to the Agency.	

940	[Item 15]: Enterprise Data Management Goals and Compliance	Performance Management	The Contractor shall install and manage performance tools to ensure compliance with SLAs. Reports generated from such tools will be shared with the Agency within ten (10) business days of month end for the previous month.	
941	[Item 15]: Enterprise Data Management Goals and Compliance	Report Scheduler	The Contractor shall enable and maintain a scheduler that can run pre-defined reports and move to a reporting store and sent securely to a wyo.gov email address.	
942	[Item 15]: Enterprise Data Management Goals and Compliance	Storage of Reports and Queries	The Contractor shall create a repository for pre-defined reports, queries and other artifacts that can be accessed by authorized users.	
943	[Item 15]: Enterprise Data Management Goals and Compliance	Support Staff	The Contractor shall have adequate support staff to properly operate and maintain the solution in compliance with the Service Level Agreements (SLAs).	
944	[Item 15]: Enterprise Data Management Goals and Compliance	Training	The Contractor shall develop and provide customized initial training for Agency-authorized users including user support procedures and policies as well as reporting and analytics instruction. We anticipate that initial training may include up to one hundred twenty-five (125) Agency users including Agency contractors.	
945	[Item 15]: Enterprise Data Management Goals and Compliance	Training	The Contractor shall provide the training and support necessary for authorized users to capitalize on the tools provided, develop a solid understanding of how to access the data, and ensure that authorized users are able to conduct analysis.	
946	[Item 15]: Enterprise Data Management Goals and Compliance	Training	The Contractor's solution shall include at a minimum help pages, manuals, FAQs and a quick start guide.	
Req.No.	Requirement Family	Requirement Sub-family	Requirement Description	Proposer Response

947	[Item 16]: Value Added Services, Innovation and Outcome Improvement	Value Added Services	The Contractor shall approach execution of the SOW by looking at ways to increase value and efficiency. The Contractor shall identify tasks, process or other methods where increased or improved outcomes can be realized through the BMS. Please also explain any managed care capabilities here as a future option. The Agency does not currently need managed care services. Note: Any description here will not be construed as including managed care in the scope of the RFP.	
948	[Item 16]: Value Added Services, Innovation and Outcome Improvement	Innovation	The Contractor shall facilitate quarterly meetings to discuss opportunities for value added services, innovations and outcome improvements.	

6.1.6. PROJECT PHASES:

The BMS Contractor shall be responsible for design, development/configuration and implementation of the Benefits Management System and Services (BMS) Solution. The WINGS project follows the below listed phases. Depending on the proposed solution, the Contractor's BMS project may differ from this overall list. The BMS Contractor will have a role in working with the System Integrator/Enterprise Service Bus (SI/ESB) Contractor to ensure integration of the BMS solution, and Data Warehouse Contractor to ensure appropriate data is shared and stored within the Data Warehouse.

Project Phases include:

1. **Start-Up/Planning/Transition Phase** - The Project Start-Up/Planning/Transition Phase encompasses the Agency's initial project planning and set up activities with the BMS Solution Contractor for scope, Contractor deliverables for all phases, schedules and cost reviews, and other transition/set up activities. These activities shall begin on the Contract effective date and represent activities that must be completed to ensure that the project starts on a firm foundation.
2. **Requirements Phase** - The Detailed Requirements Phase verifies the design, development, implementation (DDI) requirements of the BMS solution in accordance with federal and state standards, rules and requirements, RFP requirements and Agency needs, including complete and correct documentation.
3. **Design and Build/Configuration/Conversion Phase** - The Design and Development Construction, Configuration, and Data Conversion Phase for BMS Solution reports on the project life cycle, design and development activities with state level Software Development Lifecycle (SDLC) review, or configuration of Commercial Off the Shelf (COTS) products, Software as a Service (SaaS), and data conversion and migration processes and activities.
4. **Testing** - The Design and Development Testing Phase encompasses management of the BMS Solution testing effort. This includes working with the WINGS SI/ESB Contractor, Data Warehouse Contractor and the Testing - QA/QC Contractor. The BMS Solution Contractor is responsible for ensuring that all testing related to their component and integration into the WINGS enterprise is thorough and meets Agency approval related to the functional, technical, security, and performance requirements.

5. **Training Phase** -Training encompasses WINGS components Contractor training of designated Agency staff and necessary component Contractor staff, to achieve an understanding of new system components/applications/business processes/services and successful implementation expectations.
6. **Deployment/Implementation/Certification Phase** - The Deployment and Implementation Readiness & Roll-Out Phase involves the BMS Solution Contractor managing the end-to-end implementation of the solution and services and establishes a clear plan, project guidelines, execution approach, implementation roadmaps and governance structure for the project. The BMS Solution Contractor must demonstrate operational readiness for deployment/implementation as demonstrated through comprehensive testing during the testing phase. The BMS Contractor shall also assist the Agency in preparation of CMS MECT checklists and evidence packets for the R2 Operational Milestone Review certification activities.
7. **Operations Phase** - The Contractor provides operational support and maintenance of the BMS Solution and Services during this phase after successful implementation. This phase includes any customer service support and system/product/application patches and upgrades including operational performance metrics and procurement-specific Service Level Agreements (SL(A) for operations and maintenance. During operations, it is anticipated the CMS R2 and R3 - Final Certification reviews shall occur.
8. **Project Turnover Phase** - The Project Turnover Phase for the BMS Solution and Services Contractor provides a turnover plan to officially finish and close all work for the project and delivered documents that confirm the project has met its assigned objectives.

6.1.7. Scope of Activity - Wyoming Department of Health, Division of Healthcare Financing:

Agency staff will manage core components of the WINGS Project, which includes:

1. Develop and maintain policies, procurement related documents and Contracts.
2. Oversee Contractor work.
3. Manage overall WINGS project management using an agile hybrid model.
4. Maintain technical vision and goals.
5. Participate in or facilitate Stakeholder and Contractor meetings.
6. Review project phase documentation and deliverables.
7. Participate in deliverable walkthroughs.
8. Document as-is business processes and create optimized processes for the WINGS enterprise.
9. Provide documentation or deliverables as necessary.
10. Conduct data analysis to validate accurate implementation outcomes.
11. Participate in Certification activities.

6.2. GENERAL REQUIREMENTS:

6.2.1. Location and Work Environments:

- 6.2.1.1. Key staff shall be available to work temporarily onsite in Cheyenne, Wyoming at the Agency's office locations when requested. The work described in this RFP shall be completed remotely/offsite for mutually agreed upon activities, however, the Contractor's staff shall be available to come to Cheyenne, Wyoming when requested, to attend meetings or participate in functions in support of the BMS scope of work.
- 6.2.1.2. As applicable, use of offshore and nearshore resources is permitted however, no State data, development of security controls, or review of security documentation shall be allowed offshore or nearshore.
- 6.2.1.3. Table 6.2.1.3 Key BMS Positions, highlights BMS key staff, their involvement during project phases, and expectations for being based onsite in Cheyenne, Wyoming. Establishment of an office within ten (10) miles of the Wyoming State Capitol in Cheyenne is preferred during the DDI phase, and required during the O&M phase. Staff located at the Cheyenne

office will be at minimum, the key staff highlighted below as required to be in Cheyenne during the O&M period. For out-stationed field staff, the Contractor shall describe how these employees can work remotely in Wyoming based locations.

Table 6.2.1.3 Key BMS Positions

Key Position	Specific Individual Identified in Proposal	DDI	R3 Certification	O&M	Based in Cheyenne
Project Manager	X	X	X Note: Position drops from project after successful certification.		
Contract Manager	X	X	X	X	
Technical Systems Manager	X	X	X	X	X
Medical Policy Manager	X	X	X	X	
Benefits Management Operations Manager			X	X	
Claims Manager			X	X	
TPL Operations Manager	X	X	X	X	X
Call Center and Relations Manager			X	X	TBD Note: This position shall be located where the call center is physically established.
Part-time Medical Consultant				X	
Publication and Communication Manager			X	X	
Field Representatives/Trainers				X	X Negotiable; Must be Wyoming Locations
Call Center Leads				X	TBD Note: This position shall be located where the call center is physically established.

6.2.2. Communication Requirements:

6.2.2.1. The Contractor shall provide a single point of contact and provide a communication plan for the complete project. The Communication Plan shall encompass objectives, goals, and tools for all communications, including top-down, bottom-up, and cross-organizational communications. The WINGS project will have multiple component Contractors on board simultaneously and effective communication is a key element for the success of the project.

6.2.2.2. Weekly Project Status Meetings or Reports: Status Meetings or reports outlining the project's progress updates which include at a minimum, key issues, identified unknown risks, accomplishments, and compliance with milestones and delivery dates are required.

6.2.3. Equipment:

6.2.3.1. The Agency shall provide, as it currently exists, temporary and limited workspace while onsite in Cheyenne for meetings and during testing. Non-secure guest wireless internet

connectivity is available; however, not guaranteed. The Contractor must provide all technology and equipment needed to support and complete the Scope of Work described in this RFP, including cell phones, projectors, servers, laptops/personal computers, printers, fax machines, routers and related equipment for Contractor staff. In addition, the Contractor shall be responsible for operating and maintaining any hardware or software needed to support all components and project tools in use by the Contractor.

6.3. SYSTEM, FEDERAL OR WYOMING IT STANDARDS:

- 6.3.1. The Contractor and its services, work products and final deliverables provided by the Contractor applicable to the services described in the Scope of Work of this RFP, shall be knowledgeable of and in compliance with pertinent State and Federal Statutes, CIO Promulgated Rules, State IT policies, rules, Code of Federal Regulations (CFR) and IEEE Standards for required system hardware, software and development components, when completed and accepted by the Agency.

Additionally, the BMS Solution Contractor shall have a working knowledge of all State and Federal mandates, regulations, standards and requirements that pertain to all WINGS project contracts under the BMS Solution and Services scope of work, including operational compliance with legislation passed at the Federal or State level, as applicable.

6.3.1.1. State Standards:

1. State of Wyoming Electronic Transactions:
<http://ets.wyo.gov/governance/archive/electronic-transactions>.
2. State of Wyoming IT Policies and Standards: <http://ets.wyo.gov/resources/policies-and-standards>.
3. If any of the Contractor's staff perform work under this Contract remotely, the Contractor shall ensure they access the networks and systems in accordance with the State of Wyoming VPN access guidelines. A secure email connection with the State shall be required using the Agency's mail system for the secure transmission of data to the Agency. The Contractor is required to utilize the State of Wyoming VPN client software and meet the requirements for Contractor remote access.
4. Wyoming Department of Health Standards and Best Practices Requirements:
 - (a) CMS Application Life Cycle Management (ALM);
 - (b) Collaborative Environment and Life Cycle Governance - Exchange Reference Architecture (ERA) Supplement;
 - (c) Exchange Life Cycle model (ELC);
 - (d) Federal Acquisition Regulation (FAR) clause 52.239-1;
 - (e) IRS Publication 1075;
 - (f) ISO 27001/2;
 - (g) Medicaid Information Technology Architecture (MITA);
 - (h) NIST Special Publication 800-14;
 - (i) NIST Special Publication 800-47;
 - (j) NIST Special Publication 800-53;
 - (k) NIST Special Publication 800-57 rev 4.

6.3.1.2. Statutory Mandates, Regulations and Standards:

Throughout the contract term, the BMS Solution and Services Contractor is expected to function in accordance with the Center for Medicare and Medicaid Services (CMS), Code of Federal Regulations (CFR) and IEEE Standards listed below.

1. 18 U.S.C. 641 Criminal Code: Public Money, Property or Records.
2. 18 U.S.C. 1905 Criminal Code: Disclosure of Confidential Information.
3. CFR Title 21 - Food and Drugs: Parts 1 to 1499.

4. CFR Title 45 (Parts 1-199) | Code of Federal Regulation Title 45 Public Welfare Revised (Specifically 164 Security and Privacy).
5. Economic Recovery Act of 2009.
6. Emergency Medical Treatment & Labor Act (EMTALA).
7. Federal Information Security Management Act of 2002 (FISMA).
8. Freedom of Information Act (FOIA).
9. Health Insurance Portability and Accountability Act (HIPAA) of 1996 P.L. 104-191.
10. OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems.
11. Privacy Act of 1974, 5 U.S.C. § 552a.
12. Section 1011 - Emergency Health Services Furnished to Undocumented Aliens.
13. The Deficit Reduction Act of 2005.
14. The Patient Protection and Affordable Care Act of 2010 (ACA).
15. The Sarbanes-Oxley Act of 2002.
16. Centers for Medicare and Medicaid Services (CMS) Requirements:
 - (a) In accordance with Centers for Medicare and Medicaid Services (CMS) requirements, States must obtain prior written approval from CMS for Request for Proposals (RFPs) and contracts for the acquisition of automated data processing (ADP) equipment or services with proposed Federal Financial Participation (FFP) at the ninety percent (90%) enhanced matching rate authorized for Design, Development and Implementation (DDI) activities and seventy five percent (75%) for Operations and Maintenance activities by 45 CFR 205.35, 45 CFR part 307 or 42 CFR part 433, subpart C.
 - (b) The Contractor's solution shall be designed to align with the Seven Standards and Conditions set forth by CMS and required for the enhanced federal funding. Each request for federal funding must demonstrate how the MITA 3.0 Seven Standards and Conditions have been met in the WINGS project implementations for state solutions to promote sharing, leverage, and reuse of Medicaid technologies and systems within and among states.
 - (c) 42 CFR, Part 433, Subpart D
 - (d) 42 CFR 433.138 and 433.139
 - (e) MITA 3.0 Seven Standards and Conditions:
 1. **MITA Condition** - Requires states to align to and advance in MITA maturity for business, architecture and data.
 2. **Modularity Standard** - Requires the use of modular, flexible approach to systems development. This includes the use of open interfaces and exposed application programming interfaces, and the separation of business rules from core programming. Business rules should exist in both human and machine readable formats.
 3. **Industry Standards Condition** - Ensure alignment with, and incorporation of, industry standards, HIPAA, privacy and transaction standards; accessibility standards, or standards that provide greater accessibility for individuals with disabilities and standards under the Affordable Care Act.
 4. **Leverage Condition** - Promote sharing, leverage, and reuse of Healthcare technologies and systems within and among states.
 5. **Business Results Condition** - Systems should support accurate and timely processing of claims, adjudications, and effective communications with providers, beneficiaries, and the public.
 6. **Reporting Condition** - Systems should possess the ability to produce query results and reports on all data items necessary for oversight, administration, evaluation, integrity, and transparency.
 7. **Interoperability Condition** - Systems must ensure seamless coordination and integration with components, other systems and allow interoperability with health

information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services and federal data sources.

17. Federal Initiatives:

Existing and forthcoming Federal initiatives affecting Medicaid, such as the Affordable Care Act (ACA), Omnibus Budget Reconciliation Act of 1990 (OBRA) and Medicaid Information Technology Architecture (MITA).

18. Contractor Agreements and Compliance:

- (a) The Contractor shall be required to enter into a signed Business Associate Agreement (BAA), sample included in Appendix D, that is in compliance with the Privacy and Security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- (b) The Contractor shall have a detailed understanding of current rules and regulations applicable to the scope of work described in this RFP, including CFR 42 - Subchapter C, Health insurance programs and CFR 45 Parts 160 and 164. In addition, the Contractor shall be aware of upcoming changes to existing rules and regulations as well as new rules and regulations that may impact the scope of work.
- (c) The Contractor shall provide the Agency with compliance with assurances associated with the BMS Solution scope of work and WINGS project procured components:

- (1) Access to Records: 42 CFR Part 433.112(b)(5) - (9), 45 CFR Part 95 Subpart F §95.615, SMM Section 11267;
- (2) Documentation, administrative costs, accounting procedures: 45 CFR Part 74;
- (3) Ownership of Copyright Licenses: U.S. Copyright Law at <http://www.copyright.gov/title17/circ92.pdf>. If applicable, the Contractor shall be responsible for obtaining appropriate licenses for any WINGS project system components necessary to develop and run applications to support the BMS solution function.
- (4) Software and Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports: 45 CFR Part 95 Subpart F §95.617, 42 CFR Part 431.300, and 42 CFR Part 164.
- (5) As provided by the State Medicaid Manual (SMM) Section 11205 and by 45 CFR Part 95.617 Software and Ownership Rights (a) State or local government must include a clause in all procurement instruments that provides that the state or local government shall have all ownership rights in software or modifications thereof and associated documentation designed, developed or installed with Federal financial participation under this subpart; (b) the Department reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use for Federal Government purposes, such software, modifications, and documentation.

19. HIPAA and HITECH Compliance:

- (a) All system components acquired through WINGS project procurements are expected to be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) requirements in effect as of the date of release for the RFP and with any changes that subsequently occur, unless otherwise noted. Proposers are ultimately responsible for describing how their proposed solution meets and shall maintain HIPAA requirements for Transactions and Code Sets, Privacy, and Security services that include the appropriate administrative, technical and physical safeguards as well

as system policies, procedures and relevant documentation related to security architecture and security controls implementation.

Other future requirements of HIPAA may impact WINGS project contracts and Medicaid policy operations. Depending on the nature of the requirement, these regulations may be considered within the Contractor's scope of work.

- (b) The Health Information Technology for Economic and Clinical Health (HITECH) Act, was enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA), to promote the adoption and meaningful use of health information technology. Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.

Contractor and Agency acknowledge and agree that the Business Associate Agreement is subject to HIPAA, and the HIPAA implementation regulations thereunder, and the Health Information Technology for Economic and Clinical Health Act (HITECH), and the HITECH implementation regulations thereunder. Under the Agreement, both parties are responsible for security and privacy compliance and must take advantage of the appropriate security capabilities and measures and adequate data validation, as well as have appropriate policies and procedures in place to minimize or prevent unlawful access by any person who may have access to the entire database (all as more fully set forth herein).

Failure of the Contractor or its employees, agents, and/or subcontractors to comply with HIPAA and HITECH or to execute any documents concerning HIPAA and HITECH compliance when requested must be a material breach of the Agreement and must permit the Agency to immediately terminate the Agreement. The Agency shall make the decision whether or not documents will be required and Agency decision must be final. The Contractor agrees to the terms of the BAA shown in Appendix D. The Privacy and Security regulations are found at 45 CFR Part 160 and Part 164.

20. Non-HIPAA Confidentiality:

All information not specifically identified as Protected Health Information (PHI) or Personally Identifiable Information (PII) as defined under HIPAA and/or HITECH, must be treated as privileged communications; must be held confidential; and must meet the terms and conditions specified in this RFP, and the BAA between the Agency and its Contractor.

Except as provided by law, no information in possession of the Contractor about any individual must be disclosed without the prior written consent. The Contractor must have written policies governing access to, and duplication and dissemination of all such information. The Contractor must advise its employees, agents and subcontractors, if any, that they are subject to these confidentiality requirements. The Contractor must provide its employees, agents and subcontractors, if any, with a copy or written explanation of these confidentiality requirements before access to confidential data is permitted.

21. Non-HIPAA Security:

The Contractor must ensure that all Systems and services are maintained and operated in accordance with both State and Federal standards and guidelines related to security program policies and procedures. For all data not defined under HIPAA and/or HITECH regulations, the Contractor must follow the terms and conditions specified in this RFP, and the BAA between the Agency and its Contractor.

The Contractor must follow all applicable technical standards for site and system security policies and procedures throughout the Contract term to protect Wyoming Medicaid

program information and information systems.

Federal standards are currently defined in the National Institute of Standards and Technology (NIST) Federal Information Processing Standards (FIPS). NIST's Computer Security Division uses various publications to promulgate computer security standards and guidelines and present relevant supporting information and research as presented in the following publications:

- (a) NIST Special Publications (SPs) security guidelines and recommendations. These include both SP 800-series (computer security) and selected SP 500-series (information technology) publications directly relevant to computer security and defined in the negotiated Scope of Work;
- (b) NIST Cryptographic Module Validation List:
<http://csrc.nist.gov/groups/STM/cmvp/validation.html>;
- (c) Security and Privacy Controls for Federal Information Systems and Organizations - NIST SP800-53 Rev 4;
- (d) Standards defined in Federal Information Processing Standards (FIPS) Publications 31, 41, and 73, issued by the NIST;
FIPS are developed in accordance with the Federal Information Security Management Act (FISMA) of 2002.
- (e) FIPS PUB 112 Password Usage, Procedure;
- (f) FIPS PUB 186-4 Digital Signature Standard July 2013.

22. Additional standards and regulations that may require compliance for the BMS Solution and Services Contractor or impact oversight governance of the WINGS project procured components during the Contract term:

- (a) 45 CFR Part 95.621(f) ADP System Security Requirements and Review Process;
- (b) Records Usage, Duplication, Retention, Re-disclosure and Timely Destruction Procedures/Restrictions 5 U.S.C. 552a (o)(1)(F), (H) and (I);
- (c) IRS Pub 1075;
- (d) Federal Records Retention Schedule 44 U.S.C. 3303a;
- (e) Privacy Act of 1974;
- (f) Computer Matching and Privacy Protection Act of 1988 (CMPPA);
- (g) SSA Information System Security Guidelines for Federal, State, and Local Agencies;
- (h) Child Online Privacy Protection Act;
- (i) Title XIX Confidentiality Rules.

6.4. TECHNOLOGY AND SPECIFICATIONS:

- 6.4.1. Under this RFP, the BMS Contractor shall provide a Benefits Management System and Services (BMS) solution to the Agency for integration into the WINGS enterprise. The specific technical requirements are contained in RFP Section 6. As the Agency does not have the ability to host or maintain the solution, the Agency is looking for a fully hosted and maintained solution from the BMS Contractor.

6.5. HOSTING:

- 6.5.1. The Contractor shall provide hosting for the BMS Solution. The hosting environment must be validated and be free of vulnerabilities and threats that could negatively affect the solution and the enterprise. The Contractor Hosting solution is expected to be SSAE 16/18 Type 2 compliant, FED RAMP certification preferred, and host all components of the solution in a manner that reflects performance expectations detailed in requirements Section 6.1.5.

6.6. CONTRACTOR STAFFING/QUALIFICATIONS:

The following are overviews of the Proposer staffing and qualifications as it relates to the services set forth in this RFP. For the related detailed requirements, please refer to Section 6.1.5.

6.6.1. Relevant Experience:

The Proposer shall propose personnel who can complete the scope of work described in this RFP and have previous experience in providing quality work on projects of similar scope and size, primarily in the healthcare industry.

The Agency included project qualifications for the following key staff in this RFP Section 6.1.5, but expects the Proposer to propose all the required staff necessary to complete the scope of work during the contract term.

- Project Manager
- Contract Manager
- Technical Systems Manager
- Medical Policy Manager
- Benefits Management Operations Manager
- Claims Manager
- TPL Operations Manager
- Call Center and Relations Manager
- Part-time Medical Consultant
- Publication and Communication Manager
- Field Representatives/Trainers (minimum of four (4))
- Call Center Leads (minimum of three (3))

Key personnel roles shall be filled in accordance with the expected phase of the position being in effect for the contract as based on Table 6.2.1.3 Key BMS Positions, and at a minimum, key personnel shall include the above listed positions. Individuals who will fill the key staff positions during all phases of this RFP shall be identified to the Agency by the contract effective date, or other timeframe indicated in the requirements for a key position. The Agency reserves the right to approve key personnel assigned to the Contract.

6.6.2. Key Personnel and Other Resources:

Proposers shall identify for the Agency, at a minimum, the key personnel positions listed in Section 6.6.1, and identify any other proposed key personnel that will be assigned to any part of the project, including their title, role, responsibility, expected duration of time on the project, and past experience in their assigned role, providing quality work on similar projects of scope and size. The designation of key personnel should be driven from the specifics of the Proposer's BMS solution and the Proposer's approach to scope of work execution.

6.6.3. Staffing Plan:

The Proposer shall develop and submit to the Agency with their proposal response, a Resource Management Staffing Plan, which is a sub-component of the Project Management Plan, including key and other proposed personnel, and any Subcontractor relationships, if applicable, for each project phase scope of work described in this RFP. The Proposer shall also identify and detail the role of the Subcontractor(s) and the plan shall address and include the Subcontractor requirements described in Section 6.1.5.

Additionally, for subcontractor relationships, the Proposer shall clearly identify any subcontracts for any of the work contemplated under this Contract and include such disclosure information and the nature of the work they will perform in their proposal response. The Contractor may use subcontractors for up to forty percent (40%) of the work contemplated under this Contract; however, the Contractor shall provide

a description of all work to be subcontracted to third parties and the Agency shall have the right to review and approve any subcontracts.

6.6.4. Risk Management:

The Contractor shall adhere to the Project Management Institute (PMI) or similar industry-standard risk management standards throughout the contract term. This includes risk management planning, identification, analysis, responses, monitoring and controlling the risks, and effectively communicating all potential risks and corresponding mitigation plans to the Agency.

The Contractor shall develop a Risk Management Plan, a sub-component of the Project Management Plan, during project planning and submit to the Agency for review and approval, that describes at minimum:

1. The appropriate methods, tools, and techniques for active and ongoing identification and assessment of project risks;
2. Development of risk avoidance, transfer, mitigation, or management strategies;
3. Contingency planning, as applicable; and,
4. Approach to monitoring and reporting of risk status throughout the life of the project including procedures for documenting, resolving, and reporting issues and risks identified by the Contractor or Agency.

6.7. REPORTING:

- 6.7.1. The Contractor shall provide required project management and contract management reports to the Agency for the BMS Solution and Services work.

The Contractor shall also provide the Agency with any reports that are determined by the Agency to be needed in any phase, and during any phase related to the integration of procured WINGS components.

Reporting shall include at a minimum:

1. A Weekly Status Report documenting all items listed or referenced in Section 6.1.5. Requirements.
2. A Monthly Status Report documenting all items listed or referenced in Section 6.1.5. Requirements and overall completion status of the project in an approved work plan, deliverables status and percent of completion, updated issues log, status of all risks, planned activities for the next month including anticipated staffing changes, and QA/QM metrics progress.
3. A Status of development/configuration.
4. Compiled results of testing of the BMS solution, including testing preparation, execution, results, and defects, both independently and related to integration within the WINGS enterprise.
5. Identification of issues, problems and defects with a schedule of re-testing.
6. Other reports as requested.

6.8. TURNOVER PLAN:

- 6.8.1. The Contractor shall implement a comprehensive Turnover Plan, Monthly Turnover Report, and Turnover Results that imparts the Agency or Agency designated Contractors with the necessary skills, to fully understand the technical solution as well as the processes used to provide BMS services.

6.9. OPERATIONAL READINESS AND OPERABILITY TESTING:

- 6.9.1. The BMS Solution and Services Contractor shall provide a Master Test Plan and System Test Plan

that incorporates and executes the necessary methodologies, tools, and multiple types and levels of testing necessary to determine the operational readiness of the Solution.

The Agency shall work with the Contractor to create an Operability Testing Checklist that will be aligned with the Scope of Work of this RFP, to ensure that the procured WINGS project components are ready for release into the Production Environment.

The required types of testing are described in the Contractor Requirements in RFP Section 6.1.5.; however, Proposers may also include in their response additional types of testing that could be conducted, such as Disaster Recovery testing.

6.10. QUALITY ASSURANCE AND QUALITY CONTROL:

- 6.10.1. The Contractor must implement comprehensive quality management practices that shall be used throughout all phases of the Contract and include standards on timeliness, accuracy, and completeness for performance of, or reporting on, operational functions.

6.11. CHANGE CONTROL MANAGEMENT:

- 6.11.1. The Contractor shall provide change control support through effective testing of any current, updated or new requirement or configuration item and report findings to the WINGS Project Manager. It is anticipated that the Contractor will participate in Change Advisory Board meetings when appropriate as determined by the Agency.

6.12. DELIVERABLES AND MILESTONES:

- 6.12.1. The Contractor shall be responsible for the development of deliverables clearly representing the requirements and the iterative nature of the project. All deliverables will be in Microsoft Windows Suite; Word, Excel, MS Project, PowerPoint or, if applicable, Visio, Sparx Enterprise Architect or other industry standard tools. Deliverables shall not be submitted in PDF unless otherwise agreed to in advance. Graphics and drawings shall be in industry standard file format.

The Agency is using the following tools and it is anticipated that the Contractor will supply a suitable export (CSV, Excel, Text, etc.) from Contractor tools to ensure alignment with requirements. The ability of the Agency to use the Contractor's tools will not preclude the need for the extracts to populate these tools:

- SharePoint Online
- JIRA
- GitHub
- MS Project
- Sparx Enterprise Architect
- Visio

All deliverables must offer satisfactory traceability of requirements. Design documentation and other relevant deliverables must use the Requirements ID as determined in this RFP, for traceability.

The Agency and Contractor will further define the deliverables review process during Contract negotiation and the resulting Deliverables Review and Approval Process (DRAP) will be part of the Contract Statement of Work.

The BMS Solution and Services Contractor shall submit all deliverables included in this RFP within the

Agency-defined timeframe and according to the deliverables document standards presented in Appendix F. The final deliverables schedule shall be determined with the Agency and the Contractor during the start-up, planning phase.

Contractor deliverables and milestones include:

Benefit Management System and Services (BMS) Project Deliverables	
Start-Up / Planning / Transition Phase	
Deliverable Name	Frequency
Appendix A - Technology Matrix	The Technology Matrix shall be delivered upon submitting the proposal in response to this RFP. The Technology Matrix shall be updated annually from the contract execution date.
Personnel Background Check Attestation	The Personnel Background Check Attestation shall be delivered upon submitting the Proposal in response to this RFP. The Agency may request this be provided for any Contractor staff working on the project for the duration of the Contract.
Resource Management Staffing Plan	An abridged plan submitted with Proposer's Technical Proposal. The Resource Management Staffing Plan shall be updated by the Contractor and provided to the Agency within twenty (20) business days after the beginning of Startup. The Resource Management Staffing Plan shall be updated as applicable, and maintained by the Contractor throughout the contract term.
Electronic Document Repository	Agency access to Contractor repository within five (5) business days of contract execution; for use throughout the Contract Term.
Deliverable Review and Acceptance Process	The Deliverable Review and Acceptance Process shall be provided ten (10) business days after contract execution; for use throughout the Contract Term. Please refer to Appendix F - Deliverables Doc Standards & Acceptance Template for RFP.
Project Management Plan	An abridged plan submitted with Proposer's Technical Proposal. The Project Management Plan shall be updated by the Contractor and provided to the Agency within twenty (20) business days after the beginning of Startup. The delivery of sub-component Deliverable Expectation Documents (DEDs) and Deliverables contained in the Project Management Plan should be delineated within the Deliverable Review and Acceptance Process.
Project Plan Baseline	The Contractor shall provide a project plan baseline during start-up/planning phase. The Project Plan Baseline shall be updated by the Contractor and provided to the Agency within ten (10) business days after the beginning of Startup.

Project Work Plan	An abridged work plan submitted with Proposer's Technical Proposal. The Project Work Plan shall be updated by the Contractor and provided to the Agency within ten (10) business days after the beginning of Startup.
Subcontractor Usage Report	The Subcontractor Usage Report shall be submitted ten (10) business days after the beginning of Startup. The Subcontractor Usage Report will be submitted to the Agency annually.
Communication Plan	The Communication Plan shall be submitted within ten (10) business days after the beginning of Startup.
Risk Management Plan	The Risk Management Plan shall be submitted within twenty (20) business days after the beginning of Startup.
Quality Management Plan	The Quality Management Plan shall be submitted within thirty (30) business days after the beginning of Startup.
Change Management Plan	The Change Management Plan shall be submitted within thirty (30) business days after the beginning of Startup.
Monthly Status Report Template	The Monthly Status Report Template shall be submitted five (5) business days after the beginning of Startup.
Weekly Status Report Template	The Weekly Status Report Template shall be submitted two (2) business days after the beginning of Startup.
Requirements Phase	
Requirements Traceability Matrix - Technical/Functional	The Requirements Traceability Matrix - Technical and Functional shall be initially delivered no later than ten (10) business days after the close of all requirements sessions. The Matrix shall again be updated in the future to maintain currency.
Design & Build/ Configuration Phase	
Contractor R2 Certification Plan	Within thirty (30) business days after completion of the requirements phase, the Contractor shall provide a certification plan for assisting the Agency on compilation of BMS certification related information and evidence in preparation for go-live into Production.
Solution Architecture Document - Technical	The BMS Solution Architecture Document Technical shall be delivered to the Agency no later than thirty (30) business days after the entrance into the Design/Build/Configuration Phase.
Hosting Plan	The Hosting Plan shall be delivered to the Agency no later than thirty (30) business days after the entrance into the Design/Build/Configuration Phase.

System Security Plan	The System Security Plan (SSP) shall be provided to the Agency no later than thirty (30) business days after all Design meets are complete. The SSP shall be a living document that shall be updated no less than annually.
Operations, Maintenance, and Configuration Plan	The Operations, Maintenance, and Configuration Plan shall be delivered no later than thirty (30) business days after the entrance into the Design & Build/Configuration Phase.
Testing Phase	
Penetration Test Report	The Penetration Test Report shall be submitted six (6) months prior to implementation. After Implementation, the Penetration Test Report shall be submitted to the Agency annually.
Testing Plan	The System Testing Plan shall be submitted to the Agency thirty (30) business days prior to start of test execution.
Integration and Performance Test Results	Integration and Performance Test Results should be provided no later than five (5) business days after executing of the test or testing sequence.
Training Phase	
Training Materials	All Training Materials will be delivered thirty (30) business days prior to the start of Contractor training.
User Documentation	All User Documentation will be delivered thirty (30) business days prior to the start of Contractor training. Documentation shall be updated within ten (10) business days of a change.
Deployment, Implementation, Certification Phase	
Implementation and Release Plan	The Implementation and Release Plan shall be submitted to the Agency forty-five (45) business days prior to System Go Live.
Operational Readiness Review and Checklist	The Operational Readiness Review and Checklist shall be submitted to the Agency forty-five (45) business days prior to System Go Live.
Business Continuity of Operations Plan/ Disaster Recovery	The Business Continuity and Disaster Recovery Plan shall be submitted to the Agency forty-five (45) business days prior to System Go Live.
Risk Assessments	Risk Assessments shall be performed when additions or changes to functionality impact the security framework, architecture, or when a new vulnerability exists. Risk Assessments shall be conducted independently by the Contractor and at agreed upon intervals with the Agency.
Certification (R2 and R3)	The Contractor shall work with the Agency to provide MECT 2.3, or latest version available at that time, R2 and R3 related checklists, evidence packets, artifacts, including any other checklists and artifacts required by CMS to achieve final certification of the BMS solution and services.

	component. The scope for the BMS certification MECT checklists include: • FFS Claims and Adjudication Checklist (MMIS Module) • Third Party Liability Checklist (MMIS Module) • Reference Data Management Checklist (MMIS Module) • Access and Delivery Checklist • Information Architecture Checklist • Integration and Utility Checklist • Intermediary and Interface Checklist • Standards and Conditions Checklist The Contractor shall assist the Agency and the IV&V Contractor when requested, to work collaboratively with the Agency and CMS to attain Final Certification (R3) within twelve (12) months of system acceptance. The Contractor shall provide to the Agency within seven (7) months of the system acceptance, all applicable completed MECT checklists, documentation, and evidence to support certification. The Agency takes on the responsibility to complete BMS certification activities related to R1 - Initiation Milestone Review. The Agency has outlined expectations related to R2 certification activities between the Agency, the BMS Contractor, and other key players in Appendix G - WINGS Certification Plan, R2 Operational Milestone Review document. The Agency will complete expectations in an R3 Final Certification Plan document that will be developed in the future for Contractor use.
Operations Phase	
Operational Procedures and User Guides/Manuals	The Contractor shall develop and update operational procedures and user guides/manuals within one (1) month of go-live and then within five (5) business days of identified update, change or deletion.
Library of Operational Procedures	The Contractor shall maintain and provide to the Agency upon request, a library of all versions of operational procedures and user guides/manuals.
Client Dates of Death	The Contractor shall develop and provide to the Agency upon implementation of the BMS solution, a monthly report identifying client dates of death.
Agency and Provider Groups Training Materials	During Operations and Maintenance period, the Contractor shall develop training materials for provider groups and the Agency, with input and approval of the Agency.
Turn Over Phase	

Turnover Plan	The Turnover Plan shall be delivered to the Agency no later than nine (9) months prior to the contract termination date.
Updated Turnover Plan	The Updated Turnover Plan should be delivered to the Agency no later than six (6) month prior to contract termination date.
Monthly Turnover Report Template	The Monthly Turnover Report Template shall be submitted two (2) business days after the beginning of Turn Over.
Turnover Results Report	The Turnover Results Report shall be delivered to the Agency no later than five (5) business days after completion of turnover activities.
Lessons Learned Report	The Lessons Learned Document shall be delivered to the Agency at least one (1) month prior to the termination of the contract.

The Contractor shall work through the Agency's Deliverables Review Process. The Deliverables Review Process defines how deliverables are: submitted for review; reviewed; commented on; how requests for changes are managed; the schedule for review; the schedule for updates; and, deliverables acceptance.

The Contractor shall correct any deficiencies relating to deliverables and shall engage in any investigation necessary to determine the source of such deficiencies, at no cost to the Agency.

- 6.12.2. The Contractor shall revise pertinent deliverables, if required, using Agency review findings to meet content and format requirements. See Appendix F - Deliverables Doc Standards & Acceptance Template for RFP for acceptance template examples.
- 6.12.3. The Contractor shall obtain written acceptance approval from the Agency on all final deliverables for each phase. A project phase is not considered complete until the Agency has approved all phase-specific deliverables. Payment shall be based on the Agency's written approval of the deliverable. Deliverable prices will be negotiated.

SECTION 7: PROPOSAL SUBMISSION REQUIREMENTS SEQUENTIAL ORDER

7.1. TECHNICAL PROPOSAL, FORMAT AND CONTENTS:

Proposals shall be submitted in two separate documents: The Technical Proposal and the Cost Proposal. No reference to pricing information or elements of cost shall be made within the Technical Proposal. The Technical Proposal must be submitted in Public Purchase online bidding system AND hard copies delivered to the Procurement address listed in 7.1.9.

The Proposer is responsible for submitting a separate section within the Technical Proposal, which includes all items listed below. All items contained in the separate section must be included in the Table of Contents. Omission of this section or any item within this section may result in the proposal being deemed non-responsive and rejected. The Proposer shall explain and demonstrate their skill and experience and shall, at a minimum, address the following points:

7.1.1. **Transmittal Letter:** The Transmittal Letter shall be submitted on official business letterhead. This letter is to transmit the Proposal and shall identify all materials and enclosures being forwarded collectively as a response to this RFP. The Transmittal Letter shall be signed by an individual authorized to commit the Proposer's organization to the Scope of Work in this RFP. The Transmittal letter shall also include:

7.1.1.1. Identification of the corporation or other legal entity submitting the Proposal and all Subcontractors, including the percentage of work to be performed by the prime Contractor and Subcontractor(s).

7.1.1.2. A statement of Affirmative Action that the Proposer does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, creed, marital status, political affiliation, national origin, or disability and complies with all applicable provisions of Public Law 101-336, Americans With Disabilities Act.

7.1.1.3. A statement that no cost or pricing information has been included in the Technical Proposal.

7.1.1.4. A statement of agreement with all General Provisions and the IT Sample Contract. The Proposer shall furnish any exceptions to the provisions included in the Contract Terms and Conditions be noted in the Executive Summary. The Agency may take into account the number of exceptions introduced by Proposers.

7.1.1.5. A statement identifying all amendments to this RFP that have been received; if no amendments have been received, a statement to that effect should be included.

7.1.2. **Executive Summary:** The Executive Summary shall condense and highlight the contents of the technical proposal in such a way as to provide the State evaluators with a broad understanding of the entire Proposal, Proposer's qualifications and approach to meeting the requirements of the RFP. It should contain a concise overview summarizing the Proposer's understanding of the project, the qualifications of key personnel, and operational structure for handling the Contract responsibilities. The Proposer should emphasize the most important features offered by the proposed approach and methodology. The Executive Summary shall also include any notated exceptions to the General Provisions and IT Sample Contract provisions included in the Contract Terms and Conditions.

7.1.3. **Proposer's Background and Experience:** The Proposer shall provide a Company overview with Corporate References with letters, proposed key and other staff background and experience, and key staff résumés and references, as described in Section 6.1.5.

7.1.3.1. References will be verified during the proposal evaluation process with follow-up telephone

calls or through e-mail, as deemed necessary.

7.1.3.2. If contact with the referenced contact person or an alternative that has knowledge of the Proposer is not made, after reasonable attempts during the designated evaluation period, the reference provided by the Proposer will be classified as unsatisfactory. All attempts to contact a referenced client will be documented, including the date and time of the attempt. Please verify that the corporate references can provide such.

7.1.3.3. NOTE: The Agency reserves the right to contact other State of Wyoming agencies regarding engagements they may have had with the Proposer's company in the past, in addition to the references provided in the proposal.

7.1.4. **Staffing and Project Organization:** The Proposer shall provide an Organization Chart with all proposed personnel, including the supervisor level, and functional responsibilities for all staff involved in the project. The Proposer shall also submit a Resource Management Staffing Plan as described in Section 6.1.5 requirements.

In addition, the below Table shall be completed and incorporated into the Proposer's Resource Management Staffing Plan response to Requirement No. 6 , in this particular Table format, which provides for Proposers' total estimated staff hours and hours by role and project year, for the duration of the Contract. Please add additional lines for other proposed project roles as needed. The total staff hours should equal the total number of proposed hours for the entire project.

Estimated BMS Staff Hours by Role and Project Year												
BMS Solution & Services Roles	DDI 18 Mnths	O&M Yr 1	O&M Yr 2	O&M Yr 3	O&M Yr 4	O&M Yr 5	O&M Yr 6	O&M Yr 7	O&M Yr 8	O&M Yr 9	O&M Yr 10	Total Staff Hours
Project Manager												
Contract Manager												
Technical Systems Mgr												
Medical Policy Manager												
Benefits Mgmt. Operations Mgr												
Claims Manager												
TPL Operations Manager												
Call Center & Relations Mgr												
Part Time Medical Consultant												
Publication & Communication Manager												
Field Rep & Trainer												
Field Rep & Trainer												
Field Rep & Trainer												

Field Rep & Trainer												
Call Center Lead - 1500												
Call Center Lead - UB												
Call Center Lead - Dental												
Other Role Please Define (add lines as needed per proposed staff)												
Other Role Please Define (add lines as needed per proposed staff)												
Other Role Please Define (add lines as needed per proposed staff)												
Total Staff Hours per Year												

- 7.1.5. **Proposer's Project Management/Work Plans:** The Proposer shall submit an abridged project management plan and project work plan (in work breakdown structure (WBS) format) as described in Section 6.1.5.
- 7.1.6. **Approach to Contract Performance:** In the Contractor Requirements Table in Section 6.1.5, of the Technical Proposal response, the Proposer shall describe in detail how they will meet all the mandatory requirements in the RFP. Use of the Section 6.1.5 table format for written response is requested when addressing each requirement for the Proposer's detailed response to aid in proposal response evaluation. However, if needed to appropriately explain Proposer's response to certain requirements, charts or graphical details with written explanation is acceptable, but shall include corresponding reference back to the Requirement number(s) and Section number where they are addressed in the Proposer's requirements table response column. Please respond to requirements in the original requirement order and do not reorder.
- 7.1.7. **Technology Matrix:** BMS Technology Matrix is the representation of the technologies that comprise the Proposer's solution. The Technology Matrix represents the technology being proposed by Proposer including product type (and name of product), operating system, licensing, number of seats, hosting strategy, and security information. The Proposer shall provide the detailed hardware and software information for each applicable row using the values defined in the Legend within Appendix A - BMS Technology Matrix.
- 7.1.8. **Proposal Format Requirements:** (applies to both electronic and hard copy proposals)
1. Use standard 8 1/2 by 11-inch paper with Normal margins setting in MS Word or PDF format.
 2. Use Arial 10-point font, single spaced, for Proposal regular content and Arial 12-point font for headings/sections, double spaced. If needed, Arial 9-point font is allowed for graphics and tables.
 3. For hard copy proposals, single sided only printing will be accepted.
 4. The Technical Proposal shall contain a Table of Contents.
 5. Number all pages of the Technical Proposal consecutively from start to finish with the exception

of the required Appendix A- BMS Technology Matrix which shall be submitted as an attachment to the Technical Proposal.

6. Overall page limit for Technical Proposal responses shall not exceed **300 pages** combined including Appendix A - BMS Technology Matrix Excel spreadsheet, which shall be submitted as an attachment to the Technical Proposal in the same Excel format.
7. The required Company background summary, past performance summaries, and financial summary with financial statements for the most current fiscal year, shall not exceed twenty (20) pages combined, and will count toward the overall page limit. Do not include in the financial summary, fully audited Financial Statements, 10Ks, or other SEC required filings.
8. The required Project Management Plan and Resource Management and Staffing Plan including organizational chart, will count toward overall page limit.
9. Excluded from the overall page count limit of the Technical Proposal, are the following required materials: Transmittal Letter, Executive Summary, and Project Work Plan (in work breakdown structure format).

7.1.9. **Address for Hard Copy Proposals:** The Proposer shall deliver in person or send ten (10) hard copies of their technical proposal and cost proposal to the following Procurement address:

Mandy Gershmel, Buyer

Wyoming Department of Administration and Information
Procurement Section
2800 Central Avenue
Cheyenne, WY 82002

7.2. COST PROPOSAL FORMAT AND CONTENT:

The Cost Proposal shall be uploaded as separate documents from the Technical Proposal, and identified as such using the Public Purchase online bidding system for electronic copies AND hard copies shall be delivered to the Procurement address listed in 7.1.9. Cost Proposal Format and Content Requirements (applies to both electronic and hard copy proposals) shall include:

1. The Cost Proposal shall contain a Table of Contents.
2. The Cost Proposal shall be numbered consecutively for all pages from start to finish (not required for appended Proposal Price Sheet and Signature Page).
3. The Cost Proposal shall include all proposal pricing schedule worksheets and narrative section.
4. The narrative section shall be placed before the pricing worksheets in the Cost Proposal.
5. The narrative shall contain a detailed explanation of the Proposer's pricing approach relevant to each pricing worksheet as well as detailing costs for the products/technologies, all ongoing costs, and annual maintenance costs information that was provided on Appendix A - BMS Technology Matrix.

7.2.1. Proposal Price Sheet and Signature Page:

These pages are required by the A&I Procurement Section and are the State's official pricing documents, which are located in Section 10 and Appendix B. Each Proposer shall upload the Technical Proposal and required Attachment A, Cost Proposal, and the Cost Proposal Price Sheet and Signature Page as separate documents and identify them as such using the Public Purchase online bidding system as well as hard copy submission. The price to be entered on this page is the total fixed price which is the lump sum from Pricing Schedule 1, Schedule 2, and Schedule 3. In case of error in the extension of prices in the proposal, unit prices will govern. Cost breakdowns are not included on this page. The Proposer shall ensure that all signatures (original signature for hard copies and digital/scanned/electronic signature for Public Purchase online submittal) and identifying numbers are properly affixed to this page in order for the Cost Proposal to be accepted.

Additionally, the maximum budget has been provided in Section 6.1.1- C and Section 8.2.2., to allow Proposers to submit their best Benefit Management System and Services approach and

offering, with the Agency's approved budget taken into consideration.

7.2.2. Pricing Schedule 1 - Deliverables for Design Development and Implementation (DDI) Phases and Solution/Tools/Licensing Costs:

Pricing Schedule 1 itemizes the all-inclusive price for all deliverables related to the Deliverables for DDI Phases & Solution/Tools/Licensing Costs scope of work. Proposers shall provide an all-inclusive price for all activities related to Benefit Management System and Services (BMS) claims processing, financial, and third party liability DDI phases.

Proposers shall price the entire BMS solution, tools and licensing costs in meeting the requirements of this RFP as a Fixed Price. The Component/Solution Price is for the price of the component and implementation and the tools/licensing costs including all applicable maintenance fees and support during DDI. Acceptance criteria will be defined during contract negotiations. The cost of each specific deliverable will be negotiated at time of contract but shall equal the proposed project phase price. Proposers may suggest a payment schedule which mirrors specific deliverables in meeting the requirements of this RFP. Payment will be made at the completion and acceptance of the individual deliverables, as defined in the Scope of Work.

7.2.3. Pricing Schedule 2 – BMS Operations & Maintenance (O&M) and Tools/Licensing Costs:

Pricing Schedule 2 itemizes the all-inclusive price for all activities related to the BMS Operations and Maintenance Phase and Tool/Licensing Costs (does not include TPL costs in this Schedule). Proposers shall price the project components in meeting the requirements of this RFP as a Fixed Price and include an all-inclusive price for all activities, fiscal agent services, and BMS pass-through costs related to the Operation and Maintenance Costs including tools, hosting, and licensing costs not included in other schedules.

7.2.4. Pricing Schedule 3 - Third Party Liability Specific Operations & Maintenance and Tools/Licensing Costs:

Pricing Schedule 3 itemizes the all-inclusive price for all activities related to the Third Party Liability (TPL) specific Operations and Maintenance Years and Tool/Licensing Costs. Proposers shall price the project components in meeting the requirements of this RFP as a Fixed Price and include an all-inclusive price for all activities related to the TPL Operation and Maintenance Costs including tools, hosting, and licensing costs.

7.2.5. Pricing Schedule 4 - Labor Categories for Enhancements - All-Inclusive Hourly Rate:

Pricing Schedule 4 requires Proposers to provide the hourly rate for labor categories related to potential amendments or changes of any agreed upon requirements change, defect resolution, and enhancements. These costs will be examined individually for reasonableness and are separate from the total lump sum shown on the Proposal Price Sheet and Signature Page. Rates must be a clear hourly rate, and include all travel and per diem charges. During Contract execution, the Proposer shall be required to supply hourly rates for each role performing any change orders requested by the State.

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SECTION 8: EVALUATION METHODOLOGY

8.1. OVERVIEW:

8.1.1. Evaluation/Selection Committees:

The Agency will conduct a comprehensive, fair, objective and impartial evaluation of proposals received in response to this RFP. Proposals will be evaluated by the Evaluation Committee. The Evaluation Committee is made up of members representing the project subject expertise. The Selection Committee is made up of members representing the project sponsorship. The Evaluation Committee will review and score all proposals and will make the final recommendation to the Selection Committee. The Selection Committee will make the final decision. Contractor selection and notification will be as stated in RFP Section 3.9. Contract Negotiations.

8.1.2. Evaluation Points Scoring of Technical Criteria:

In awarding points to each Proposer, Evaluators will assign a raw score to each evaluation criterion using only whole numbers. In order to provide a consistent scoring system, the ranges described in Table 8.1.2 will be used as a guideline for Evaluators. These raw scores are assigned in a range of Zero (0) No Value, to Five (5) Excellent. The scores the Evaluators will use to assess each Proposers' Technical Proposal response are defined as follows:

Table 8.1.2. Evaluation Points Scoring of Technical Criteria

Score	Assessment	Description
0	No Value	The Proposer has omitted any discussion of this requirement.
1	Poor	The Proposer has failed to demonstrate their capability, or the information provided is of little or no value, or the Proposer has simply restated the requirement with an agreement to comply.
2	Below Average	The Proposer has demonstrated a below average capability or service solution to meet this criterion and has not described their approach in sufficient enough detail to be considered "capable of meeting minimum requirements".
3	Average	The Proposer has demonstrated an acceptable capability or service solution to meet this criterion and has described their approach in sufficient enough detail to be considered "capable of meeting minimum requirements".
4	Above Average	The Proposer has demonstrated an above-average capability, approach, or services solution and has provided a complete description of the capability, approach, or services solution.
5	Excellent	The Proposer has provided an innovative, detailed, efficient approach or established, by references and presentation of material, far superior capability in this criterion area.

8.1.3. Evaluation Item Number Requirement Family Categories:

The Benefits Management System and Services (BMS) scope is broken out into the following primary requirement Item categories (referred to as Requirement Family) as shown in Section 6.1.5 Contractor Requirements Table. Proposers will be evaluated on each Item 1 through Item 17 categories for the Technical Proposal and Item 18 for the Cost Proposal. Weights have been assigned to each Item number (Requirement Family) resulting in a total Evaluation Point Summary of 1,000 Points for this RFP. **The Evaluation Points for the Written Technical Proposal total 550 Points. The Evaluation Points for the Structured Oral Presentation is 150. The total Evaluation Points related to Technical (Written and Oral) is 700 points. The Evaluation Points for the Cost Proposal total 300 Points.**

[Item 1]: Proposer Background and Experience **<25 Points>**
[Item 2]: Staffing, Project Organization and Project Management **<50 Points>**
[Item 3]: Project Management Deliverables **<15 Points>**
[Item 4]: Claims Intake & Document Management **<35 Points>**
[Item 5]: Claims & Encounter Pricing **<50 Points>**
[Item 6]: Claims & Encounter Processing **<65 Points>**
[Item 7]: Third Party Liability (TPL) Functionality **<50 Points>**
[Item 8]: Reporting & Analytics **<15 Points>**
[Item 9]: Reference Data Management **<15 Points>**
[Item 10]: Financial & Support Services **<20 Points>**
[Item 11]: Technical Operations **<60 Points>**
[Item 12]: Business Operations **<85 Points>**
[Item 13]: Solution Goals, Compliance, and Certification **<15 Points>**
[Item 14]: BMS Technical, Components, Implementation Goals and Compliance **<30 Points>**
[Item 15]: Enterprise Data Management Goals and Compliance **<15 Points>**
[Item 16]: Value Added Services, Innovation and Outcome Improvement **<5 Points>**
[Item 17]: Structured Oral Presentation **<150 Points>**
[Item 18]: Cost Proposal Analysis **<300 Points>**

8.2. COMPLIANCE WITH MANDATORY REQUIREMENTS:

8.2.1. To be considered responsive, a submitted proposal shall meet the minimum requirements defined in Section 6.1.5 of this RFP (including submission requirements in Section 7 and Section 8). The minimum requirements are intended to ensure that evaluation of the Technical Proposal can proceed and that the Contractor agrees to perform all responsibilities within the RFP, Oral presentation (if applicable), and the Contract Terms and Conditions located in the WDH IT Sample Contract, in Appendix E.

As shown in Table 8.1.2, a “3-Average” score, is defined as: *The Proposer has demonstrated an acceptable capability or service solution to meet this criterion and has described their approach in sufficient enough detail to be considered "capable of meeting minimum requirements".*

If a Proposer has met or exceeded an average point score of 330 or greater on their written Technical Proposal evaluation (based on the 550 points total available from evaluation of the written technical proposals), they will be invited to Structured Oral Presentations. Any Proposer with a written technical evaluation point score below the 330 threshold cutoff (below average score), will be disqualified from further consideration, will not be invited to Orals, and their cost proposals will not be opened. As shown in Table 8.1.2, a below average score is defined as: *The Proposer has demonstrated a below average capability or service solution to meet this criterion and has not described their approach in sufficient enough detail to be considered "capable of meeting minimum requirements".*

A final evaluation score of at least a “3-Average” is required for the technical proposal (written plus orals) to be considered as meeting the minimum requirements for this RFP. 700 points are available for

technical proposal plus orals, and only those Proposers with a final 420 points after orals scoring, would be eligible for opening of cost proposal.

8.2.2. To be considered responsive, a submitted Cost Proposal shall meet the submission requirements defined in Section 7.2. The State and federally approved maximum overall budget is \$123,575,192 for the BMS module contract period with the approved budget breakdowns for the BMS DDI and O&M phases as follows:

- Design, Development, Implementation (DDI) Phase (Pricing Schedule 1) - maximum budget \$22,864,158 for entire BMS solution (including integration with SI/ESB module).
- Operations & Maintenance (O&M) Period (Pricing Schedule 2) - overall maximum budget of \$97,711,034 for entire ten (10) base years, of which the following specific Third Party Liability (TPL) budget applies (Pricing Schedule 3):
 - TPL O&M Services - up to a maximum of \$600,000 per base year, or \$6,000,000 for the O&M base contract term.
 - Pass-Through Fees and Other Administrative O&M Costs - maximum approved budget of \$3,000,000 for the O&M base contract term, or \$300,000 per base year.

8.3. EVALUATION POINT SUMMARY:

Table 8.3.1 Evaluation Point Summary - **Technical Proposal 700 Points, Cost Proposal 300 Points**

RFP Reference	Mandatory Minimum Requirements	Evaluation
1.1.2.	Submission of Proposals: Failure to submit both the electronic copies and hard copies as required in the RFP, as well as Proposals received after the date and time specified in the RFP, will not be considered.	Met/Not Met <i>(at proposal opening)</i>
7.2.1	Proposal Price Sheet and Signature Page: Required by the A&I Procurement Section and are the State's official pricing documents. Each applicable Proposer shall upload the Technical Proposal and required attachment, Cost Proposal, and the Cost Proposal Price Sheet and Signature Page as separate documents and identify them as such using the Public Purchase online bidding system, and do the same for hard copy submission. The price to be entered on this page is the total fixed price which is the lump sum from Pricing Schedule 1, Schedule 2, and Schedule 3. Cost breakdowns are not included on this page. The Proposer shall ensure that all signatures (original signature for hard copies and digital/scanned signature for Public Purchase online submittal) and identifying numbers are properly affixed to this page in order for the Cost Proposal to be accepted.	Met/Not Met <i>(at proposal opening)</i>
6.1.5. and 8.2.1.	BMS Contractor Requirements: And Compliance with Mandatory Requirements (Technical Proposals):	Meet / Exceed <i>(During Evaluation)</i>

[Item 1]	Proposer Background and Experience	<25> Points
[Item 2]	Staffing, Project Organization and Project Management	<50> Points
[Item 3]	Project Management Deliverables	<15> Points
[Item 4]	Claims Intake & Document Management	<35> Points
[Item 5]	Claims & Encounter Pricing	<50> Points
[Item 6]	Claims & Encounter Processing	<65> Points
[Item 7]	Third Party Liability (TPL) Functionality	<50> Points
[Item 8]	Reporting & Analytics	<15> Points
[Item 9]	Reference Data Management	<15> Points
[Item 10]	Financial & Support Services	<20> Points
[Item 11]	Technical Operations	<60> Points
[Item 12]	Business Operations	<85> Points
[Item 13]	Solution Goals, Compliance, and Certification	<15> Points
[Item 14]	BMS Technical, Components, Implementation Goals and Compliance	<30> Points
[Item 15]	Enterprise Data Management Goals and Compliance	<15> Points
[Item 16]	Value Added Services, Innovation and Outcome Improvement	<5> Points
[Item 17]	Structured Oral Presentation *	<150> Points
[Item 18]	Cost Proposal Analysis	<300> Points
	TOTAL POINTS	<Total 1000>

* Proposer's achieving a written technical proposal evaluation score of at least a 3-Average, equal to 330 evaluation points or higher (based on the sum of evaluated points of Items 1-16 above), will be invited to Structured Oral Presentations.

8.4. COST SCORING AND RANKING:

- 8.4.1. Cost Analysis (Cost Proposal shall be under separate cover): The cost shall be presented as key deliverables for the BMS Solution and a project total (sum of the deliverables/solution). The State of Wyoming reserves the right to conduct a cost analysis of the proposer's budget proposal. The analysis will include a review of the associated costs based on the technical content of their submission. The total project cost shall include all the items listed in Section 6. Requirements/Specifications - Responsibilities of Contractor.

The Proposer is required to explain their approach to pricing and clearly delineate how services and components are priced and the nature of the pricing in the Cost Proposal narrative section, as indicated in Section 7.2.

If any of the Section 6 services or solutions cannot be provided in Contractor's proposal or the requirement cannot be met - this is to be clearly explained as to why and what the alternative approach will be and its' associated cost, in the cost proposal narrative. If there are no exclusions or exceptions - it will be determined that all of the criteria has been met for the price quoted, inclusive of all personnel, overhead, travel, equipment usage, and other miscellaneous costs for the contract period quoted.

8.5. FINAL RANKINGS OF PROPOSALS:

- 8.5.1. The State of Wyoming shall be the sole authority with respect to the evaluation of proposals. The firm that best meets the conditions of each of the individual criterion will be awarded the highest (not necessarily maximum) points for that specific criterion. The balance of the Contractors will be rated based on their evaluated points. After each criterion is evaluated, the Contractor with the

highest total number of points will be awarded the contract.

- 8.5.2. The State of Wyoming reserves the right to accept an entire proposal, a partial proposal, a single component proposal or no proposal at all.

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SECTION 9: PAYMENT TERMS

9.1. TIME SCHEDULE/INVOICING:

- 9.1.1. **The State will negotiate payment terms based upon a schedule to be determined by the Contractor and the State. Payments of invoices will be based upon the Contractor successfully completing the deliverables within the stated deadlines, and upon the Agency's written acceptance of the deliverables and/or services.**
- 9.1.2. The Contractor is required to submit monthly status reports with invoices outlining the contract's progress and compliance with milestones and delivery dates. Each report will be verified by the State's representative that each of the RFP and contract requirements have been met to date.
- 9.1.3. Pass-Through Fees and Other Administrative Cost amounts invoiced by the Contractor, will require supporting documentation for actual cost amounts invoiced. All pass-through fees and other administrative costs shall be identified in detail and included with the monthly invoice.
- 9.1.4. The Agency shall withhold ten percent (10%) of each payment due for accepted Deliverables set forth in Section 6.12 Deliverables and Milestones preceding BMS Go-Live into Production. Retainage shall not be applied to License, Software, Weekly and Monthly Status Report Deliverables, or Operations and Maintenance. The retainage for such accepted Deliverables shall be paid by the Agency to the Contractor in full upon CMS approval of R3 final certification of the BMS Solution.

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SECTION 10: PROPOSAL PRICE SHEET AND SIGNATURE PAGE

The undersigned agrees to provide **BENEFITS MANAGEMENT SYSTEM AND SERVICES SOLUTION** to the Wyoming Department of Health, Division of Healthcare Financing in accordance with the 0192-D.

DESCRIPTION LUMP SUM PRICE
(Written in Words and Number)

**Total evaluated all-inclusive price for contract, from
Pricing Schedules 1, 2 and 3**

\$ _____

1. BY SUBMISSION OF A PROPOSAL, THE CONTRACTOR CERTIFIES:

- 1.1 Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.
- 1.2 No attempt has been made nor will be by the Contractor to induce any other person or firm to submit a proposal for the purpose of restricting competition.
- 1.3 The person signing this proposal certifies that he/she is authorized to represent the company and is legally responsible for the decision as to the price and supporting documentation provided as a result of this advertisement.
- 1.4 Contractor will comply with all Federal regulations, policies, guidelines and requirements.
- 1.5 Prices in this proposal have not been knowingly disclosed by the Contractor and will not be prior to award to any other Contractor.

2. GENERAL INFORMATION:

Contractor Name _____ Phone () _____

Email Address _____ FAX () _____

Mailing Address _____

City _____ State _____ Zip _____

Employer Identification Number _____

3. OWNERSHIP AND CONTROL:

Contractor's Legal Structure:

_____ Sole Proprietorship
_____ Partnership
_____ Limited Partnership
_____ Other _____

_____ General
_____ Corporation
_____ Limited Liability

If Contractor is a sole proprietorship, list:

Owner Name _____

Phone () _____

Mailing Address_____

City_____ State_____ Zip_____

Employer Identification Number_____

Beginning date as owner of sole proprietorship_____

Provide the names of all individuals authorized to sign for the Contractor:

NAME (printed or typed)

TITLE

VERIFICATION

I certify under penalty of perjury, that I am a responsible official (as identified above) for the business entity described above as Contractor, that I have personally examined and am familiar with the information submitted in this disclosure and all attachments and appendices, and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including criminal sanctions which can lead to imposition of a fine and/or imprisonment.

(Signature)

(Name and Title) (Typed or Printed)

(Date)

E-mail address: _____

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10.1 PRICING SCHEDULE 1

WYOMING DEPARTMENT OF HEALTH, DIVISION OF HEALTHCARE FINANCING

BENEFITS MANAGEMENT SYSTEM AND SERVICES SOLUTION

Deliverables for DDI Phases & Solution/Tools/Licensing Costs, September 2019 - February 2021

Provide an all-inclusive price for all activities related to the BENEFITS MANAGEMENT SYSTEM AND SERVICES SOLUTION during Design, Development, and Implementation (DDI).

Proposers shall price the below project phases in meeting the requirements of this RFP as a Fixed Price. Payment will be made at the completion and acceptance of the individual deliverables, as defined in the Scope of Work. The cost of each specific deliverable will be negotiated at time of contract but shall equal the proposed project phase price. Proposers shall price the BMS component solution, tools, and licensing costs in meeting the requirements of this RFP as a Fixed Price. The Price is for the implementation phases and the solution, tools, and licensing costs that shall include all applicable maintenance fees and support during DDI. **Please ensure DDI costs add up correctly.**

Pricing Elements		DDI
Phase 1	Start-up/Planning Phase	
Phase 2	Requirements Phase	
Phase 3	Design & Build/Configuration Phase	
Phase 4	Testing Phase	
Phase 5	Training Phase	
Phase 6a	Deployment/Implementation, Certification Phase (R2)	
Phase 6b	Final Certification Phase (R3)	
Phase 8	Turnover Phase	
Solution/Tools/Licensing		
Tools/Licensing	BMS Solution (including TPL)	
Tools/Licensing	Other System/Related Tools	
Tools/Licensing	Reporting Tools	
Tools/Licensing	Development/Configuration Tools	
Other Tools (please list)		
	1)	
	2)	
	3)	
Total		

TOTAL DDI/DELIVERABLES PRICE

\$ _____

Signature

Title

Date

The State will negotiate payment terms based upon a schedule to be determined by the Proposer and the State. Payment of invoices will be based upon the Proposer meeting stated deadlines for deliverables and upon Wyoming Department of Health, Division of Healthcare Financing written acceptance of the deliverables.

10.2 PRICING SCHEDULE 2

WYOMING DEPARTMENT OF HEALTH, DIVISION OF HEALTHCARE FINANCING

BENEFITS MANAGEMENT SYSTEM AND SERVICES SOLUTION

Operations & Maintenance (O&M) Services and Tools, Licensing, Hosting Costs, Base Period February 2021 - January 2031.

Provide an all-inclusive price for all activities related to the BMS OPERATION AND MAINTENANCE COSTS including services, tools, hosting, and licensing costs not included in other schedules. Proposers shall price each contract year individually. **Please ensure per-year proposed O&M costs add up correctly.**

BMS Solution	O&M Year 1	O&M Year 2	O&M Year 3	O&M Year 4	O&M Year 5	O&M Year 6	O&M Year 7	O&M Year 8	O&M Year 9	O&M Year 10
Solution/Tools/ Licensing										
BMS Solution & Hosting, and all required Technical Services (including SSAE audits)										
Other Technical (please specify)										
Services and Pass- Through										
1) Fiscal Agent Operation Related Services including Provider Call Center, Claims Processing, Client Call Center										
2) BMS Pass –Through Costs (all monthly printing and postage, other expenses at actual costs per invoice)										
3) Other Services Costs										
Total Cost Per Year										

TOTAL ALL INCLUSIVE PRICE FOR O&M

\$_____

Signature

Title

Date

The State will negotiate payment terms based upon a schedule to be determined by the Proposer and the State. Payment of invoices will be based upon the Proposer meeting stated deadlines for deliverables and upon Wyoming Department of Health, Division of Healthcare Financing written acceptance of the deliverables.

10.3 PRICING SCHEDULE 3

WYOMING DEPARTMENT OF HEALTH, DIVISION OF HEALTHCARE FINANCING

BENEFITS MANAGEMENT SYSTEM AND SERVICES SOLUTION

Third Party Liability (TPL) Specific Operations & Maintenance (O&M) Services, Pass-Through Fees/Other Administrative Costs, Tools, and Licensing Costs, February 2021 - January 2031.

Provide an all-inclusive price for all activities related to the **TPL specific OPERATION AND MAINTENANCE COSTS** for services, pass-through fees and other administrative costs, tools, and licensing costs not included in other schedules. Proposers shall price each contract year individually up to a maximum TPL O&M budget of \$600,000 per year, and up to a maximum TPL Pass-Through Fees and Other Administrative Costs budget of \$300,000 per year. **Please ensure per-year proposed TPL O&M costs add up correctly.**

BMS Solution	O&M Year 1	O&M Year 2	O&M Year 3	O&M Year 4	O&M Year 5	O&M Year 6	O&M Year 7	O&M Year 8	O&M Year 9	O&M Year 10
TPL Specific Services, Tools, and Licensing Related										
TPL Services Costs and All Related Tools and Licensing										
TPL Pass-Through Fees & Other Admin. Costs										
Other (Please Specify)										
Total Cost Per Year										

TOTAL ALL INCLUSIVE PRICE FOR TPL SPECIFIC O&M \$ _____

Signature

Title

Date

The State will negotiate payment terms based upon a schedule to be determined by the Proposer and the State. Payment of invoices will be based upon the Proposer meeting stated deadlines for deliverables and upon Wyoming Department of Health, Division of Healthcare Financing written acceptance of the deliverables.

10.4 PRICING SCHEDULE 4

WYOMING DEPARTMENT OF HEALTH, DIVISION OF HEALTHCARE FINANCING

BENEFITS MANAGEMENT SYSTEM AND SERVICES SOLUTION

Labor Categories for Enhancements - All Inclusive Hourly Rate

Provide the hourly rate for the following labor categories related to potential amendments or changes of any agreed upon requirements change, defect resolution, and enhancements. These costs will be examined individually for reasonableness and are beyond the scope of items priced in worksheets 1-3 and separate from the total lump sum amount shown on the Proposal Price Sheet. Rates must be a clear hourly rate, and include all travel and per diem charges. During Contract execution, the Contractor shall be required to supply hourly rates for each role performing any change orders requested by the State.

Hourly Rate Labor Categories:

General Labor Category Name	Proposer Labor Category Name	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Contract Manager											
Project Manager											
Technical Systems Mgr											
Medical Policy Manager											
Benefits Mgmt. Operations Mgr											
Claims Manager											
TPL Operations Manager											
Call Center & Relations Mgr											
Part Time Medical Consultant											
Publication & Communication Manager											
Field Rep & Trainer											
Field Rep & Trainer											
Field Rep & Trainer											
Field Rep & Trainer											
Call Center Lead - 1500											
Call Center Lead - UB											
Call Center Lead - Dental											

PRICING SCHEDULE 4 - Hourly Rate Labor Categories (continued):											
General Labor Category Name	Proposer Labor Category Name	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Other Role Please Define (add lines as needed per proposed staff)											
TOTAL ALL INCLUSIVE AVERAGE RATE											

Signature	Title	Date

The State will negotiate payment terms based upon a schedule to be determined by the Proposer and the State. Payment of invoices will be based upon the Proposer meeting stated deadlines for deliverables and upon Wyoming Department of Health, Division of Healthcare Financing written acceptance of the deliverables.

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SECTION 11: SAMPLE IT CONTRACT

Sample Wyoming Department of Health IT Contract Terms and Conditions are located in RFP Appendix E
- Sample IT Contract 05.03.2018 Template.

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Wyoming Department of
Health, Division of Healthcare Financing,
WINGS Project

*Benefit Management System and Services
(BMS)*

0192-D

Proposal Evaluation Plan v1.0

April 5, 2019

VERSION HISTORY

Version	Date Submitted by State	Date approved by CMS	Changes from Previous Version
1.0	March 11, 2019	Pending	Initial creation of Benefit Management System And Services (BMS) RFP Proposal Evaluation Plan

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1 - Introduction

The Wyoming Department of Health, Division of Healthcare Financing, WINGS Project, (herein referred to as the Agency) is procuring a Benefit Management Systems and Services (BMS) to support the Wyoming Medicaid program in the replacement of the MMIS system, and peripherals. The Agency will evaluate Proposers' responses to the BMS Request for Proposal (RFP), 0192-D, based upon detailed evaluation instructions provided in this Proposal Evaluation Plan (PEP). The proposal evaluation process is a critical component of the procurement process, as the evaluation of proposals will result in a recommendation for an award of a Contract under the RFP. The award will be made to the Proposer whose proposal, conforming to the RFP, will be most advantageous to the State of Wyoming, taking into consideration the scoring results of the Technical and Cost Proposals.

The purpose of this PEP is to:

1. Provide clear direction and guidance to individuals who are participating in the proposal evaluation process;
2. Ensure the integrity of a fair evaluation process by providing a transparent, complete, and consistent proposal evaluation process; and
3. Create a documented record of the proposal evaluation process.

Use of this PEP will help to ensure that a comprehensive and impartial evaluation of the proposals is conducted. It provides a detailed account of:

1. The proposal evaluation process;
2. Roles and responsibilities of key evaluation members; and
3. Tools and forms used throughout the evaluation.

PEP Appendices include:

1. Appendix A – Evaluation Forms Checklist
2. Appendix B – Proposal Mandatory Requirements Checklist
3. Appendix C – Confidentiality - Conflict of Interest Agreement Form
4. Appendix D – Reference Check Supplemental Questions
5. Appendix E – Phase 2: Written Technical Proposal Evaluation Score Form
6. Appendix F – Phase 3: Oral Presentations Evaluation Score Form
7. Appendix G - Phase 3: Oral Presentation Vendor Instructions_Agendas_Evaluator Notes
8. Appendix H – Overall Proposal Scoring Summary Matrix

1.1. *Proposal Evaluation Confidentiality*

This plan is intended for the Wyoming Benefit Management System and Services (BMS) RFP 0192-D, Evaluation Committee for internal use only. Confidentiality during the evaluation process is essential to ensure clarity of communication during the evaluation process, to ensure impartiality and fairness to Proposers, and to allow the Evaluation Committee to operate free from external influence. Contact with potential Proposers is not permitted by the Evaluation Committee during the request for proposal open bidding time frame up until the contract has been awarded.

Throughout the evaluation process, the confidentiality and security of each proposal and the scores must be maintained. The Evaluators must not discuss the contents of this plan, the submitted proposals, or the procurement activities with any person except during scheduled evaluation meetings and to a limited extent, during Oral Presentations. Oral Presentations will be held for this RFP. All internal workings of the Evaluation Committee shall be kept confidential until the

Evaluation Committee has completed its evaluation, the selected Proposer has received a letter of Intent to Award, and any disputes have been resolved. Members of the Evaluation Committee may report meeting schedules and general activities to their managers and/or others who may need to know, but not specifics about the Evaluation Committee's discussions or conclusions. All participants in the evaluation process are required to adhere to and sign Appendix C – Confidentiality and Conflict of Interest Agreement Form prior to any evaluation activities.

1.2. Proposal Evaluation Process Expectations

Participation in the BMS proposal evaluation process should be considered a serious endeavor and a priority. Individuals involved in the process are expected to remain committed to the process throughout its entirety. Commitment entails attending all scheduled meetings (in-person or phone/electronically), meeting all scheduled deadlines, and utilizing all evaluation tools/methods as per instruction from the PEP Coordinator(s).

If participants are unable or unwilling to commit to the entire evaluation process, communication must be made with the PEP Coordinator(s) as soon as possible.

If an Evaluator is absent from a required meeting due to unavoidable work demands, the PEP Coordinator(s) will provide the Evaluator with information discussed during the meeting so that all Evaluators have the same information available to them. In case of an Evaluator's unexpected inability to continue the evaluation process, any evaluation forms submitted up to the date that the Evaluator is no longer able to participate will be used to complete the evaluation scoring process, or their scores will be dropped altogether if there is a sufficient number of assigned Evaluators for each of the Requirement Family Items assigned.

1.3. RFP Evaluation Scoring Categories

The Evaluation Committee will evaluate and score proposals in accordance with the Requirement Family Item topics stated in RFP 0192-D.

1. Technical Proposal (70% of Total Score)(Total weight 700 points)
 - [Item 1]: Proposer Background & Experience (weight 25 points)
 - [Item 2]: Staffing, Project Organization and Project Management (weight 50 points)
 - [Item 3]: Project Management Deliverables (weight 15 points)
 - [Item 4]: BMS Claims Intake & Document Management (weight 35 points)
 - [Item 5]: Claims & Encounter Pricing (weight 50 points)
 - [Item 6]: Claims & Encounter Processing (weight 65 points)
 - [Item 7]: Third Party Liability (TPL) Functionality (weight 50 points)
 - [Item 8]: Reporting & Analytics (weight 15 points)
 - [Item 9]: Reference Data Management (weight 15 points)
 - [Item 10]: Financial & Support Services (weight 20 points)
 - [Item 11]: Technical Operations (weight 60 points)
 - [Item 12]: Business Operations (weight 85 points)
 - [Item 13]: Solution Goals, Compliance, and Certification (weight 15 points)
 - [Item 14]: BMS Technical, Components, Implementation Goals and Compliance (weight 30 points)
 - [Item 15]: Enterprise Data Management Goals and Compliance (weight 15 points)
 - [Item 16]: Value Added Services, Innovation & Outcome Improvement (weight 5 points)
 - [Item 17]: Structured Oral Presentation (weight 150 points)

2. Cost Proposal (30% of Total Score)(Total weight 300 points)
 - Deliverables for DDI Phases & Solution/Tools/Licensing Costs (RFP Pricing Schedule 1)
 - Operations and Maintenance (O&M) Services and Tools, Licensing, Hosting Costs, Base Period (RFP Pricing Schedule 2)
 - Labor Categories for Enhancements All-Inclusive Hourly Rate (RFP Pricing Schedule 3)
 - Cost Proposal Narrative (RFP Sections 7.2 and 8.4.1.)

2 - Request for Proposal (RFP) Overview

2.1. RFP Background

A&I Procurement released RFP 0192-D for Benefit Management System and Services (BMS) on January 10, 2019. Proposals received on April 5, 2019, in response to the RFP will be evaluated under the direction of the Agency. The Contract shall encompass an eighteen (18) month design, development, and implementation (DDI) phase and a ten (10) year base operations and maintenance (O&M) term.

2.2. RFP and Proposal Evaluation Timeline

On the following page are key dates associated with the proposal evaluation process and represent the schedule of events for this PEP plan.

Table 2.2.: Key Proposal Evaluation Milestones

	Activity	Time (MT)	Date 2019
1	Preliminary Evaluator Information and Instructional Meeting (1 hr) <i>(Review assignments and PEP schedule, collect signed Appendix C Confidentiality forms)</i>	3:00 PM CLB Room 174	Tuesday, February 5
2	Proposal Submission Due Date/Public Opening Date	2:00 PM	Friday, April 5
3	Independent Review and Evaluation Scoring-TECHNICAL Evaluation <i>(Total time frame to complete/finalize written technical and oral presentation evaluation and scoring)</i>	N/A	April 5 – June 26
4	Evaluator Instructional Meeting (1 hr) <i>(Coordinators provide overall evaluation instruction and Proposal review order assignments, review PEP Appendices/Score Forms and answer Evaluator questions)</i>	2:00 PM CLB Room 174	Tuesday, April 9
5	Evaluator Technical Meeting 1 - Technical Proposals (1.5 hrs) <i>(Coordinator/TA present financial analysis and Appendix B Met/Not Met for Evaluator review, review reference findings)</i>	11:00 AM CLB Room 174	Monday, April 22
6	Evaluators submit Written Technical Proposal Evaluation Scores to Coordinators <i>(Submit Appendix E, Excel score form with written technical proposal scores)</i>	12:00 PM	Tuesday, May 14

	Activity	Time (MT)	Date 2019
7	Coordinators Compile Final Written Technical Evaluator Scores (PEP Appendix H)	N/A	Thursday, May 16
8	Evaluator Technical Meeting 2 – Written Technical Proposal Scores Review & Discuss Oral Presentation Questions & Expectations) (2.5 hrs) (Show initial scores and determine who is invited to orals. Decide on standard oral presentation questions)	9:00AM CLB Room 174	Friday, May 17
9	Coordinators Notify Proposers by Email of Assigned Oral Presentation Date and Time (Minimum Ten Business Days Prior Each Orals Session) (Send Vendor Orals invite letter with instructions, basic agenda, and standard questions – PEP Appendix G)	N/A	May 29 – June 7
10	Coordinators Email Proposers the Formal Orals Agenda (Seven Days Prior to Each Orals Session)	N/A	June 3 – June 12
11	Vendor Oral Presentations (Full day sessions for each Proposer)	Various CLB Room 174	June 12 – June 21
12	Evaluators Submit Oral Presentation Scores to Coordinators (Submit Appendix F with all oral presentation notes in scanned hard copy)	12:00PM	Wednesday June 26
13	Coordinators Compile Oral Presentation and Written Technical Proposal Evaluation Scores (PEP Appendix H)	N/A	Thursday, June 27
14	Final Evaluator Meeting – (2 hrs) Part 1 – Final Technical Meeting (Review overall technical scores, written proposal and oral presentation) Part 2 - Cost Proposals Review Meeting (Review and discuss cost proposals, review proposed costs and determine final ranking outcome)	9:00 AM CLB Room 174	Friday, June 28
15	Coordinators Notify A&I Procurement of Contract Award Recommendation (Coordinators submit final ranking form and evaluator scores/notes files)	5:00 PM	Wednesday July 3

2.3. Proposal Structure

Proposals will be submitted in two parts: Technical Proposal (70% of total score) and Cost Proposal (30% of total score). Electronic copies of the RFP Proposals will be provided to the Evaluation Committee and there will be a limited number of hard copy proposals for sharing among Evaluator groups. The format and contents of each are described in the PEP sections, 2.3.1 and 2.3.2.

2.3.1. Technical Proposal

The Technical Proposal should present a full and complete description of the Proposer's ability to meet the requirements of the BMS Solution and Services described in the BMS RFP Section 6.1.5 - Contractor Requirements and Section 7.1 - Technical Proposal Format and Contents of the RFP. The Technical Proposal Evaluation process is further described in Section 6 and 7 of this PEP Plan.

In addition to the Proposer's Technical Proposal response to the requirements, the Technical Proposal submission shall contain all elements outlined in Proposal Mandatory Requirements Checklist – Appendix B of this PEP Plan.

2.3.2. Cost Proposal

The Cost Proposal must be submitted in a separate document from the Technical Proposal and contain the Proposer's completed Pricing Schedules provided in RFP Appendix B – BMS Pricing Signature Page and Pricing Worksheets 1-3 and RFP Section 10: Proposal Price Sheet and Signature Page of the RFP. The Cost Proposals will remain secured separately to prevent information regarding the proposed prices from being released prior to the completed evaluation of the Technical Proposals. Proposers will be evaluated based on the detailed Pricing Schedules and narrative explanation, as further described in PEP Section 8: Cost Proposal Evaluation process.

Descriptions of the RFP Pricing Schedules and cost proposal narrative are as follows:

- **Pricing Schedule 1** – Provide an all-inclusive price for all activities related to the Benefits Management System And Services Solution during Design, Development, and Implementation (DDI)
- **Pricing Schedule 2** – Provide an all-inclusive price for all activities related to the BMS Operation And Maintenance Costs including services, Pass-Through fees and other administrative costs, tools, hosting, and licensing costs not included in other schedules.
- **Pricing Schedule 3** – Provide the hourly rate for the following labor categories related to potential amendments or changes of any agreed upon requirements change, defect resolution, and enhancements. These costs are separate from, and not included in the total lump sum shown on the Proposal Price Sheet and Signature Page.
- **Cost Proposal Narrative** – Provide detailed approach to pricing relevant to each worksheet and clearly delineate how services and solution components are priced and the nature of the proposed pricing such as licensing, maintenance, or other tools in the Cost Proposal narrative.

3 - Proposal Evaluation Roles and Responsibilities

This section outlines the organization and roles and responsibilities of personnel who will participate in any portion of the proposal evaluation process. The Evaluator IDs are assigned and will be used on the evaluation forms instead of the Evaluator name. The IDs help maintain a degree of evaluator anonymity, so that specific Evaluator names are not released to the vendor public with the scoring/ranking materials in the procurement process, and/or when vendor protests are involved.

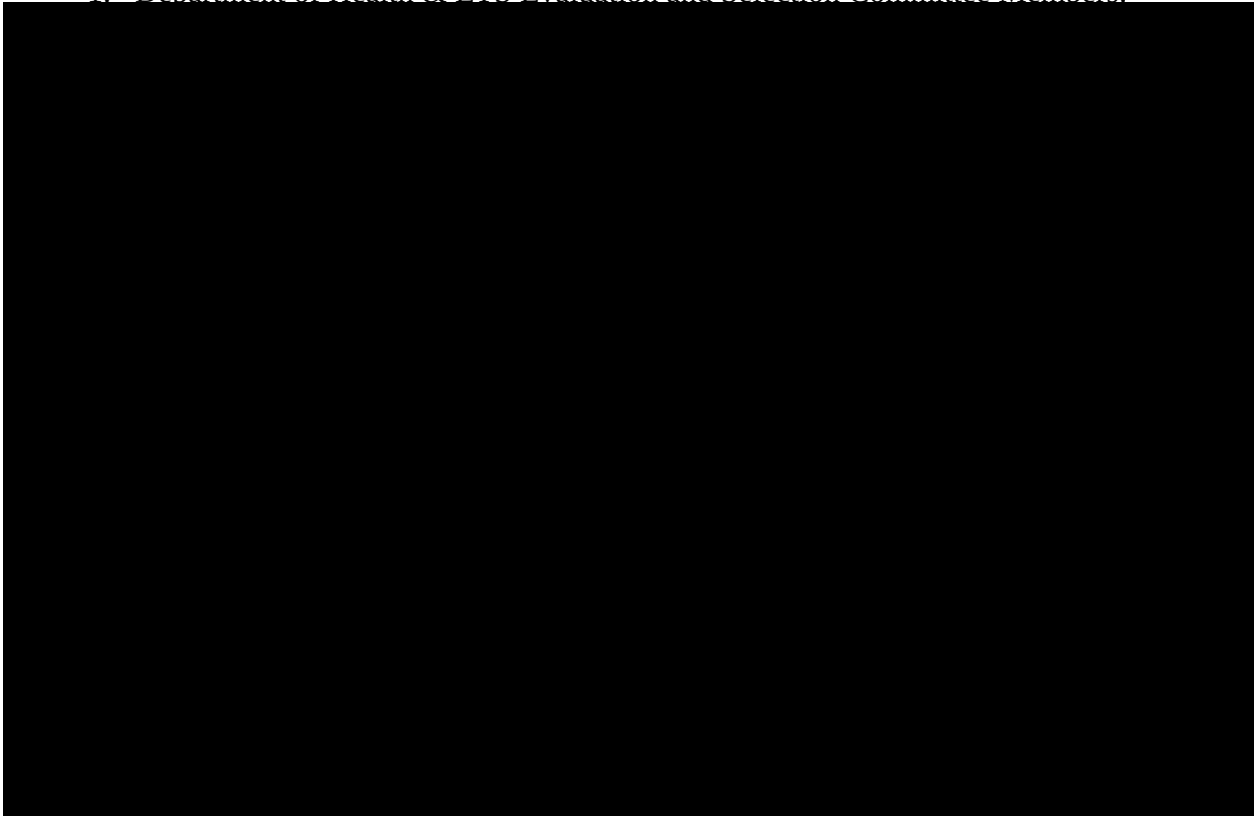
The Agency will conduct a comprehensive, fair, objective and impartial evaluation of Proposals received in response to this RFP. Proposals will be evaluated by an integrated Evaluation Selection Committee that consists of Agency subject matter experts and project stakeholders. The Evaluation

Committee will review and individually score all Proposals and will make the final recommendation for contract award.

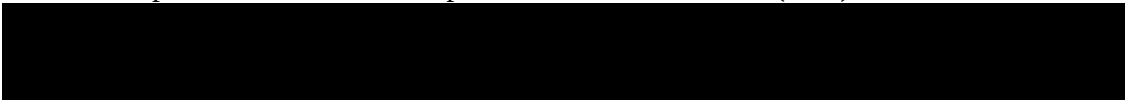
3.1. Evaluation and Selection Committee Organization

The following Department of Health and A & I Procurement/Purchasing personnel will be involved in the proposal evaluation process. The Evaluation Selection Committee will make the final decision.

1. Department of Health & ETS Evaluation and Selection Committee Members:



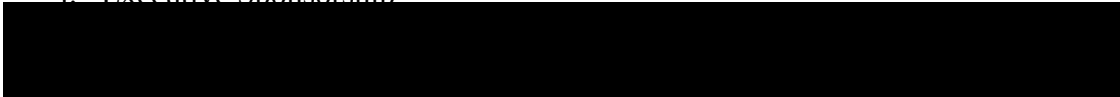
2. Department of Health Proposal Evaluation Process (PEP) Coordinators:



3. Department of A&I Procurement Purchasing Representative:



4. Executive Sponsorship –



3.2. Proposal Evaluation Roles and Responsibilities

The following table provides an overview of roles and responsibilities for all personnel involved in any phase of the proposal evaluation process.

Table 3.2.: Summary of Roles and Responsibilities

Role	Responsibilities
A&I Procurement/ Purchasing Representative	▪ Receives all proposals through Public Purchase On-line Bidding System and hard copy delivery, and ensures compliance with procurement, security, and confidentiality regulations. ▪ Conducts opening of technical and cost proposals and ensures adherence to proposal submission requirements. ▪ Ensures adherence to Wyoming Procurement/Purchasing Policies. ▪ Makes Conflict of Interest determinations. ▪ Notifies PEP Coordinators of initial PEP Plan Appendix B completion of mandatory proposal requirements section, and bidder names. ▪ Reviews and approves the award recommendation. ▪ Prepares and posts Intent to Award Notice upon award recommendation by the Evaluation Committee. ▪ Responds to any protests or appeals.
PEP Coordinators	▪ Facilitates the proposal evaluation process and provides oversight and guidance to the Evaluation Committee. ▪ Coordinates/Leads tasks/meetings with Evaluation Committee. ▪ Coordinates tasks with A&I Procurement Representative. ▪ Ensures the integrity, security, and confidentiality of the RFP evaluation process. ▪ Downloads RFP technical and cost proposal response material from Public Purchase On-line Bidding System, obtains hard copies from A&I, and distributes all proposal material to Evaluators. ▪ Provides all RFP documentation and any Proposer follow-up information to Evaluation Committee. ▪ Organizes and files all proposal evaluation documentation. ▪ Reviews initial PEP Plan Appendix B submission by purchasing representative and fills out remaining Appendix B sections for administrative proposal requirements. ▪ Conducts evaluation committee instructional trainings. ▪ Validates reference checks of all Proposer supplied references. ▪ Coordinates Oral Presentation, Notifications, Meeting Agendas, and Standard Questions. ▪ Conducts a thorough financial analysis and background investigation of all Proposer's resources and company standing assisted by the technical advisor. ▪ Inputs Evaluators' scoring into consolidated evaluation form Appendix H. ▪ Inputs cost proposal figures into Appendix H.
Evaluation Committee	▪ Reviews, evaluates, and scores Written Technical Proposals and Oral Presentations. ▪ Participates in Evaluator Discussion Meetings. ▪ Follows evaluation process and ensures that scoring decisions are sound and defensible. ▪ Makes decisions on evaluation matters. ▪ Reviews and confirms final evaluation results. ▪ Makes final selection recommendation.
Technical Advisor	▪ Advises Evaluation Committee of all technical matters in an objective manner.

Role	Responsibilities
	Assists the PEP coordinator(s) in undergoing a thorough financial analysis and background investigation of all Proposer's resources and company standing.
Executive Sponsorship	- Supports and authorizes the scope of the project. - Controls and authorizes expenditure of funds.

3.3. *Evaluator Instructional Meeting*

The PEP Coordinator(s) will facilitate an Evaluator Instructional Meeting to review the proposal evaluation rules, expectations, guidelines, forms and tools, and procedures with the Evaluation Committee. The training will be designed to:

1. Describe the roles and responsibilities of the Evaluation Committee members.
2. Review and enforce the Agency's confidentiality standards & expectations.
3. Provide an overview of the evaluation process and scoring approach.
4. Demonstrate the proper use of the evaluation forms and tools.

The Evaluation Committee will receive all evaluation materials required for the evaluation of the BMS RFP proposals prior to or during the Instructional Meeting, including:

1. Electronic copy of the BMS RFP 0192-D, including addendums, appendices, and vendor questions with WDH answers file.
2. Electronic copy of each Proposer's Technical Proposals.
3. Electronic copy and hard copy of the Evaluator Instructional Meeting Agenda.
4. Electronic copy of the PEP Plan and all appendices.
5. Hard copy of the Proposal Review Order instruction sheet.
6. Electronic copy of the Phase 2: Technical Proposal Evaluation Score Form (PEP Appendix E) with tabs created for each submitting Proposer.
7. Hard copy of the Evaluator Requirement Family Item topic assignments.

4 - **Proposal Evaluation Processes Overview**

This section provides an overview of the proposal evaluation process that will be used to review and evaluate each proposal and to determine the final Contract award selection. The evaluation process consists of five (5) phases, from initial receipt of Proposals through Public Purchase On-line Bidding System and hard copy delivery to A&I, through final selection of the winning bidder. Evaluation phases are outlined in Table 4.0. These phases are described in further detail in subsequent sections.

Table 4.0.: Proposal Evaluation Phases

Evaluation Phases
PHASE 1: Initial Assessment of Vendor Compliance
PHASE 2: Written Technical Proposal Evaluation
PHASE 3: Oral Presentations

Evaluation Phases
PHASE 4: Cost Proposal Evaluation
PHASE 5: Contract Award Recommendation

Detailed guidelines for completing each phase of the evaluation are presented in subsequent sections of this document. Evaluation score sheets and scoring documents are included in the Appendices. A listing of all forms necessary for conducting the proposal evaluation, including the phase in which they are used, is included in Evaluation Forms Checklist, Appendix A of this PEP.

4.1. Confidentiality and Conflict of Interest Agreement Form for Evaluators

The Confidentiality and Conflict of Interest Agreement Form - Appendix C as described in Section 1 of this PEP, shall be reviewed and signed by all evaluation participants prior to the start of Phase 2: Technical Proposal Evaluation. Confidentiality and Conflict of Interest Agreement Forms will be collected by the PEP Coordinator(s) prior to or during the Preliminary Evaluator Information and Instructional Meeting, and maintained in the procurement file.

5 - Phase 1: Initial Assessment of Vendor Compliance

5.1. Initial Assessment of Vendor Compliance

The following outlines the step-by-step approach to Phase 1: Initial Assessment of Vendor Compliance:

Phase Description

Phase 1: Initial Assessment of Vendor Compliance shall be conducted using Met/Not Met criteria for mandatory and administrative requirements included in Proposal Mandatory Requirements Checklist - Appendix B of this PEP, to ensure that all proposals are compliant/approved before further evaluation. Proposals that receive a one hundred percent (100%) “Met” criteria on the mandatory requirements checklist will continue to the next phase of the proposal evaluation process. Any proposal that does not meet the 100% of the mandatory requirements (receive a maximum of one “Not Met”) may be deemed non-responsive.

Proposals with exceptions noted to proposal administrative requirements will be further reviewed by the Evaluation Committee and either approved or disqualified for further proposal review. Approval/disapproval initials from the Evaluation Committee will be collected on Appendix B for all proposals.

Please note the following:

An initial review will be conducted by Mandy Gershmel, A&I Purchasing Representative, of the Technical and Cost Proposals for compliance. The purchasing representative may reject any proposal that is non-responsive at submission.

Initiating Event	The PEP Coordinator(s) and Evaluation Committee may reject any proposal that is non-responsive or in which there are inconsistencies or inaccuracies.
	The Agency also reserves the right to waive informalities and minor irregularities in proposals received.
	The A&I Purchasing Representative conducts a public opening of proposals on April 5, 2019 2PM MT
Expected Timeframe	April 2019

5.2. *Proposal Mandatory & Administrative Requirements Review*

Additional administrative requirements will be reviewed and recorded by the PEP Coordinator(s) using the Proposal Mandatory Requirements Checklist – Appendix B. Any exceptions noted will be reviewed by the Evaluation Committee during the first Technical Proposal Evaluator Discussion meeting. Based on noted exceptions, proposals may either be deemed non-responsive or approved for continued review by the Evaluation Committee as a general consensus. If any proposals are deemed non-responsive, the Evaluators will provide their initials for disapproval on Appendix B prior to any further proposal review activities.

Proposals that are not approved for further evaluation will be disqualified and documentation provided to A&I with defensible reasons for the disqualification. Disqualified Proposers will not be invited to Oral Presentations and their cost proposals will not be opened. A&I notifies the disqualified Proposer(s).

5.3. *Proposer Financial Analysis & Background Investigation*

The PEP Coordinator(s) and Technical Advisor will collaborate and conduct a thorough financial analysis and background investigation of all Proposers, then gather/input the information into a document to be presented at the first Technical Proposal Evaluator Discussion Meeting.

The purpose of the financial analysis and background investigation is to deem whether each Proposer is financially capable of completing the BMS Solution contract and if the Proposer's company is in good standing. Information obtained will be collected from a variety of online resources and financial documents, to identify subject matter that could negatively impact the Proposer's proposal response (i.e. financial discrepancies from what was contained in the proposal, conflict of interest situations, relevant litigations, defaulted/cancelled contracts, etc.). All information found will be recorded on the Proposal Mandatory Requirements Checklist – PEP Appendix B, #10.

6 - Phase 2: Written Technical Proposal Evaluation

6.1. *Written Technical Proposal Evaluation*

The following outlines the step-by-step approach to Phase 2: Written Technical Proposal Evaluation:

Phase Description	After the Evaluator Instructional Meeting, each Evaluation Committee member will independently review and score each written Technical Proposal

that has qualified for Phase 2: Technical Proposal Evaluation. Each Evaluator will complete Appendix E - Phase 2 Written Technical Proposal Eval Score Form as assigned. Evaluators will be assigned topic areas associated with RFP Section 6.1.5. Requirement Family Items based on subject matter expertise and will only score on those assigned topic areas for each Proposer that submitted a qualified Technical Proposal.

Using the technical criterion point scoring approach to address the questions listed in PEP Phase 2: Written Technical Proposal Evaluation Score Form – Appendix E, Evaluators will assess the degree to which Proposers are capable of delivering complete and successful BMS and TPL/Buy-in Solution and Services for this WINGS project component. Within their Technical Proposal, the Proposer must describe how each requirement will be fulfilled. Each Evaluator will review the BMS RFP requirements against the Proposers' Technical Proposal and score based on the Proposers' description of how they will fulfill each requirement.

The Evaluation Committee will score the proposals using the assessment point scoring ranges described in PEP Table 6.1.1. Summary of Scoring.

Technical Proposals are evaluated against pre-established criteria for responsiveness and the Proposer's ability to support the following topics:

- [Item 1]: Proposer Background & Experience
- [Item 2]: Staffing, Project Organization and Project Management
- [Item 3]: Project Management Deliverables
- [Item 4]: BMS Claims Intake & Document Management
- [Item 5]: Claims & Encounter Pricing
- [Item 6]: Claims & Encounter Processing
- [Item 7]: Third Party Liability (TPL) Functionality
- [Item 8]: Reporting & Analytics
- [Item 9]: Reference Data Management
- [Item 10]: Financial & Support Services
- [Item 11]: Technical Operations
- [Item 12]: Business Operations
- [Item 13]: Solution Goals, Compliance, and Certification
- [Item 14]: BMS Technical, Components, Implementation Goals and Compliance
- [Item 15]: Enterprise Data Management Goals and Compliance
- [Item 16]: Value Added Services, Innovation & Outcome Improvement

During the evaluation period, Evaluation Committee members may not discuss their evaluation with other Evaluation Committee members (or vendor public) outside of established Evaluator Discussion Meetings.

The Evaluation Committee will meet (via Evaluator Technical Discussion Meetings) to disclose and discuss the initial scores Evaluators assigned for each Proposer for the written Technical Proposal scores. The initial scores must be submitted to the PEP Coordinator(s) by the scheduled due date. The initial scores will be used to determine those Proposers who have met or

Initiating Event	exceeded the required 330 points needed to be invited to Structured Oral Presentations. All final Evaluator scores must be submitted to the PEP Coordinator(s) by the scheduled due date as well.
	Clarifications and guidance will be provided from the Technical Advisor (TA) on technical related matters, and further explanations on PEP instructions and Evaluator questions will be addressed by the PEP Coordinator(s) during these meetings. The Written Technical Proposal score will comprise a maximum of 55% (550 total weight) of the total evaluated score.
	The PEP Coordinator(s) distributes electronic and hard copies of the Technical Proposals to Evaluation Committee members once the Initial Assessment of Vendor Compliance review is complete.
Expected Timeframe	April – May 2019

6.1.1. Point Scoring of Written Technical Proposals

In awarding points to the Proposer, Evaluators will assign a raw score to each criterion using only whole numbers. In order to provide a consistent scoring system, the ranges described in Table 6.1.1 will be used as a guideline. These raw scores are assigned in a range of zero (0) to five (5). The scores are defined as follows:

Table 6.1.1: Summary of Scoring for Written Technical Proposals

Score	Assessment	Description
0	No value	The Proposer has omitted any discussion of this requirement.
1	Poor	The Proposer has failed to demonstrate their capability, or the information provided is of little or no value, or has simply restated the requirement with an agreement to comply.
2	Below Average	The Proposer has demonstrated a below average capability or service solution to meet this criterion and has not described their approach in sufficient enough detail to be considered "capable of meeting minimum requirements".
3	Average	The Proposer has demonstrated an acceptable capability or service solution to meet this criterion and has described their approach in sufficient detail to be considered "capable of meeting minimum requirements".
4	Above Average	The Proposer has demonstrated an above-average capability, approach, or services solution and has provided a complete description of the capability, approach, or solution.
5	Excellent	The Proposer has provided an innovative, detailed, efficient approach or established, by references and presentation of material, far superior capability in this area.

Evaluators are expected to use professional language when notating their explanation that supports reasons for very low (0 or 1) or very high (5) scores for evaluation criterion. The explanation should be brief and indicate the reason that led to the assigned low or high scores.

As soon as Evaluators finish inputting their scores for each Proposer, the Evaluator will email the PEP Coordinator(s) with the completed electronic copy of their Appendix E - Phase 2 Written Technical Proposal Eval Score Form. Evaluators must save with the same Appendix E file name but add their Evaluator ID at the end of the file name. (Example: *RFP0192-D_PEP_Appendix E – Phase 2 Technical Proposal Eval Score Form_v1.0_ID4*). Once received, the PEP Coordinator(s) will compile all individual scores into the Overall Proposal Scoring Summary Matrix, PEP Appendix H, and tabulate an average score. Scores will be weighted and rounded to the nearest two decimal points (94.51, for example) for the technical scoring. Evaluators will follow this process again with their oral presentation scores after the Oral Presentations and include the oral presentation notes (Appendix G). Each Proposer’s final weighted scores will be documented in the Technical Summary tab in PEP Appendix H.

6.1.2 Weighted Scoring

The following weights have been assigned to each Item (Requirements Sub-Family) as proposed in the BMS Solution RFP Section 8.3.1: Evaluation Point Summary.

Table 6.1.2: Summary of Written Technical Proposal Weights – Phase 2

Technical Proposal Selection	Weight
[Item 1]: Proposer Background & Experience	25
[Item 2]: Staffing, Project Organization and Project Management	50
[Item 3]: Project Management Deliverables	15
[Item 4]: BMS Claims Intake & Document Management	35
[Item 5]: Claims & Encounter Pricing	50
[Item 6]: Claims & Encounter Processing	65
[Item 7]: Third Party Liability (TPL) Functionality	50
[Item 8]: Reporting & Analytics	15
[Item 9]: Reference Data Management	15
[Item 10]: Financial & Support Services	20
[Item 11]: Technical Operations	60
[Item 12]: Business Operations	85
[Item 13]: Solution Goals, Compliance, and Certification	15

Technical Proposal Selection	Weight
[Item 14]: BMS Technical, Components, Implementation Goals and Compliance	30
[Item 15]: Enterprise Data Management Goals and Compliance	15
[Item 16]: Value Added Services, Innovation & Outcome Improvement	5
Total Overall Weighted Value of Written Technical Proposal Evaluation	Total 550

6.2. Evaluator Assignments

Evaluators will independently score written technical proposals based on assigned topic areas or Items (requirement sub-family). This is intended to allow Evaluators to score only on topics they have subject matter expertise. Evaluator assignments may be changed by the PEP Coordinators before evaluation begins due to changes in evaluator availability. If evaluator assignments need to be changed after evaluation begins due to changes in evaluator availability or ability to complete assignments, changes to the assignment table below will be approved by consensus of evaluators. The following table outlines these topic assignments by Evaluator.

Table 6.1.3: Summary of Requirement Family Item Topic Assignments

		[Item 1]	[Item 2]	[Item 3]	[Item 4]	[Item 5]	[Item 6]	[Item 7]	[Item 8]	[Item 9]	[Item 10]	[Item 11]	[Item 12]	[Item 13]	[Item 14]	[Item 15]	[Item 16]	[Item 17]	[Item 18]	
ID - 01		X	X	X	X	X	X	X	X	X		X				X	X	X	14	
ID - 02		X	X	X	X	X	X	X	X	X		X				X	X	X	14	
ID - 03		X	X						X	X	X	X		X	X	X	X	X	X	12
ID - 04		X	X	X	X				X	X		X		X	X	X	X	X	X	13
ID - 05		X	X									X		X	X	X	X	X	X	9
ID - 06		X	X	X								X	X	X	X	X	X	X	X	11
ID - 07		X	X		X	X	X		X				X				X	X	X	10
ID - 08		X	X		X	X	X		X				X				X	X	X	10
ID - 09		X	X		X	X	X						X				X	X	X	9
ID - 10		X	X		X		X			X	X		X				X	X	X	10
ID - 11		X	X			X	X	X					X				X	X	X	9
ID - 12		X	X	X				X				X	X		X	X	X	X	X	11
ID - 13		X	X						X				X	X			X	X	X	8
ID - 14		X	X					X	X								X	X	X	7
ID - 15		X	X						X		X						X	X	X	7
ID - 16		X	X									X		X	X	X	X	X	X	9
ID - 17		X	X	X						X							X	X	X	7
ID - 18		X	X					X			X						X	X	X	7
ID - 19		X	X							X	X						X	X	X	7
ID - 20		X	X		X	X	X		X				X				X	X	X	10
	Total	20	20	6	8	7	8	6	10	7	7	6	11	6	6	6	20	20	20	

6.3. *Reference Checks*

The purpose of reference letters is to obtain additional information from corporate and key personnel references; to validate information provided regarding the Proposer’s and/or Sub-Contractor’s stated experience; and to determine the level of that experience. The guidelines in Reference Check Supplemental Questions - Appendix D of this PEP provides supplemental reference questions that can be used by the PEP Coordinator(s) to solicit additional information and verification on any references.

All information gathered during the reference check validations will be provided to the Evaluation Committee for use in their technical proposal evaluation. The Evaluation Committee may use Proposer supplied references or may contact any other State of Wyoming Agencies regarding past engagements with the Proposer’s Company.

6.4. *Evaluator Technical Discussion Meetings*

The purpose of the Evaluator Technical Discussion Meetings is to confirm that the assigned scores are appropriate, to discuss any significant variances in scoring and to make sure Proposers’ responses are well-understood by the Evaluation Committee.

After all Evaluators have completed the Written Technical Proposal review, the Evaluation Committee will meet as a group to discuss the Written Technical Proposal responses and Evaluator questions. The initial objective of this process is to share information and to ensure that the Evaluators have neither misunderstood nor missed information in the Technical Proposal, not to obtain consensus scores from all Evaluators.

If deemed necessary, additional Evaluator Discussion Meetings can be scheduled by the PEP Coordinator(s), if further Evaluator discussion is required.

7 - **Phase 3: Oral Presentations**

7.1. *Oral Presentations of Technical Solution*

Table 7.1 below outlines the step-by-step approach to evaluation of Phase 3: Oral Presentations of Technical Solution.

Phase Description	The PEP Coordinators will initially notify qualifying Proposer’s of scheduled oral presentation dates/times. PEP Coordinators will provide a formal agenda to Proposers in advance of scheduled oral presentation dates, with a list of standard questions and general outline of demonstration structure to help Evaluators gain clarification on Proposers’ technical proposal response. Proposers will also be asked specific ad-hoc questions during Oral Presentations. Each Proposer will have a full-day to demonstrate their product/solution/tools and answer all questions. Proposers will be expected to guide the presentation to best demonstrate their solution in a logical format, while addressing all Agency topics and questions. The Evaluators will generate an initial list of questions (both general and specific) during the independent review of written technical proposals. The

	Coordinators will consolidate questions to be discussed at the Evaluator Discussion Meeting to determine final questions for Oral Presentations. Using the technical criterion point scoring approach to address the questions listed in PEP Phase 3: Oral Presentation Evaluation Score Form – Appendix F, Evaluators will assess the degree to which Proposers demonstrated a complete and successful BMS and TPL/Buy-in Solution and Services for this WINGS project component. Each Evaluator will review the BMS RFP requirements against the Proposers’ Oral Presentation and score based on the Proposers’ demonstration of how they will fulfill requirements and how well they answered clarifying questions. Evaluators will score out of a total of 150 points. The Evaluation Committee will score the proposals using the assessment point scoring ranges described in PEP Table 7.1.1. Summary of Scoring for Oral Presentations.
Initiating Event	All Proposers determined to have met all PEP Phase 1: Initial Assessment of Vendor Compliance and Phase 2: Written Technical Proposal Evaluation initial scores of 330 points or higher, are invited to oral presentations.
Expected Timeframe	June 2019

7.1.1. Point Scoring of Oral Presentation

After Proposer’s Oral Presentations conclude, and prior to the Final Technical Evaluation Meeting, the Evaluation Committee will use their notes and information obtained during Orals to score oral presentations. Evaluators will fill in their oral presentation scores (in Column A) on the Oral Presentation Evaluation Form (Appendix F).

The Evaluators will then electronically submit their final Phase 3 oral presentation scores (Appendix F) along with the oral presentation notes (Appendix G), and the PEP Coordinators will record the final submitted scores into each vendor’s Technical Summary Score Matrix tab of the Overall Proposal Scoring Summary Matrix (PEP Appendix H).

In awarding points to the Proposer, Evaluators will assign a raw score using only whole numbers. In order to provide a consistent scoring system, the ranges described in Table 7.1.1 will be used as a guideline. These raw scores are assigned in a range of zero (0) to one-hundred and fifty (150). The scores are defined as follows:

Table 7.1.1: Summary of Scoring for Oral Presentations

Score	Assessment	Description
0 - 30	Poor	The Proposer has failed to demonstrate entire portions of the oral presentation agenda or has failed to show a live system demonstration. The demonstration was presented entirely

Score	Assessment	Description
		through Powerpoint slides, screenshots, or other means not capable of showing live functionality.
31 - 60	Below Average	The Proposer has demonstrated a below average system or services solution that is not capable of meeting minimum requirements. The demonstrated solution may not appear user friendly, or the Proposer team was not able to demonstrate and/or explain how the system or service capabilities would meet the RFP requirements.
61 - 90	Average	The Proposer has demonstrated a system or services solution that is capable of meeting the RFP requirements. The demonstrated solution and services were usable, functional, and compliant. However, the demonstration did not provide depth or level of detail to justify an above average assessment.
91 - 120	Above Average	The Proposer has demonstrated a system or services solution that is fully capable of meeting requirements. The demonstrated solution identifies that current technology is being used. The Proposer provided in-depth details and demonstrated that the system is a user friendly solution. The Proposer team was strong in addressing the technology solution, services, and overall compliance.
121 - 150	Excellent	The Proposer has demonstrated a system or services solution that meets all requirements. The demonstrated user-friendly solution was based on industry standard best practices, using the latest technology, or an innovative approach to their proposed solutions and services. The Proposer team and demonstration included subject matter experts that provided exceptionally detailed and concise demonstration of the technology and service capabilities. The Proposer brought the appropriate team members to address the technical, functional, and compliance areas. The system is deemed very usable and functional for everyday system or service expectations.

Evaluators are expected to use professional language when notating their explanation that supports reasons for Poor (0 - 30) or Excellent (121 - 150) scores for evaluation criterion. The explanation should be brief and indicate the reason that led to the assigned low or high scores. Oral presentation scores should reflect only the evaluation of the solution as presented and demonstrated.

As soon as Evaluators finish inputting their scores for each Proposer, the Evaluator will email the PEP Coordinator(s) with the completed electronic copy of their Appendix F - Phase 3 Oral Presentation Eval Score Form. Evaluators must save with the same Appendix F file name but add their Evaluator ID at the end of the file name. Once received, the PEP Coordinator(s) will compile all individual scores into the Overall Proposal Scoring Summary Matrix, PEP Appendix H, and tabulate an average score. Scores will be weighted and rounded to the nearest two decimal points (94.51, for example) for the oral presentation scoring.

8 - Phase 4: Cost Proposal Evaluation

8.1. Overview of Cost Proposal Evaluation and Scoring

Table 8.1 below outlines the step-by-step approach to Phase 4: Cost Proposal Evaluation and Scoring.

Phase Description	Upon receipt, the Purchasing Representative will open Cost Proposals to ensure compliance with mandatory proposal submission requirements. Cost Proposals will not be provided to the Evaluators by the PEP Coordinator(s), until completion of Phase 3: Oral Presentation scoring. The PEP Coordinator(s) will document the prices from each Proposer's Pricing Schedules in the Cost Summary – All Vendors tab in the Overall Proposal Scoring Summary Matrix, Appendix H of this PEP. The formulas described in PEP Section 8.2.1 will be used in the Cost Summary – All Vendors tab to calculate the score for each Pricing Schedule of each Proposer. Proposers with the lowest proposed price for each pricing criteria will receive the maximum score for that item. Proposers with a higher proposed price will receive a score that is proportionately lower than the lowest price proposed. The tabulated scores for each price evaluation criteria is multiplied by the pre-determined weight for a maximum of 30% of the total evaluated score.
Initiating Event	Copies of Proposer Cost Proposals will be distributed to the Evaluation Committee for review and verification. The final weighted Cost Proposal score is determined for each Proposer using the Proposal Ranking Form.
Expected Timeframe	June 2019

8.2. Approach to Cost Proposal Evaluation

8.2.1. Cost Proposal Evaluation

The Estimated Annual Costs for All Services beginning approximately October 2019 through February 2031, shown on Pricing Schedules 1 and 2 will be evaluated. The Proposer with the lowest proposed Total Lump Sum Price will receive the maximum score (300 out of 300). Scores for the subsequent Proposers will be calculated using the following formulas:

$$\text{Score} = (n/z) \times y$$

Where **n** = the lowest Total Lump Sum Price for the pricing worksheets proposed by a Proposer, **z** = the Total Lump Sum Price for the pricing worksheets proposed by the Proposer being evaluated (matches amount on the Proposal Price Sheet and Signature Page), and **y** = the maximum points possible for applicable component. Scores will be rounded to the nearest two decimal points (i.e. 94.51).

The PEP Coordinator(s) will open each Cost Proposal prior to the final Evaluator Discussion Meeting and document price information for each Proposer in the Cost Summary – All Vendors matrix tab of the Overall Proposal Scoring Summary Matrix, Appendix H. The PEP Coordinator(s) will provide the completed Cost Summary – All Vendors spreadsheet to the Evaluation Committee for review and verification. The Evaluation Committee will verify the score for each Proposer on the Cost Summary - All Vendors tab in the Overall Proposal Scoring Summary Matrix, in Appendix H of this PEP. The total overall value of the Cost Proposal is 30% of the proposal response.

9 - Phase 5: Contract Award Recommendation

9.1. Contract Award

Phase Description	The Evaluation Committee will review the final total evaluated scores on the Proposal Ranking Form tab of the Overall Proposal Scoring Summary Matrix - Appendix H, and make a selection and recommendation for Contract award. The A&I Purchasing Representative will review the recommendation for award and supporting documentation. Following the recommendation review, the Evaluation Committee will confirm the recommendation, and the Purchasing Representative will prepare the final Contract award selection decision and submit it to Department of Administration and Information Procurement/Purchasing and the Agency. The Contract award recommendation will be determined by the Evaluation Committee based on the highest scoring responsive Proposer, or one determined to document, demonstrate, and present the most appropriate BMS Services solution for the Agency. The A&I Purchasing Representative will post a “Notice of Intent to Award” letter on the Public Purchase On-line Bidding System with the Proposal Ranking Form attachment indicating the successful Proposer. Protest procedures will be handled according to Wyoming Department of Administration and Information Procurement/ Purchasing policies.
Initiating Event	The Evaluation/Selection Committee makes a recommendation for Contract award.
Expected Timeframe	July 2019

[illegible]

[illegible]

33	Monitoring SLAs	To what extent does the Proposer describe their approach for monitoring and tracking SLAs? If corrections are required, to what extent does the Proposer describe their approach to actively correcting and monitoring those SLAs?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
34	Project Management - Agency Training	To what extent does the Proposer describe an effective approach to conducting training for Agency staff on the BMS solution? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
35	Project Management - Provider Training	To what extent does the Proposer describe an effective approach to conducting training for Providers on the BMS solution portal and tools, payment policies, billing procedures, electronic RAs, and EDI? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
36	Project Management - Contractor Training	To what extent does the Proposer describe an effective approach to conducting initial and ongoing training for their call center staff and other staff? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																									50		
[Item 3]: Project Management Deliverables (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
37	Deliverables	To what extent does the Proposer accurately outline the contents for all required deliverables in Requirement Family [Item 3]? Do they appear to have a clear understanding of deliverable contents and expectations?	0	0		0		0					0					0				0	0		3.000	0.00	
38	Deliverables	To what extent does the Proposer address in their abridged Project Work Plan their understanding of the scope of work, and identify hours of effort, staff allocation, and responsibilities for future deliverables and work activities as defined in the RFP that are appropriate for the scope and timeline of the project?	0	0		0		0					0					0				0	0		3.000	0.00	
39	Deliverables	To what extent does the Proposer describe their approach for project closeout and turnover, including cooperating with any successor Contractor(s)?	0	0		0		0					0					0				0	0		3.000	0.00	
40	Deliverables Process	To what extent does the Proposer agree to provide contract deliverables using the Agency's Deliverables Review Process, that are detailed, complete, and will meet the requirements of the project?	0	0		0		0					0					0				0	0		3.000	0.00	
41	Deliverables Process	To what extent does the Proposer address their ability to provide deliverables on time with acceptable quality, including updates to deliverables as impacting component modules are introduced, and correcting deficiencies as requested by the Agency?	0	0		0		0					0					0				0	0		3.000	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																									15		
[Item 4]: BMS Claims Intake & Document Management (35 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
42	Electronic Claim Process	To what extent does the Proposer outline their approach for establishing connections with trading partners for receiving and validating EDI claims directly from these trading partners? Does the Proposer offer any recommendations on a more effective approach for the submission of EDI claims?	0	0		0			0	0	0	0										0	0	0		5.000	0.00

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65	Business Rules	To what extent does the Proposer describe their process of editing claims to ensure compliance with National Correct Coding Initiative (NCCI), State policy service limits, and other Department policies?	0	0					0	0	0	0									0	0	0	2.500	0.00
66	Business Rules	To what extent does the Proposer's system allow Agency users to apply or turn off edit settings, audit settings, business rules, flags, indicators, and notifications within the system as needed?	0	0					0	0	0	0									0	0	0	2.500	0.00
67	Adjudicate Claims & Encounters	To what extent does the Proposer describe their solution's ability to receive, process, manage, and store encounter data? Does the Proposer describe how this data will maintain synchronization between members and providers, and remain compliant with applicable standards and requirements?	0	0					0	0	0	0									0	0	0	2.500	0.00
68	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process of a "revolving file" mechanism for pending claims waiting on active member eligibility status?	0	0					0	0	0	0									0	0	0	2.500	0.00
69	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process for triggering, managing, re-processing, and finalizing suspended claims? Does their process meet the Agency's requirements?	0	0					0	0	0	0									0	0	0	2.500	0.00
70	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process of identifying and resolving invalid, incomplete, and/or duplicate claims during the adjudication process?	0	0					0	0	0	0									0	0	0	2.500	0.00
71	Adjudicate Claims & Encounters	To what extent does the Proposer's system log all edits, audits, and exceptions recorded during all steps of the claim adjudication process? Is this log easily reviewable by Agency users?	0	0					0	0	0	0									0	0	0	2.500	0.00
72	Adjudicate Claims & Encounters	To what extent does the Proposer's solution allow for providers to conveniently view or get notified of prior authorization and claims status/activity?	0	0					0	0	0	0									0	0	0	2.500	0.00
73	Adjudicate Claims & Encounters	To what extent does the Proposer describe the solution's ability to receive and process Prior Authorizations from multiple external systems?	0	0					0	0	0	0									0	0	0	2.500	0.00
74	Adjudicate Claims & Encounters	To what extent does the Proposer describe their approach to issuing, tracking, receiving approval/denials, and validating Prior Authorizations?	0	0					0	0	0	0									0	0	0	2.500	0.00
75	Adjudicate Claims & Encounters	To what extent is an authorized Agency user capable of making changes within the system as needed during the adjudication process or post-adjudication, i.e. suspending provider payments, suspending providers, approving/denying/modifying PAs or claims, overriding suspended claims, suppressing claims processing on specific members or providers etc.	0	0					0	0	0	0									0	0	0	2.500	0.00
76	Adjudicate Claims & Encounters	To what extent does the Proposer offer a solution describing their approach to "Appropriate Payer Solution" to ensure Nursing Facility claims are being processed and paid correctly, ensuring that Medicare Nursing Home days are being exhausted prior to billing Medicaid?	0	0					0	0	0	0									0	0	0	2.500	0.00
77	Adjudicate Claims & Encounters	To what extent does the Proposer describe their approach to processing, tracking, and paying claims when TPL sources (i.e. Medicare, private, commercial, or other insurance) are present?	0	0					0	0	0	0									0	0	0	2.500	0.00
78	Assess Final Claim Disposition	To what extent does the Proposer describe their approach to obtaining and processing transportation claims, including the distribution of approved payments?	0	0					0	0	0	0									0	0	0	2.500	0.00

79	Assess Final Claim Disposition	To what extent does the Proposer describe their approach for identifying and reprocessing claims and adjustments that were processed in error or require mass claim re-processing through other mechanisms?	0	0					0	0	0	0									0	0	0	2.500	0.00
80	Assess Final Claim Disposition	To what extent does the Proposer's system offer automation for approving, denying, or suspending claims?	0	0					0	0	0	0									0	0	0	2.500	0.00
81	Assess Final Claim Disposition	To what extent does the Proposer describe their ability to process all current and nationally recognized claim forms and formats received through multiple methods, including web portal and EDI transaction data via clearinghouse?	0	0					0	0	0	0									0	0	0	2.500	0.00
82	Assess Final Claim Disposition	To what extent does the Proposer describe their ability to process and pay claims accurately and within State and federal required timeframes?	0	0					0	0	0	0									0	0	0	2.500	0.00
83	Assess Final Claim Disposition	To what extent does the Proposer describe their process for enforcing timely filing or waiving of provider-submitted claims?	0	0					0	0	0	0									0	0	0	2.500	0.00
84	Assess Final Claim Disposition	To what extent does the Proposer's solution provide claims processing and payment information for Agency use, for analysis or reporting purposes?	0	0					0	0	0	0									0	0	0	2.500	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																							65		

[Item 7]: Third Party Liability (TPL) Functionality (50 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
85	TPL Compliance	To what extent does the Proposer acknowledge the company's and system's compliance with TPL related CFRs, rules, statutes, State Plan sections/attachments, State Medicaid Manual sections?	0	0									0	0		0				0			0.00	0	2.273	0.00
86	TPL Activities	To what extent does the Proposer identify that the solution can develop, maintain and update an accounts receivable system and check log for TPL and estate recovery payments and denials based on generally accepted accounting principles (GAAP), and will coordinate with other entities' accounts receivable systems?	0	0									0	0		0				0			0.00	0	2.273	0.00
87	TPL Activities	To what extent does the Proposer support the effective operation and management of the Wyoming Health Insurance Premium Payment (WHIPP) and Employed Individuals with Disabilities (EID) programs?	0	0									0	0		0				0			0.00	0	2.273	0.00
88	TPL Activities	To what extent does the Proposer's TPL solution have the capability to perform TPL activities, including the collection of data, identification of TPL, track cases, and generate reports on TPL activities?	0	0									0	0		0				0			0.00	0	2.273	0.00
89	TPL Activities	To what extent does the Proposer's TPL solution have the capability to calculate, manage, track, and report on TPL financial activities including, State/Federal share, overpayments, recoveries, outstanding amounts, refunds, pro-rating, under recoveries, amounts remaining due, etc.? Does the financial solution support CMS-64 reporting?	0	0									0	0		0				0			0.00	0	2.273	0.00
90	TPL Activities	To what extent does the Proposer describe their approach for identifying, verifying, maintaining, and updating health insurance coverage for Medicaid members and other healthcare programs administered by the Agency?	0	0									0	0		0				0			0.00	0	2.273	0.00
91	TPL Activities	To what extent does the Proposer describe an effective approach to cost avoidance?	0	0									0	0		0				0			0.00	0	2.273	0.00

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92	TPL Activities	To what extent does the Proposer explain how they will prioritize coverage, per Agency guidelines, when a Medicaid client has multiple types of coverage?	0	0									0	0		0				0			0.00	0	2.273	0.00
93	TPL Activities	To what extent does the Proposer describe their data management strategy for data integrity, availability, authenticity, security, and non-repudiation of TPL data?	0	0									0	0		0				0			0.00	0	2.273	0.00
94	TPL Activities	To what extent does the Proposer describe casualty recovery/subrogation efforts, including, at a minimum: a.) Class Action Recovery/Mass Tort Litigation; b.) Workers' Compensation; c.) Trauma/MVA/Medical Malpractice; d.) Court ordered restitution; e.) Wrongful death; and g) Survivor action?	0	0									0	0		0				0			0.00	0	2.273	0.00
95	TPL Activities	To what extent does the Proposer describe their recovery efforts and processes related to providers when outstanding credit balances are identified?	0	0									0	0		0				0			0.00	0	2.273	0.00
96	TPL Activities	To what extent does the Proposer describe their approach and processes for estate recovery? Does the Proposer identify any improvements to estate recovery processing?	0	0									0	0		0				0			0.00	0	2.273	0.00
97	TPL Activities	To what extent does the Proposer provide functionality within their TPL solution for effective asset identification?	0	0									0	0		0				0			0.00	0	2.273	0.00
98	TPL Activities	To what extent does the Proposer describe all activities and processes related to Irrevocable Income Trusts/Miller Trusts/Special Needs Trusts/Pooled Trusts?	0	0									0	0		0				0			0.00	0	2.273	0.00
99	TPL Activities	To what extent does the Proposer describe their recoupment efforts and processes related to members when recoverable claims or retroactive coverage is identified ?	0	0									0	0		0				0			0.00	0	2.273	0.00
100	TPL Activities	To what extent does the Proposer's solution identify, collect, process, and validate relevant data including at a minimum from; employers, insurance companies, providers, clients, attorneys, and other government sources to identify and perform applicable and required TPL data matches?	0	0									0	0		0				0			0.00	0	2.273	0.00
101	TPL Activities	To what extent does the Proposer describe their approach for identifying and processing TPL leads?	0	0									0	0		0				0			0.00	0	2.273	0.00
102	TPL Activities	To what extent does the solution allow for link analysis such as: link all services to a single individual regardless of the number of historical changes in Member ID, the ability to associate multiple individuals to a case, identification of related cases and enable such cross-referencing, and tracking of multiple cases for an entity/client?	0	0									0	0		0				0			0.00	0	2.273	0.00
103	TPL Activities	To what extent does the Proposer's solution accommodate Agency users with effective views into the case tracking, accounts receivable, and carrier file data for inquiries, updates, or status?	0	0									0	0		0				0			0.00	0	2.273	0.00
104	TPL Technical	To what extent does the Proposer identify their capability to provide TPL member data to other Agency integrated and interfaced systems, for example, Wyoming Eligibility System (WES), KidCare CHIP, and Data Warehouse (DW) systems via the WINGS ESB?	0	0									0	0		0				0			0.00	0	2.273	0.00
105	TPL Technical	To what extent does the Proposer identify their independent and external data sources that can provide TPL data relative to the cases and claims?	0	0									0	0		0				0			0.00	0	2.273	0.00

106	TPL Technical	To what extent does the Proposer define how they will conduct an annual electronic data match with the Defense Enrollment Eligibility Reporting System (DEERS) through the annual file and through the PARIS DoD match, in accordance with the date and file formatting required by DEERS?	0	0									0	0		0				0			0.00	0	2.273	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																									50	
[Item 8]: Reporting & Analytics (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
107	Claims Data	To what extent does the Proposer's system have the capability of monitoring and flagging unusual trends, data instances, or discrepancies for investigative follow-up or review?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
108	Claims Data	To what extent does the Proposer identify that they are capable of appropriately collecting, storing, tracking, and managing claims data in compliance with all BMS requirements, regulations and State policies?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
109	Claims Data	To what extent does the Proposer acknowledge compliance of delivering reports to the Agency as required in the BMS RFP?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
110	Claims Data	To what extent does the Proposer's solution have the capability to identify and determine a bundle/episode of care using claims data?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
111	Financial Data Tracking	To what extent is the Proposer's solution capable of appropriately reporting financial data, including reporting recoveries for federal share in accordance with federal standard §42 CFR 433.320?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
112	Financial Data Tracking	To what extent does the Proposer identify that their solution is capable of comprehensively tracking financial activity of member/clients, providers, and the State?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
113	Ad-Hoc Reporting	To what extent does the Proposer or the Proposer's solution have the capability of performing analytics to develop reports as required by the Agency?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
114	Ad-Hoc Reporting	To what extent does the Proposer's solution have the capability to generate ad-hoc reports utilizing all fields defined in the solution's data model?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																									15	
[Item 9]: Reference Data Management (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
115	Claim Reference Data	To what extent does the Proposer acknowledge compliance with the utilization of current and required codes, edits, groupings, terminology, and indicators within the proposed solution? Does the Proposer outline utilization that is contrary to federal regulations or BMS RFP requirements?	0	0	0	0						0							0		0		0.00	0	3.000	0.00
116	Provider Specific Reference Data	To what extent does the Proposer outline their approach to loading and maintaining taxonomy codes?	0	0	0	0						0							0		0		0.00	0	3.000	0.00
117	Member Reference Data	To what extent does the Proposer outline their approach to tracking, maintaining, and reporting on non-Medicaid eligibility group benefit plans and member data?	0	0	0	0						0							0		0		0.00	0	3.000	0.00

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118	Member Reference Data	To what extent does the Proposers solution identify possible duplicate members, and the have the ability to merge members or to unmerge members, if needed?	0	0	0	0						0							0		0		0.00	0	3.000	0.00	
119	Fee Schedule Maintenance	To what extent does the Proposer outline their approach to updating and maintaining multiple fee schedules and provider-specific reimbursement rates?	0	0	0	0						0							0		0		0.00	0	3.000	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																								15			
[Item 10]: Financial & Support Services (20 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
120	Provider Payment Processing	To what extent does the Proposer describe their financial application's capabilities to process, notify, and make timely payments to providers?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
121	Provider Payment Processing	To what extent does the Proposer's financial application utilize a real-time automated workflow that is capable of monitoring various tasks (i.e.check logging, federal reporting, manual financial processing). Does the workflow show transaction progress from initiation, completion, to archiving?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
122	Coding: State Budget, Federal Category of Service, and T-MSIS	To what extent does the Proposer identify that they shall enhance information on claims based on federal code categories, and shall categorize claims according to CMS-64 and CMS-64 feeder forms, federal provider category of service, and match rate? Does the Proposer outline how they intend to store and share this information with the Agency's Data Warehouse for federal reporting?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
123	Coding: State Budget, Federal Category of Service, and T-MSIS	To what extent is the Proposer's financial application capable of allowing Agency users to drill down within claims data for analysis and audit purposes?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
124	Adjustments & Withholds	To what extent is the Proposer's financial application capable of processing adjustments as required by the Agency?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
125	Adjustments & Withholds	To what extent is the Proposer's financial application capable of alerting the Agency and withholding financial processing as directed by the Agency?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
126	Accounts Receivable	To what extent does the Proposer outline their approach to tracking and processing payments received by providers for credit balances or refunds?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
127	Accounts Payable	To what extent does the Proposer outline their approach to tracking, processing, paying, and reconciling accounts payable to capitated payment programs, Medicare Part D claw-back, and retroactive adjustments to providers?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																								20			

[Item 11]: Technical Operations (60 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
128	Provide Recurring Extract to DW	To what extent does the Proposer acknowledge that they shall provide a regular extract file of up to one hundred percent (100%) of all the fields in the system, including metadata (timestamps), into the Data Warehouse (DW)? This includes claims history, for all claims, encounters, and premium or capitation payments processed by the Contractor. Does the Proposer agree to provide this file to the DW at least weekly?			0	0	0	0						0				0					0.00	0	2.500	0.00
129	Provide Call Center Software	To what extent does the Proposer offer an IVR system that is user-friendly, including routing calls accurately, using educational scripts, using an easily understood voice, and updating callers on wait times?			0	0	0	0						0				0					0.00	0	2.500	0.00
130	Provide Call Center Software	To what extent does the Proposer identify that their IVR utilizes quality monitoring tools and has a technical architecture that will meet the Call Center Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	2.500	0.00
131	Provide Call Center Software	To what extent does the Proposer describe their process for documenting, tracking, prioritizing, and coordinating resolution of escalated member calls? Does their approach appear to be effective in reducing the amount of escalated calls to State staff?			0	0	0	0						0				0					0.00	0	2.500	0.00
132	Provide Call Center Software	To what extent does the Proposer identify that they will implement a Customer Relationship Management (CRM) tool that will log and track detailed information related to each call including the details of the customer contact, and the specifics of the call at a minimum to include: call time, date, caller ID, representative ID, call type, reason for call, ticket status, response/resolution description, and call reference number?			0	0	0	0						0				0					0.00	0	2.500	0.00
133	Provide Call Center Software	To what extent does the Proposer identify that the CRM tool shall have the ability to provide online display that utilizes Computer Telephony Integration (CTI) to auto-populate CRM screens with caller’s basic information, access caller's contact history, and update call records as needed?			0	0	0	0						0				0					0.00	0	2.500	0.00
134	Provide Call Center Software	To what extent does the Proposer identify that the CRM tool shall have the ability to accommodate searches on call center records by characteristics such as call type, category, CRM number, name of provider, provider number, contact name, other entity names, service authorization number, category of service, user ID, and any combinations thereof?			0	0	0	0						0				0					0.00	0	2.500	0.00
135	Provide Call Center Software	To what extent does the Proposer identify that they will securely maintain all recorded calls for at minimum of ten (10) years, with two (2) years being immediately accessible?			0	0	0	0						0				0					0.00	0	2.500	0.00
136	Provide Claims Processing System	To what extent does the Proposer's solution provide Contractor and Agency users, work queues (based on authorization of the user) that enable manual review, routing, re-routing and closing (archiving) tasks,			0	0	0	0						0				0					0.00	0	2.500	0.00
137	Provide Claims Processing System	To what extent does the Proposer's solution accommodate the scanning and input of documents, as well as written requests for Contractor and Agency users?			0	0	0	0						0				0					0.00	0	2.500	0.00

151	Ongoing Technical Operations	To what extent does the Proposer describe their system's ability to provide contextual help on all user interface screens? To what extent does the Proposer explain their help desk functionality?			0	0	0	0					0				0					0.00	0	2.500	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																							60			
[Item 12]: Business Operations (85 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
152	Mailroom & Document Management	To what extent does the Proposer outline their approach for operating a fully functional mailroom that is capable of receiving, scanning, and processing paper claims, attachments, and other documentation?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
153	Mailroom & Document Management	To what extent does the Proposer identify hardware and software for scanning paper documents to feed the document management system?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
154	Mailroom & Document Management	To what extent does the Proposer address a process for naming documents, dating receipt of incoming documents, retaining original paper documents for the required time period, and identify the ability to process and reprocess claims?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
155	Mailroom & Document Management	To what extent does the Proposer outline a process for distributing, receiving, processing, and documenting member verification of services questionnaires?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
156	Member Business Operations Support	To what extent does the Proposer describe all of their available member support functions (i.e. member call center, inquiry follow-up, transportation claim assistance, multi-lingual support, notifications, IVR, member portal)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
157	Member Business Operations Support	To what extent is the Proposer providing translation services (english to spanish, spanish to english) online, through IVR, and through the call center?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
158	Member Business Operations Support	To what extent does the Proposer outline their methods for verifying member transportation claims?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
159	Member Business Operations Support	To what extent does the Proposer outline their approach for generating and distributing Member ID cards upon initial enrollment and when updated/replacement cards are requested?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
160	Provider Business Operations Support	To what extent does the Proposer describe all of their available provider support functions (i.e. Provider Call Center, IVR, portal helpdesk, EDI assistance, reference information,etc.)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
161	Provider Business Operations Support	To what extent does the Proposer offer a Provider Call Center with hours of service in line with Agency requirements?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00

Tech Sum-CNSI																										
162	Provider Business Operations Support	To what extent does the Proposer identify a process for coordinating seamless communication between the Provider Call Center and the escalated Member Call Center to resolve member inquiries?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
163	Agency Business Operations Support	To what extent does the Proposer describe their approach to effectively assisting the Agency with business operational support (i.e. expertise on State and federal laws and policy knowledge)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
164	Agency Business Operations Support	To what extent does the Proposer acknowledge their capability of developing and distributing provider communications, including provider notifications, provider manuals, newsletters, bulletins, RA banners, State memos, Billing manuals, etc.?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
165	Agency Business Operations Support	To what extent does the Proposer address impact analysis summary reporting for system changes (proposed policy, law, regulations, system changes, best practices, system constraints or workarounds, or other options for updating the system)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
166	Agency Business Operations Support	To what extent does the Proposer address providing prospective modeling and reporting to support Agency policy changes and identify provider training needs prior to implementation?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
167	Agency Business Operations Support	To what extent does the Proposer identify providing the Agency quarterly recommendations looking forward twelve (12) months for process improvement, industry standards, best practices, and cost efficiencies?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
168	Agency Business Operations Support	To what extent does the Proposer describe their capability to lock-in members to certain providers and services?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
169	Administrative Claim Review	To what extent does the Proposer describe their approach to flagging claims for manual review and performing the manual review process?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
170	Administrative Claim Review	To what extent does the Proposer describe establishing a grievances and appeals process? Does the Proposer clarify how grievances and appeals are to be submitted, resolved, and escalated if needed?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
171	Administrative Claim Review	To what extent does the Proposer acknowledge establishing a provider on review process, that ensures that every claim for provider on review is flagged and manually reviewed?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																							85			
[Item 13]: Solution Goals, Compliance, and Certification (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
172	Compliance	To what extent does the Proposer identify that their solution shall be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) regulations in effect now and future updates?			0	0	0	0							0			0					0.00	0	1.875	0.00
173	Alignment with Goals	To what extent does the Proposer's solution align with the Agency's goals, including compliance with MITA 3.0/Seven Standards and Conditions?			0	0	0	0							0			0					0.00	0	1.875	0.00

Overall Proposal Scoring Summary Matrix

Appendix H

BMS PEP v1.0

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Tech Sum-CNSI																										
185	Hosting	To what extent does the Proposer identify that they are responsible to provide appropriate hosting that is compliant with SSAE 16/18 Type 2, have the necessary NIST SP 800-53 Revision 4 controls for system of moderate security level, compliant with IRS Publication 1075, and preferably have a Federal Risk and Authorization Management Program (FEDRAMP) certification?			0	0	0	0						0				0					0.00	0	1.034	0.00
186	Hosting	To what extent does the Proposer identify that the system shall be available to users twenty-four (24) hours a day, seven (7) days a week, with the exception of planned downtime due to system upgrades or routine maintenance?			0	0	0	0						0				0					0.00	0	1.034	0.00
187	Equip/HW/SW	To what extent does the Proposer identify that they shall be responsible for operating and maintaining any hardware or software needed to support all components and tools in use by the Contractor in execution of the RFP Scope of Work?			0	0	0	0						0				0					0.00	0	1.034	0.00
188	Migration/Conversion	To what extent does the Proposer identify that they will conduct migration and conversion of legacy data within the MMIS target systems in a manner that ensures accuracy of the mapping, conversion and migration, perform conversion testing and smoke testing, and ensure referential integrity of all data?			0	0	0	0						0				0					0.00	0	1.034	0.00
189	Testing	To what extent does the Proposer identify that they will work proactively with the Agency and our IV&V? Does the Proposer agree to share all results of all testing, providing visibility into the full range of testing, and enable access to the Agency or Agency Contractors to perform User Acceptance Testing?			0	0	0	0						0				0					0.00	0	1.034	0.00
190	Testing	To what extent does the Proposer identify that they shall allow the Agency's independent third party security testing vendor access to the Proposer's testing and production environment to perform independent security and validation testing?			0	0	0	0						0				0					0.00	0	1.034	0.00
191	Implementation	To what extent does the Proposer identify that they will provide implementation services including the implementation of all necessary Application Program Interfaces (APIs) and integration with the System Integrator-Enterprise Service Bus (ESB)?			0	0	0	0						0				0					0.00	0	1.034	0.00
192	Implementation	To what extent does the Proposer identify that they shall provide a solution that is capable of receiving data using the following Web Service (WS) standards and specifications: JSON-WDP, SOAP, REST, and WS-Addressing and able to transmit and consume batch files that include text, comma delimited, and pipe delimited?			0	0	0	0						0				0					0.00	0	1.034	0.00
193	Integration/APIs	To what extent does the Proposer identify that they will be able to efficiently add new data sources?			0	0	0	0						0				0					0.00	0	1.034	0.00
194	Integration/APIs	To what extent does the Proposer identify that their solution shall comply with all current and future HIPAA standard Transactions and Code Sets (TCS) in place or mandated by the Agency and CMS?			0	0	0	0						0				0					0.00	0	1.034	0.00
195	Enterprise Integration	To what extent does the Proposer identify that they shall share common data structures, business rules, and endpoints related to the solutions to ensure integration and alignment with acceptable data flow?			0	0	0	0						0				0					0.00	0	1.034	0.00

Tech Sum-CNSI																										
196	Enterprise Integration	To what extent does the Proposer identify that they shall provide sufficient bandwidth and redundancy to ensure accessibility, reliability/fault tolerance and acceptable performance in alignment with Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.034	0.00
197	Operation Readiness	To what extent does the Proposer identify that they shall coordinate with the Agency and conduct an Operational Readiness Walkthrough with the Agency prior to the roll out that shall validate the Contractor’s, System’s, and Agency’s operational readiness?			0	0	0	0						0				0					0.00	0	1.034	0.00
198	Security	To what extent does the Proposer identify that they shall provide multiple layers of external and internal security that provides administrative, physical, and technical controls, compliant with best practices to secure protected sensitive or confidential information used in performing the responsibilities and duties of the Proposer?			0	0	0	0						0				0					0.00	0	1.034	0.00
199	Security	To what extent does the Proposer identify that they will implement granular role based access down to the data element and field level? Is their process aligned with the function of the solution and the nature of the protected and confidential data ensuring least privilege?			0	0	0	0						0				0					0.00	0	1.034	0.00
200	Security	To what extent does the Proposer identify that they shall ensure all communications and transmission external to the Benefit Management System environments use TLS 1.2, SHA 2 with a minimum of a 2048 bit key or, if the current version of TLS with bit key that has not been broken?			0	0	0	0						0				0					0.00	0	1.034	0.00
201	Security	To what extent does the Proposer identify that their solution has been penetration tested in the last six months prior to implementation with all major or critical vulnerabilities mitigated? Does the Proposer agree to execute a vulnerability assessment no less than every quarter with results shared with the Agency, and that all code promoted to production have been tested for vulnerabilities?			0	0	0	0						0				0					0.00	0	1.034	0.00
202	Security	To what extent does the Proposer identify that the solution shall maintain detailed audit records including login activity, other system actions, and any suspicious activity in a manner that the Proposer can correlate the logs throughout the entire system and infrastructure?			0	0	0	0						0				0					0.00	0	1.034	0.00
203	Security	To what extent does the Proposer identify that the solution does not include any code of unknown origin?			0	0	0	0						0				0					0.00	0	1.034	0.00
204	Security	To what extent does the Proposer identify that they shall encrypt Electronic Protected Health Information (ePHI) at rest and in motion whenever deemed appropriate, including in databases using an agreed upon and appropriate strength cipher no less that AES 128 and preferably AES 256?			0	0	0	0						0				0					0.00	0	1.034	0.00
205	Technical Documentati on	To what extent does the Proposer identify that they will share all detailed design documentation and specifications including database model, table structure, ERD, data flows, technologies, protocols, security controls, a complete data dictionary, interface control specifications, and any third party product documentation that is implemented into the Proposer's solution?			0	0	0	0						0				0					0.00	0	1.034	0.00
206	Audit	To what extent does the Proposer identify that they shall have security audit trail reporting capabilities that shall produce robust audit trails and audit logs of all applications and system activities related to specific user IDs?			0	0	0	0						0				0					0.00	0	1.034	0.00

207	Audit	To what extent does the Proposer identify that their solution shall not permit the alteration of any security log or audit trail, and that log repositories shall be encrypted using an approved cipher?			0	0	0	0						0				0					0.00	0	1.034	0.00
208	Audit	To what extent does the Proposer identify that audit logs should be able to be queried and analyzed by authorized users?			0	0	0	0						0				0					0.00	0	1.034	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	

[Item 15]: Enterprise Data Management Goals and Compliance (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
209	Disaster Recovery	To what extent does the Proposer identify that they shall have a disaster recovery facility that can provide timely failover, with data compliant with the Recovery Point Objective (RBO) of 8 hours, and create relevant documented policies and procedures to implement a recovery within twenty-four (24) hours?			0	0	0	0						0				0					0.00	0	1.250	0.00
210	Data Management	To what extent does the Proposer identify that they shall develop a comprehensive data management strategy for data and metadata that maintains data integrity, data quality, data availability/accessibility, and data lineage?			0	0	0	0						0				0					0.00	0	1.250	0.00
211	De-Identification/Anonymization	To what extent does the Proposer identify a method for data de-identification, obfuscation or anonymization using such techniques as substitution, shuffling, number and data variance and nulling?			0	0	0	0						0				0					0.00	0	1.250	0.00
212	ETL/ELT	To what extent does the Proposer identify that the shall develop ETLs to interface with multiple entities outside of the WINGS project, for example other eligibility determination systems, prior authorization entities, health information exchanges, including provider directory information and Immunization and Birth/Death Registries?			0	0	0	0						0				0					0.00	0	1.250	0.00
213	Archiving	To what extent does the Proposer identify that they shall provide archiving of all data, with data up to ten (10) years old being stored in a highly accessible storage solution?			0	0	0	0						0				0					0.00	0	1.250	0.00
214	Maintenance	To what extent does the Proposer identify that they shall provide solution maintenance as needed to support the statement of work and the Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.250	0.00
215	Notification and Alerts	To what extent does the Proposer identify that they shall provide solution notification and alerts as needed to support the statement of work and the Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.250	0.00
216	Ongoing Operations	To what extent does the Proposer identify that their solution shall provide for intuitive and efficient navigation of technical and non-technical users and leverage such items as drop down menus, toolbars and shortcuts?			0	0	0	0						0				0					0.00	0	1.250	0.00
217	Performance Management	To what extent does the Proposer identify that they will perform and maintain appropriate tools to identify solution latency?			0	0	0	0						0				0					0.00	0	1.250	0.00
218	Performance Management	To what extent does the Proposer acknowledge the solution's performance tools that will be used to manage and ensure compliance with SLAs? Does the Proposer agree to provide the Agency with reports on system performance?			0	0	0	0						0				0					0.00	0	1.250	0.00

Tech Sum-CNSI																													
219	Report Scheduler	To what extent does the Proposer identify that they will maintain a scheduler that can run pre-defined reports and share them with a reporting data store and send them securely to a wyo.gov email address?			0	0	0	0						0				0					0.00	0	1.250	0.00			
220	Storage of Reports and Queries	To what extent does the Proposer identify that they shall create a repository for pre-defined reports, queries and other artifacts that can be accessed by authorized users?			0	0	0	0						0				0					0.00	0	1.250	0.00			
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00				
																								15					
[Item 16]: Value Added Services, Innovation & Outcome Improvement (5 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20							
221	Value Added Services	To what extent does the Proposer offer any managed care capabilities or recommendations for increased value or efficiency?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	2.500	0.00			
222	Innovation	To what extent does the Proposer agree to facilitate quarterly meetings to discuss opportunities for value added services, innovations, and outcome improvements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	2.500	0.00			
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00			
																										5			
Written Proposal Total Evaluator Non-weighted Scores			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						Total Max Points:	550	
																								Overall Written Proposal Total:	0.00				
Oral Presentation Scores																													
[Item 17]: Structured Oral Presentations (150 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20							
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	Overall Oral Presentation Total:	0.00		
																								150					
																								Total Technical Proposal Weighted Score		0.00			

[illegible]

[illegible]

Tech Sum-Conduent																											
22	Staffing - Key Positions	To what extent does the Proposer identify and describe other non-key personnel with relevant skills, experience, and qualifications for projects of similar size and scope, including role, title, responsibility, and expected duration of time in their assigned role on the project?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
23	Staffing - Key Positions	To what extent does the Proposer describe onsite/offsite work expectations and approach for key and other personnel, including proposed Subcontractor staff and offshore resources? Does the proposed approach for onsite/offsite work meet RFP requirements to sufficiently execute the project?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
24	Project Management	To what extent does the Proposer detail their overall project management strategy including day-to-day management of their staff and schedule, including Subcontractor staff, if applicable?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
25	Project Management	To what extent does the Proposer describe how they will coordinate and align their processes with the Agency's WINGS Project Management Office (PMO)?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
26	Project Management	To what extent does the Proposer describe their strategies for coordinating and working cooperatively with the SI/ESB Contractor, Data Warehouse Contractor, and other project Contractors for sharing necessary data and information?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
27	Project Management - Reports	To what extent does the Proposer describe their approach and cooperation in providing the Agency necessary status updates throughout the duration of the project? Does their approach meet the RFP requirements and appear sufficient for keeping the Agency appropriately informed?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
28	Project Management Plan	To what extent does the Proposer provide an abridged Project Management Plan that describes their project management methodology, tools, and processes? Does the proposed methodology seem sufficient for effectively executing a project of this size and scope?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
29	Project Management Plan	To what extent does the Proposer describe their control mechanisms, internal control procedures, flexibility in making changes, decision-making, escalation processes, coping with problems, and project delays in their abridged Project Management Plan?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
30	Project Management - Risk	To what extent does the Proposer describe their risk management approach regarding risk planning, risk identification, risk analysis, risk monitoring, and risk mitigation/controlling? Do they describe their approach to effectively communicate potential risks and mitigation plans to the Agency?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
31	Project Management - Meetings	To what extent does the Proposer detail their cooperation and understanding of planning Contractor meetings, agenda/minutes creation and dissemination, and participation/attendance in other meetings with the Agency, project stakeholders, and Other Contractor staff?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
32	Project Management - IV&V	To what extent does the Proposer describe their support and cooperation with the Agency and its IV&V Contractor for IV&V related activities including CMS certification activities?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00

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33	Monitoring SLAs	To what extent does the Proposer describe their approach for monitoring and tracking SLAs? If corrections are required, to what extent does the Proposer describe their approach to actively correcting and monitoring those SLAs?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
34	Project Management - Agency Training	To what extent does the Proposer describe an effective approach to conducting training for Agency staff on the BMS solution? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
35	Project Management - Provider Training	To what extent does the Proposer describe an effective approach to conducting training for Providers on the BMS solution portal and tools, payment policies, billing procedures, electronic RAs, and EDI? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
36	Project Management - Contractor Training	To what extent does the Proposer describe an effective approach to conducting initial and ongoing training for their call center staff and other staff? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00		
																									50			
[Item 3]: Project Management Deliverables (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
37	Deliverables	To what extent does the Proposer accurately outline the contents for all required deliverables in Requirement Family [Item 3]? Do they appear to have a clear understanding of deliverable contents and expectations?	0	0		0		0					0					0				0	0	3.000	0.00			
38	Deliverables	To what extent does the Proposer address in their abridged Project Work Plan their understanding of the scope of work, and identify hours of effort, staff allocation, and responsibilities for future deliverables and work activities as defined in the RFP that are appropriate for the scope and timeline of the project?	0	0		0		0					0					0				0	0	3.000	0.00			
39	Deliverables	To what extent does the Proposer describe their approach for project closeout and turnover, including cooperating with any successor Contractor(s)?	0	0		0		0					0					0				0	0	3.000	0.00			
40	Deliverables Process	To what extent does the Proposer agree to provide contract deliverables using the Agency's Deliverables Review Process, that are detailed, complete, and will meet the requirements of the project?	0	0		0		0					0					0				0	0	3.000	0.00			
41	Deliverables Process	To what extent does the Proposer address their ability to provide deliverables on time with acceptable quality, including updates to deliverables as impacting component modules are introduced, and correcting deficiencies as requested by the Agency?	0	0		0		0					0					0				0	0	3.000	0.00			
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00			
																									15			
[Item 4]: BMS Claims Intake & Document Management (35 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
42	Electronic Claim Process	To what extent does the Proposer outline their approach for establishing connections with trading partners for receiving and validating EDI claims directly from these trading partners? Does the Proposer offer any recommendations on a more effective approach for the submission of EDI claims?	0	0		0			0	0	0	0										0	0	0	5.000	0.00		

43	Electronic Claim Process	To what extent does the Proposer provide the ability to electronically submit claims and supporting claim documentation within a provider web portal or other electronic medium?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
44	Paper Claim & Attachment Process	To what extent does the Proposer describe their paper claim and attachment process? Does this include the establishment of a fully operational mailroom that can handle the processing of paper claims and attachments?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
45	Paper Claim & Attachment Process	To what extent does the Proposer describe their integrated electronic document management system (EDMS) that shall accurately capture, organize, maintain all claims, attachments, and Contractor-generated documentation? Does the EDMS allow authorized users to view, search, and retrieve documents in a convenient manner?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
46	Management of Documents & Attachments	To what extent does the Proposer outline the electronic and paper capability to match attachments/supporting documentation or referrals to claims as part of the claims intake process?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
47	Management of Documents & Attachments	To what extent does the Proposer address archiving documentation for administrative hearings, case related evidence, and discovery information purposes? Does the Proposer acknowledge that all documentation will be maintained for ten (10) years, and documentation related to supporting administrative hearings for as long as necessary, even if exceeding the ten (10) year limit.	0	0		0			0	0	0	0									0	0	0	5.000	0.00
48	Management of Documents & Attachments	To what extent does the Proposer outline the required methods of claim acceptance, including through an auto-fax mechanism, paper mail, and online provider portal?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00

[Item 5]: Claims & Encounter Pricing (50 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
49	Price FFS Claims	To what extent does the Proposer outline how they will document claims payment methodologies, including the utilization of system logic to calculate payments?	0	0					0	0	0		0									0	0	0	5.000	0.00
50	Price FFS Claims	To what extent does the Proposer describe their ability to price and reimburse providers according to APR- DRG for inpatient hospital services?	0	0					0	0	0		0									0	0	0	5.000	0.00
51	Price FFS Claims	To what extent does the Proposer describe their ability to perform manual pricing if needed and as directed by the Agency? To what extent does the Proposer describe the system's ability to flag or provide an indicator on claims which require manual pricing in accordance with the Agency's parameters?	0	0					0	0	0		0									0	0	0	5.000	0.00
52	Price FFS Claims	To what extent does the Proposer describe their ability to price Professional Claims, Dental Claims, Institutional Claims (Inpatient & Outpatient), PACE claims, nursing home claims, waiver claims, and other claim types as needed?	0	0					0	0	0		0									0	0	0	5.000	0.00

53	Price FFS Claims	To what extent does the Proposer describe their ability to process and pay Medicare crossover claims? Does their response include a description of their approach for adjusting claim lines related to physician administered drugs so that the State can claim the drug rebate on those items?	0	0					0	0	0		0								0	0	0	5.000	0.00
54	Price FFS Claims	To what extent does the Proposer describe their ability to reimburse providers based on multiple established rate types and external system payment data?	0	0					0	0	0		0								0	0	0	5.000	0.00
55	Claim Conversion (J-Code Pricing)	To what extent does the Proposer describe their approach to identifying and pulling the J-code lines related to physician administered drugs? To what extent does the Proposer describe their approach for coordinating the pricing and processing of J-code claims with the WINGS PBMS?	0	0					0	0	0		0								0	0	0	5.000	0.00
56	Assess Cost Sharing	To what extent does the Proposer describe how deductibles and coinsurance paid by Medicaid for crossover claims, by member and program type, will be tracked?	0	0					0	0	0		0								0	0	0	5.000	0.00
57	Assess Cost Sharing	To what extent does the Proposer address how the system will calculate Medicare and TPL coinsurance and deductible charges for crossover and TPL claims?	0	0					0	0	0		0								0	0	0	5.000	0.00
58	Assess Cost Sharing	To what extent does the Proposer offer a system that is capable of tracking, managing, and processing member contributions and cost-sharing?	0	0					0	0	0		0								0	0	0	5.000	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																								50	
[Item 6]: Claims & Encounter Processing (65 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20			
59	Business Rules	To what extent does the Proposer describe a solution that is capable of preventing invalid, incomplete, and/or duplicate claims from getting submitted?	0	0					0	0	0	0									0	0	0	2.500	0.00
60	Business Rules	To what extent does the Proposer provide the ability for hard copy claims, claim adjustments, and voids to be manually entered into a data entry system? Does the Proposer provide details on how this manual entry process will be managed?	0	0					0	0	0	0									0	0	0	2.500	0.00
61	Business Rules	To what extent does the Proposer offer base sets of claims edits, audits, and business rules for Agency use?	0	0					0	0	0	0									0	0	0	2.500	0.00
62	Business Rules	To what extent does the Proposer describe processing older claims against the applicable reference data that was current for the date of service on the claim? To what extent does the Proposer explain system limitations related to processing older claims?	0	0					0	0	0	0									0	0	0	2.500	0.00
63	Business Rules	To what extent is the Proposer providing a robust and flexible business rules engine (BRE) which rules logic is in compliance with Federal and State policies and parameters related to all BMS functions. Is the BRE capable of developing, managing, and configuring complex business rules and claims edits to appropriately process, validate, and bill claims?	0	0					0	0	0	0									0	0	0	2.500	0.00
64	Business Rules	To what extent does the Proposer describe their process of performing audit checks on all claims, to ensure claims comply with Agency policies and business rules?	0	0					0	0	0	0									0	0	0	2.500	0.00

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65	Business Rules	To what extent does the Proposer describe their process of editing claims to ensure compliance with National Correct Coding Initiative (NCCI), State policy service limits, and other Department policies?	0	0					0	0	0	0									0	0	0	2.500	0.00
66	Business Rules	To what extent does the Proposer's system allow Agency users to apply or turn off edit settings, audit settings, business rules, flags, indicators, and notifications within the system as needed?	0	0					0	0	0	0									0	0	0	2.500	0.00
67	Adjudicate Claims & Encounters	To what extent does the Proposer describe their solution's ability to receive, process, manage, and store encounter data? Does the Proposer describe how this data will maintain synchronization between members and providers, and remain compliant with applicable standards and requirements?	0	0					0	0	0	0									0	0	0	2.500	0.00
68	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process of a "revolving file" mechanism for pending claims waiting on active member eligibility status?	0	0					0	0	0	0									0	0	0	2.500	0.00
69	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process for triggering, managing, re-processing, and finalizing suspended claims? Does their process meet the Agency's requirements?	0	0					0	0	0	0									0	0	0	2.500	0.00
70	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process of identifying and resolving invalid, incomplete, and/or duplicate claims during the adjudication process?	0	0					0	0	0	0									0	0	0	2.500	0.00
71	Adjudicate Claims & Encounters	To what extent does the Proposer's system log all edits, audits, and exceptions recorded during all steps of the claim adjudication process? Is this log easily reviewable by Agency users?	0	0					0	0	0	0									0	0	0	2.500	0.00
72	Adjudicate Claims & Encounters	To what extent does the Proposer's solution allow for providers to conveniently view or get notified of prior authorization and claims status/activity?	0	0					0	0	0	0									0	0	0	2.500	0.00
73	Adjudicate Claims & Encounters	To what extent does the Proposer describe the solution's ability to receive and process Prior Authorizations from multiple external systems?	0	0					0	0	0	0									0	0	0	2.500	0.00
74	Adjudicate Claims & Encounters	To what extent does the Proposer describe their approach to issuing, tracking, receiving approval/denials, and validating Prior Authorizations?	0	0					0	0	0	0									0	0	0	2.500	0.00
75	Adjudicate Claims & Encounters	To what extent is an authorized Agency user capable of making changes within the system as needed during the adjudication process or post-adjudication, i.e. suspending provider payments, suspending providers, approving/denying/modifying PAs or claims, overriding suspended claims, suppressing claims processing on specific members or providers etc.	0	0					0	0	0	0									0	0	0	2.500	0.00
76	Adjudicate Claims & Encounters	To what extent does the Proposer offer a solution describing their approach to "Appropriate Payer Solution" to ensure Nursing Facility claims are being processed and paid correctly, ensuring that Medicare Nursing Home days are being exhausted prior to billing Medicaid?	0	0					0	0	0	0									0	0	0	2.500	0.00
77	Adjudicate Claims & Encounters	To what extent does the Proposer describe their approach to processing, tracking, and paying claims when TPL sources (i.e. Medicare, private, commercial, or other insurance) are present?	0	0					0	0	0	0									0	0	0	2.500	0.00
78	Assess Final Claim Disposition	To what extent does the Proposer describe their approach to obtaining and processing transportation claims, including the distribution of approved payments?	0	0					0	0	0	0									0	0	0	2.500	0.00

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79	Assess Final Claim Disposition	To what extent does the Proposer describe their approach for identifying and reprocessing claims and adjustments that were processed in error or require mass claim re-processing through other mechanisms?	0	0					0	0	0	0									0	0	0	2.500	0.00	
80	Assess Final Claim Disposition	To what extent does the Proposer's system offer automation for approving, denying, or suspending claims?	0	0					0	0	0	0									0	0	0	2.500	0.00	
81	Assess Final Claim Disposition	To what extent does the Proposer describe their ability to process all current and nationally recognized claim forms and formats received through multiple methods, including web portal and EDI transaction data via clearinghouse?	0	0					0	0	0	0									0	0	0	2.500	0.00	
82	Assess Final Claim Disposition	To what extent does the Proposer describe their ability to process and pay claims accurately and within State and federal required timeframes?	0	0					0	0	0	0									0	0	0	2.500	0.00	
83	Assess Final Claim Disposition	To what extent does the Proposer describe their process for enforcing timely filing or waiving of provider-submitted claims?	0	0					0	0	0	0									0	0	0	2.500	0.00	
84	Assess Final Claim Disposition	To what extent does the Proposer's solution provide claims processing and payment information for Agency use, for analysis or reporting purposes?	0	0					0	0	0	0									0	0	0	2.500	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00		
																								65		
[Item 7]: Third Party Liability (TPL) Functionality (50 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
85	TPL Compliance	To what extent does the Proposer acknowledge the company's and system's compliance with TPL related CFRs, rules, statutes, State Plan sections/attachments, State Medicaid Manual sections?	0	0									0	0		0				0			0.00	0	2.273	0.00
86	TPL Activities	To what extent does the Proposer identify that the solution can develop, maintain and update an accounts receivable system and check log for TPL and estate recovery payments and denials based on generally accepted accounting principles (GAAP), and will coordinate with other entities' accounts receivable systems?	0	0									0	0		0				0			0.00	0	2.273	0.00
87	TPL Activities	To what extent does the Proposer support the effective operation and management of the Wyoming Health Insurance Premium Payment (WHIPP) and Employed Individuals with Disabilities (EID) programs?	0	0									0	0		0				0			0.00	0	2.273	0.00
88	TPL Activities	To what extent does the Proposer's TPL solution have the capability to perform TPL activities, including the collection of data, identification of TPL, track cases, and generate reports on TPL activities?	0	0									0	0		0				0			0.00	0	2.273	0.00
89	TPL Activities	To what extent does the Proposer's TPL solution have the capability to calculate, manage, track, and report on TPL financial activities including, State/Federal share, overpayments, recoveries, outstanding amounts, refunds, pro-rating, under recoveries, amounts remaining due, etc.? Does the financial solution support CMS-64 reporting?	0	0									0	0		0				0			0.00	0	2.273	0.00
90	TPL Activities	To what extent does the Proposer describe their approach for identifying, verifying, maintaining, and updating health insurance coverage for Medicaid members and other healthcare programs administered by the Agency?	0	0									0	0		0				0			0.00	0	2.273	0.00
91	TPL Activities	To what extent does the Proposer describe an effective approach to cost avoidance?	0	0									0	0		0				0			0.00	0	2.273	0.00

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92	TPL Activities	To what extent does the Proposer explain how they will prioritize coverage, per Agency guidelines, when a Medicaid client has multiple types of coverage?	0	0								0	0		0				0			0.00	0	2.273	0.00
93	TPL Activities	To what extent does the Proposer describe their data management strategy for data integrity, availability, authenticity, security, and non-repudiation of TPL data?	0	0								0	0		0				0			0.00	0	2.273	0.00
94	TPL Activities	To what extent does the Proposer describe casualty recovery/subrogation efforts, including, at a minimum: a.) Class Action Recovery/Mass Tort Litigation; b.) Workers' Compensation; c.) Trauma/MVA/Medical Malpractice; d.) Court ordered restitution; e.) Wrongful death; and g) Survivor action?	0	0								0	0		0				0			0.00	0	2.273	0.00
95	TPL Activities	To what extent does the Proposer describe their recovery efforts and processes related to providers when outstanding credit balances are identified?	0	0								0	0		0				0			0.00	0	2.273	0.00
96	TPL Activities	To what extent does the Proposer describe their approach and processes for estate recovery? Does the Proposer identify any improvements to estate recovery processing?	0	0								0	0		0				0			0.00	0	2.273	0.00
97	TPL Activities	To what extent does the Proposer provide functionality within their TPL solution for effective asset identification?	0	0								0	0		0				0			0.00	0	2.273	0.00
98	TPL Activities	To what extent does the Proposer describe all activities and processes related to Irrevocable Income Trusts/Miller Trusts/Special Needs Trusts/Pooled Trusts?	0	0								0	0		0				0			0.00	0	2.273	0.00
99	TPL Activities	To what extent does the Proposer describe their recoupment efforts and processes related to members when recoverable claims or retroactive coverage is identified ?	0	0								0	0		0				0			0.00	0	2.273	0.00
100	TPL Activities	To what extent does the Proposer's solution identify, collect, process, and validate relevant data including at a minimum from; employers, insurance companies, providers, clients, attorneys, and other government sources to identify and perform applicable and required TPL data matches?	0	0								0	0		0				0			0.00	0	2.273	0.00
101	TPL Activities	To what extent does the Proposer describe their approach for identifying and processing TPL leads?	0	0								0	0		0				0			0.00	0	2.273	0.00
102	TPL Activities	To what extent does the solution allow for link analysis such as: link all services to a single individual regardless of the number of historical changes in Member ID, the ability to associate multiple individuals to a case, identification of related cases and enable such cross-referencing, and tracking of multiple cases for an entity/client?	0	0								0	0		0				0			0.00	0	2.273	0.00
103	TPL Activities	To what extent does the Proposer's solution accommodate Agency users with effective views into the case tracking, accounts receivable, and carrier file data for inquiries, updates, or status?	0	0								0	0		0				0			0.00	0	2.273	0.00
104	TPL Technical	To what extent does the Proposer identify their capability to provide TPL member data to other Agency integrated and interfaced systems, for example, Wyoming Eligibility System (WES), KidCare CHIP, and Data Warehouse (DW) systems via the WINGS ESB?	0	0								0	0		0				0			0.00	0	2.273	0.00
105	TPL Technical	To what extent does the Proposer identify their independent and external data sources that can provide TPL data relative to the cases and claims?	0	0								0	0		0				0			0.00	0	2.273	0.00

106	TPL Technical	To what extent does the Proposer define how they will conduct an annual electronic data match with the Defense Enrollment Eligibility Reporting System (DEERS) through the annual file and through the PARIS DoD match, in accordance with the date and file formatting required by DEERS?	0	0									0	0		0				0			0.00	0	2.273	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																									50	
[Item 8]: Reporting & Analytics (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
107	Claims Data	To what extent does the Proposer's system have the capability of monitoring and flagging unusual trends, data instances, or discrepancies for investigative follow-up or review?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
108	Claims Data	To what extent does the Proposer identify that they are capable of appropriately collecting, storing, tracking, and managing claims data in compliance with all BMS requirements, regulations and State policies?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
109	Claims Data	To what extent does the Proposer acknowledge compliance of delivering reports to the Agency as required in the BMS RFP?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
110	Claims Data	To what extent does the Proposer's solution have the capability to identify and determine a bundle/episode of care using claims data?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
111	Financial Data Tracking	To what extent is the Proposer's solution capable of appropriately reporting financial data, including reporting recoveries for federal share in accordance with federal standard §42 CFR 433.320?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
112	Financial Data Tracking	To what extent does the Proposer identify that their solution is capable of comprehensively tracking financial activity of member/clients, providers, and the State?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
113	Ad-Hoc Reporting	To what extent does the Proposer or the Proposer's solution have the capability of performing analytics to develop reports as required by the Agency?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
114	Ad-Hoc Reporting	To what extent does the Proposer's solution have the capability to generate ad-hoc reports utilizing all fields defined in the solution's data model?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																									15	
[Item 9]: Reference Data Management (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
115	Claim Reference Data	To what extent does the Proposer acknowledge compliance with the utilization of current and required codes, edits, groupings, terminology, and indicators within the proposed solution? Does the Proposer outline utilization that is contrary to federal regulations or BMS RFP requirements?	0	0	0	0						0							0		0		0.00	0	3.000	0.00
116	Provider Specific Reference Data	To what extent does the Proposer outline their approach to loading and maintaining taxonomy codes?	0	0	0	0						0							0		0		0.00	0	3.000	0.00
117	Member Reference Data	To what extent does the Proposer outline their approach to tracking, maintaining, and reporting on non-Medicaid eligibility group benefit plans and member data?	0	0	0	0						0							0		0		0.00	0	3.000	0.00

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118	Member Reference Data	To what extent does the Proposers solution identify possible duplicate members, and the have the ability to merge members or to unmerge members, if needed?	0	0	0	0						0							0		0		0.00	0	3.000	0.00	
119	Fee Schedule Maintenance	To what extent does the Proposer outline their approach to updating and maintaining multiple fee schedules and provider-specific reimbursement rates?	0	0	0	0						0							0		0		0.00	0	3.000	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Weighted Total:	0.00	
																								15			
[Item 10]: Financial & Support Services (20 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
120	Provider Payment Processing	To what extent does the Proposer describe their financial application's capabilities to process, notify, and make timely payments to providers?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
121	Provider Payment Processing	To what extent does the Proposer's financial application utilize a real-time automated workflow that is capable of monitoring various tasks (i.e.check logging, federal reporting, manual financial processing). Does the workflow show transaction progress from initiation, completion, to archiving?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
122	Coding: State Budget, Federal Category of Service, and T-MSIS	To what extent does the Proposer identify that they shall enhance information on claims based on federal code categories, and shall categorize claims according to CMS-64 and CMS-64 feeder forms, federal provider category of service, and match rate? Does the Proposer outline how they intend to store and share this information with the Agency's Data Warehouse for federal reporting?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
123	Coding: State Budget, Federal Category of Service, and T-MSIS	To what extent is the Proposer's financial application capable of allowing Agency users to drill down within claims data for analysis and audit purposes?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
124	Adjustments & Withholds	To what extent is the Proposer's financial application capable of processing adjustments as required by the Agency?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
125	Adjustments & Withholds	To what extent is the Proposer's financial application capable of alerting the Agency and withholding financial processing as directed by the Agency?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
126	Accounts Receivable	To what extent does the Proposer outline their approach to tracking and processing payments received by providers for credit balances or refunds?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
127	Accounts Payable	To what extent does the Proposer outline their approach to tracking, processing, paying, and reconciling accounts payable to capitated payment programs, Medicare Part D claw-back, and retroactive adjustments to providers?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																								20			

[Item 11]: Technical Operations (60 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
128	Provide Recurring Extract to DW	To what extent does the Proposer acknowledge that they shall provide a regular extract file of up to one hundred percent (100%) of all the fields in the system, including metadata (timestamps), into the Data Warehouse (DW)? This includes claims history, for all claims, encounters, and premium or capitation payments processed by the Contractor. Does the Proposer agree to provide this file to the DW at least weekly?			0	0	0	0						0				0					0.00	0	2.500	0.00
129	Provide Call Center Software	To what extent does the Proposer offer an IVR system that is user-friendly, including routing calls accurately, using educational scripts, using an easily understood voice, and updating callers on wait times?			0	0	0	0						0				0					0.00	0	2.500	0.00
130	Provide Call Center Software	To what extent does the Proposer identify that their IVR utilizes quality monitoring tools and has a technical architecture that will meet the Call Center Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	2.500	0.00
131	Provide Call Center Software	To what extent does the Proposer describe their process for documenting, tracking, prioritizing, and coordinating resolution of escalated member calls? Does their approach appear to be effective in reducing the amount of escalated calls to State staff?			0	0	0	0						0				0					0.00	0	2.500	0.00
132	Provide Call Center Software	To what extent does the Proposer identify that they will implement a Customer Relationship Management (CRM) tool that will log and track detailed information related to each call including the details of the customer contact, and the specifics of the call at a minimum to include: call time, date, caller ID, representative ID, call type, reason for call, ticket status, response/resolution description, and call reference number?			0	0	0	0						0				0					0.00	0	2.500	0.00
133	Provide Call Center Software	To what extent does the Proposer identify that the CRM tool shall have the ability to provide online display that utilizes Computer Telephony Integration (CTI) to auto-populate CRM screens with caller’s basic information, access caller's contact history, and update call records as needed?			0	0	0	0						0				0					0.00	0	2.500	0.00
134	Provide Call Center Software	To what extent does the Proposer identify that the CRM tool shall have the ability to accommodate searches on call center records by characteristics such as call type, category, CRM number, name of provider, provider number, contact name, other entity names, service authorization number, category of service, user ID, and any combinations thereof?			0	0	0	0						0				0					0.00	0	2.500	0.00
135	Provide Call Center Software	To what extent does the Proposer identify that they will securely maintain all recorded calls for at minimum of ten (10) years, with two (2) years being immediately accessible?			0	0	0	0						0				0					0.00	0	2.500	0.00
136	Provide Claims Processing System	To what extent does the Proposer's solution provide Contractor and Agency users, work queues (based on authorization of the user) that enable manual review, routing, re-routing and closing (archiving) tasks,			0	0	0	0						0				0					0.00	0	2.500	0.00
137	Provide Claims Processing System	To what extent does the Proposer's solution accommodate the scanning and input of documents, as well as written requests for Contractor and Agency users?			0	0	0	0						0				0					0.00	0	2.500	0.00

138	Provide Claims Processing System	To what extent does the Proposer's solution accommodate, import, and accept configurations to enable business rules, including all industry standard files, taxonomies, diagnosis codes, and procedure codes?			0	0	0	0					0				0					0.00	0	2.500	0.00
139	Provide Claims Processing System	To what extent does the Proposer provide an external, interactive website that includes access to member newsletters, enabling members to find a doctor, hospital, clinic, find a DFS Offices, provide a Wyoming Medicaid Handbook and Travel Assistance Manuals, and include Training tutorials related to use of the secure member portal?			0	0	0	0					0				0					0.00	0	2.500	0.00
140	Provide Claims Processing System	To what extent does the Proposer provide a secure member portal where members can check eligibility, request information on services, request EOBs, complete transportation requests, request Medicaid ID cards, and send questions?			0	0	0	0					0				0					0.00	0	2.500	0.00
141	Provide Claims Processing System	To what extent does the Proposer outline the solution's capability of generating and distributing Explanation of Benefits (EOB) notices that are formatted and easy to read? Does the Proposer offer these EOBs electronically?			0	0	0	0					0				0					0.00	0	2.500	0.00
142	Provide Claims Processing System	To what extent does the Proposer identify that they shall process claims in compliance with 45 CFR Part 162?			0	0	0	0					0				0					0.00	0	2.500	0.00
143	Provide Claims Processing System	To what extent does the Proposer identify that they will provide provider web portal that includes detailed information related to claims, claim status, prior authorization, LT101 inquiries, check eligibility, and other relevant processes?			0	0	0	0					0				0					0.00	0	2.500	0.00
144	Provide Claims Processing System	To what extent does the Proposer outline how providers can access reference data, including fee schedules, provider manuals, bulletins, and benefit plan coverage. Does the Proposer outline how they will manage these references?			0	0	0	0					0				0					0.00	0	2.500	0.00
145	Provide Claims Processing System	To what extent does the Proposer identify that they will provide a detailed, holistic view of each member and provider that is searchable by authorized internal users?			0	0	0	0					0				0					0.00	0	2.500	0.00
146	Data Management	To what extent is the Proposer solution capable of receiving/entering, managing, and tracking prior authorizations? Does the Proposer's system issue notifications to providers on PA status?			0	0	0	0					0				0					0.00	0	2.500	0.00
147	Ongoing Technical Operations	To what extent does the Proposer identify that they will provide multi-tiered help desk services?			0	0	0	0					0				0					0.00	0	2.500	0.00
148	Ongoing Technical Operations	To what extent does the Proposer identify that they shall accept or generate all published healthcare industry standard X12 files?			0	0	0	0					0				0					0.00	0	2.500	0.00
149	Ongoing Technical Operations	To what extent does the Proposer offer a configurable solution for multiple items (i.e. fee schedules, taxonomies, codes, edits, etc.) to be configured by authorized Agency users without hard coding?			0	0	0	0					0				0					0.00	0	2.500	0.00
150	Ongoing Technical Operations	For items deemed non-configurable by Agency users, to what extent does the Proposer outline their approach for receiving and following-through with the Agency's system change requests?			0	0	0	0					0				0					0.00	0	2.500	0.00

151	Ongoing Technical Operations	To what extent does the Proposer describe their system's ability to provide contextual help on all user interface screens? To what extent does the Proposer explain their help desk functionality?			0	0	0	0					0				0					0.00	0	2.500	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																							60			
[Item 12]: Business Operations (85 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
152	Mailroom & Document Management	To what extent does the Proposer outline their approach for operating a fully functional mailroom that is capable of receiving, scanning, and processing paper claims, attachments, and other documentation?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
153	Mailroom & Document Management	To what extent does the Proposer identify hardware and software for scanning paper documents to feed the document management system?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
154	Mailroom & Document Management	To what extent does the Proposer address a process for naming documents, dating receipt of incoming documents, retaining original paper documents for the required time period, and identify the ability to process and reprocess claims?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
155	Mailroom & Document Management	To what extent does the Proposer outline a process for distributing, receiving, processing, and documenting member verification of services questionnaires?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
156	Member Business Operations Support	To what extent does the Proposer describe all of their available member support functions (i.e. member call center, inquiry follow-up, transportation claim assistance, multi-lingual support, notifications, IVR, member portal)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
157	Member Business Operations Support	To what extent is the Proposer providing translation services (english to spanish, spanish to english) online, through IVR, and through the call center?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
158	Member Business Operations Support	To what extent does the Proposer outline their methods for verifying member transportation claims?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
159	Member Business Operations Support	To what extent does the Proposer outline their approach for generating and distributing Member ID cards upon initial enrollment and when updated/replacement cards are requested?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
160	Provider Business Operations Support	To what extent does the Proposer describe all of their available provider support functions (i.e. Provider Call Center, IVR, portal helpdesk, EDI assistance, reference information,etc.)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
161	Provider Business Operations Support	To what extent does the Proposer offer a Provider Call Center with hours of service in line with Agency requirements?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00

Tech Sum-Conduent																										
162	Provider Business Operations Support	To what extent does the Proposer identify a process for coordinating seamless communication between the Provider Call Center and the escalated Member Call Center to resolve member inquiries?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
163	Agency Business Operations Support	To what extent does the Proposer describe their approach to effectively assisting the Agency with business operational support (i.e. expertise on State and federal laws and policy knowledge)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
164	Agency Business Operations Support	To what extent does the Proposer acknowledge their capability of developing and distributing provider communications, including provider notifications, provider manuals, newsletters, bulletins, RA banners, State memos, Billing manuals, etc.?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
165	Agency Business Operations Support	To what extent does the Proposer address impact analysis summary reporting for system changes (proposed policy, law, regulations, system changes, best practices, system constraints or workarounds, or other options for updating the system)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
166	Agency Business Operations Support	To what extent does the Proposer address providing prospective modeling and reporting to support Agency policy changes and identify provider training needs prior to implementation?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
167	Agency Business Operations Support	To what extent does the Proposer identify providing the Agency quarterly recommendations looking forward twelve (12) months for process improvement, industry standards, best practices, and cost efficiencies?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
168	Agency Business Operations Support	To what extent does the Proposer describe their capability to lock-in members to certain providers and services?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
169	Administrati ve Claim Review	To what extent does the Proposer describe their approach to flagging claims for manual review and performing the manual review process?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
170	Administrati ve Claim Review	To what extent does the Proposer describe estblising a grievances and appeals process? Does the Proposer clarify how grievances and appeals are to be submitted, resolved, and escalated if needed?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
171	Administrati ve Claim Review	To what extent does the Proposer acknowledge establishing a provider on review process, that ensures that every claim for provider on review is flagged and manually reviewed?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																							85			
[Item 13]: Solution Goals, Compliance, and Certification (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
172	Compliance	To what extent does the Proposer identify that their solution shall be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) regulations in effect now and future updates?			0	0	0	0							0			0					0.00	0	1.875	0.00
173	Alignment with Goals	To what extent does the Proposer's solution align with the Agency's goals, including compliance with MITA 3.0/Seven Standards and Conditions?			0	0	0	0							0			0					0.00	0	1.875	0.00

Overall Proposal Scoring Summary Matrix

Appendix H

BMS PEP v1.0

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Tech Sum-Conduent																										
185	Hosting	To what extent does the Proposer identify that they are responsible to provide appropriate hosting that is compliant with SSAE 16/18 Type 2, have the necessary NIST SP 800-53 Revision 4 controls for system of moderate security level, compliant with IRS Publication 1075, and preferably have a Federal Risk and Authorization Management Program (FEDRAMP) certification?			0	0	0	0						0				0					0.00	0	1.034	0.00
186	Hosting	To what extent does the Proposer identify that the system shall be available to users twenty-four (24) hours a day, seven (7) days a week, with the exception of planned downtime due to system upgrades or routine maintenance?			0	0	0	0						0				0					0.00	0	1.034	0.00
187	Equip/HW/SW	To what extent does the Proposer identify that they shall be responsible for operating and maintaining any hardware or software needed to support all components and tools in use by the Contractor in execution of the RFP Scope of Work?			0	0	0	0						0				0					0.00	0	1.034	0.00
188	Migration/Conversion	To what extent does the Proposer identify that they will conduct migration and conversion of legacy data within the MMIS target systems in a manner that ensures accuracy of the mapping, conversion and migration, perform conversion testing and smoke testing, and ensure referential integrity of all data?			0	0	0	0						0				0					0.00	0	1.034	0.00
189	Testing	To what extent does the Proposer identify that they will work proactively with the Agency and our IV&V? Does the Proposer agree to share all results of all testing, providing visibility into the full range of testing, and enable access to the Agency or Agency Contractors to perform User Acceptance Testing?			0	0	0	0						0				0					0.00	0	1.034	0.00
190	Testing	To what extent does the Proposer identify that they shall allow the Agency's independent third party security testing vendor access to the Proposer's testing and production environment to perform independent security and validation testing?			0	0	0	0						0				0					0.00	0	1.034	0.00
191	Implementation	To what extent does the Proposer identify that they will provide implementation services including the implementation of all necessary Application Program Interfaces (APIs) and integration with the System Integrator-Enterprise Service Bus (ESB)?			0	0	0	0						0				0					0.00	0	1.034	0.00
192	Implementation	To what extent does the Proposer identify that they shall provide a solution that is capable of receiving data using the following Web Service (WS) standards and specifications: JSON-WDP, SOAP, REST, and WS-Addressing and able to transmit and consume batch files that include text, comma delimited, and pipe delimited?			0	0	0	0						0				0					0.00	0	1.034	0.00
193	Integration/APIs	To what extent does the Proposer identify that they will be able to efficiently add new data sources?			0	0	0	0						0				0					0.00	0	1.034	0.00
194	Integration/APIs	To what extent does the Proposer identify that their solution shall comply with all current and future HIPAA standard Transactions and Code Sets (TCS) in place or mandated by the Agency and CMS?			0	0	0	0						0				0					0.00	0	1.034	0.00
195	Enterprise Integration	To what extent does the Proposer identify that they shall share common data structures, business rules, and endpoints related to the solutions to ensure integration and alignment with acceptable data flow?			0	0	0	0						0				0					0.00	0	1.034	0.00

Tech Sum-Conduent																										
196	Enterprise Integration	To what extent does the Proposer identify that they shall provide sufficient bandwidth and redundancy to ensure accessibility, reliability/fault tolerance and acceptable performance in alignment with Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.034	0.00
197	Operation Readiness	To what extent does the Proposer identify that they shall coordinate with the Agency and conduct an Operational Readiness Walkthrough with the Agency prior to the roll out that shall validate the Contractor’s, System’s, and Agency’s operational readiness?			0	0	0	0						0				0					0.00	0	1.034	0.00
198	Security	To what extent does the Proposer identify that they shall provide multiple layers of external and internal security that provides administrative, physical, and technical controls, compliant with best practices to secure protected sensitive or confidential information used in performing the responsibilities and duties of the Proposer?			0	0	0	0						0				0					0.00	0	1.034	0.00
199	Security	To what extent does the Proposer identify that they will implement granular role based access down to the data element and field level? Is their process aligned with the function of the solution and the nature of the protected and confidential data ensuring least privilege?			0	0	0	0						0				0					0.00	0	1.034	0.00
200	Security	To what extent does the Proposer identify that they shall ensure all communications and transmission external to the Benefit Management System environments use TLS 1.2, SHA 2 with a minimum of a 2048 bit key or, if the current version of TLS with bit key that has not been broken?			0	0	0	0						0				0					0.00	0	1.034	0.00
201	Security	To what extent does the Proposer identify that their solution has been penetration tested in the last six months prior to implementation with all major or critical vulnerabilities mitigated? Does the Proposer agree to execute a vulnerability assessment no less than every quarter with results shared with the Agency, and that all code promoted to production have been tested for vulnerabilities?			0	0	0	0						0				0					0.00	0	1.034	0.00
202	Security	To what extent does the Proposer identify that the solution shall maintain detailed audit records including login activity, other system actions, and any suspicious activity in a manner that the Proposer can correlate the logs throughout the entire system and infrastructure?			0	0	0	0						0				0					0.00	0	1.034	0.00
203	Security	To what extent does the Proposer identify that the solution does not include any code of unknown origin?			0	0	0	0						0				0					0.00	0	1.034	0.00
204	Security	To what extent does the Proposer identify that they shall encrypt Electronic Protected Health Information (ePHI) at rest and in motion whenever deemed appropriate, including in databases using an agreed upon and appropriate strength cipher no less that AES 128 and preferably AES 256?			0	0	0	0						0				0					0.00	0	1.034	0.00
205	Technical Documentati on	To what extent does the Proposer identify that they will share all detailed design documentation and specifications including database model, table structure, ERD, data flows, technologies, protocols, security controls, a complete data dictionary, interface control specifications, and any third party product documentation that is implemented into the Proposer's solution?			0	0	0	0						0				0					0.00	0	1.034	0.00
206	Audit	To what extent does the Proposer identify that they shall have security audit trail reporting capabilities that shall produce robust audit trails and audit logs of all applications and system activities related to specific user IDs?			0	0	0	0						0				0					0.00	0	1.034	0.00

207	Audit	To what extent does the Proposer identify that their solution shall not permit the alteration of any security log or audit trail, and that log repositories shall be encrypted using an approved cipher?			0	0	0	0						0				0					0.00	0	1.034	0.00
208	Audit	To what extent does the Proposer identify that audit logs should be able to be queried and analyzed by authorized users?			0	0	0	0						0				0					0.00	0	1.034	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	

[Item 15]: Enterprise Data Management Goals and Compliance (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
209	Disaster Recovery	To what extent does the Proposer identify that they shall have a disaster recovery facility that can provide timely failover, with data compliant with the Recovery Point Objective (RBO) of 8 hours, and create relevant documented policies and procedures to implement a recovery within twenty-four (24) hours?			0	0	0	0						0				0					0.00	0	1.250	0.00
210	Data Management	To what extent does the Proposer identify that they shall develop a comprehensive data management strategy for data and metadata that maintains data integrity, data quality, data availability/accessibility, and data lineage?			0	0	0	0						0				0					0.00	0	1.250	0.00
211	De-Identification/Anonymization	To what extent does the Proposer identify a method for data de-identification, obfuscation or anonymization using such techniques as substitution, shuffling, number and data variance and nulling?			0	0	0	0						0				0					0.00	0	1.250	0.00
212	ETL/ELT	To what extent does the Proposer identify that the shall develop ETLs to interface with multiple entities outside of the WINGS project, for example other eligibility determination systems, prior authorization entities, health information exchanges, including provider directory information and Immunization and Birth/Death Registries?			0	0	0	0						0				0					0.00	0	1.250	0.00
213	Archiving	To what extent does the Proposer identify that they shall provide archiving of all data, with data up to ten (10) years old being stored in a highly accessible storage solution?			0	0	0	0						0				0					0.00	0	1.250	0.00
214	Maintenance	To what extent does the Proposer identify that they shall provide solution maintenance as needed to support the statement of work and the Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.250	0.00
215	Notification and Alerts	To what extent does the Proposer identify that they shall provide solution notification and alerts as needed to support the statement of work and the Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.250	0.00
216	Ongoing Operations	To what extent does the Proposer identify that their solution shall provide for intuitive and efficient navigation of technical and non-technical users and leverage such items as drop down menus, toolbars and shortcuts?			0	0	0	0						0				0					0.00	0	1.250	0.00
217	Performance Management	To what extent does the Proposer identify that they will perform and maintain appropriate tools to identify solution latency?			0	0	0	0						0				0					0.00	0	1.250	0.00
218	Performance Management	To what extent does the Proposer acknowledge the solution's performance tools that will be used to manage and ensure compliance with SLAs? Does the Proposer agree to provide the Agency with reports on system performance?			0	0	0	0						0				0					0.00	0	1.250	0.00

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219	Report Scheduler	To what extent does the Proposer identify that they will maintain a scheduler that can run pre-defined reports and share them with a reporting data store and send them securely to a wyo.gov email address?			0	0	0	0						0				0					0.00	0	1.250	0.00			
220	Storage of Reports and Queries	To what extent does the Proposer identify that they shall create a repository for pre-defined reports, queries and other artifacts that can be accessed by authorized users?			0	0	0	0						0				0					0.00	0	1.250	0.00			
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00				
																								15					
[Item 16]: Value Added Services, Innovation & Outcome Improvement (5 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20							
221	Value Added Services	To what extent does the Proposer offer any managed care capabilities or recommendations for increased value or efficiency?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	2.500	0.00			
222	Innovation	To what extent does the Proposer agree to facilitate quarterly meetings to discuss opportunities for value added services, innovations, and outcome improvements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	2.500	0.00			
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00			
																										5			
Written Proposal Total Evaluator Non-weighted Scores			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						Total Max Points:	550	
																								Overall Written Proposal Total:	0.00				
Oral Presentation Scores																													
[Item 17]: Structured Oral Presentations (150 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20							
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	Overall Oral Presentation Total:	0.00		
																								150					
Total Technical Proposal Weighted Score																									0.00				

[illegible]

[illegible]

[illegible]

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33	Monitoring SLAs	To what extent does the Proposer describe their approach for monitoring and tracking SLAs? If corrections are required, to what extent does the Proposer describe their approach to actively correcting and monitoring those SLAs?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
34	Project Management - Agency Training	To what extent does the Proposer describe an effective approach to conducting training for Agency staff on the BMS solution? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
35	Project Management - Provider Training	To what extent does the Proposer describe an effective approach to conducting training for Providers on the BMS solution portal and tools, payment policies, billing procedures, electronic RAs, and EDI? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
36	Project Management - Contractor Training	To what extent does the Proposer describe an effective approach to conducting initial and ongoing training for their call center staff and other staff? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00		
																								50				
[Item 3]: Project Management Deliverables (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
37	Deliverables	To what extent does the Proposer accurately outline the contents for all required deliverables in Requirement Family [Item 3]? Do they appear to have a clear understanding of deliverable contents and expectations?	0	0		0		0					0					0				0	0	3.000	0.00			
38	Deliverables	To what extent does the Proposer address in their abridged Project Work Plan their understanding of the scope of work, and identify hours of effort, staff allocation, and responsibilities for future deliverables and work activities as defined in the RFP that are appropriate for the scope and timeline of the project?	0	0		0		0					0					0				0	0	3.000	0.00			
39	Deliverables	To what extent does the Proposer describe their approach for project closeout and turnover, including cooperating with any successor Contractor(s)?	0	0		0		0					0					0				0	0	3.000	0.00			
40	Deliverables Process	To what extent does the Proposer agree to provide contract deliverables using the Agency's Deliverables Review Process, that are detailed, complete, and will meet the requirements of the project?	0	0		0		0					0					0				0	0	3.000	0.00			
41	Deliverables Process	To what extent does the Proposer address their ability to provide deliverables on time with acceptable quality, including updates to deliverables as impacting component modules are introduced, and correcting deficiencies as requested by the Agency?	0	0		0		0					0					0				0	0	3.000	0.00			
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00		
																								15				
[Item 4]: BMS Claims Intake & Document Management (35 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
42	Electronic Claim Process	To what extent does the Proposer outline their approach for establishing connections with trading partners for receiving and validating EDI claims directly from these trading partners? Does the Proposer offer any recommendations on a more effective approach for the submission of EDI claims?	0	0		0			0	0	0	0										0	0	0	5.000	0.00		

43	Electronic Claim Process	To what extent does the Proposer provide the ability to electronically submit claims and supporting claim documentation within a provider web portal or other electronic medium?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
44	Paper Claim & Attachment Process	To what extent does the Proposer describe their paper claim and attachment process? Does this include the establishment of a fully operational mailroom that can handle the processing of paper claims and attachments?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
45	Paper Claim & Attachment Process	To what extent does the Proposer describe their integrated electronic document management system (EDMS) that shall accurately capture, organize, maintain all claims, attachments, and Contractor-generated documentation? Does the EDMS allow authorized users to view, search, and retrieve documents in a convenient manner?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
46	Management of Documents & Attachments	To what extent does the Proposer outline the electronic and paper capability to match attachments/supporting documentation or referrals to claims as part of the claims intake process?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
47	Management of Documents & Attachments	To what extent does the Proposer address archiving documentation for administrative hearings, case related evidence, and discovery information purposes? Does the Proposer acknowledge that all documentation will be maintained for ten (10) years, and documentation related to supporting administrative hearings for as long as necessary, even if exceeding the ten (10) year limit.	0	0		0			0	0	0	0									0	0	0	5.000	0.00
48	Management of Documents & Attachments	To what extent does the Proposer outline the required methods of claim acceptance, including through an auto-fax mechanism, paper mail, and online provider portal?	0	0		0			0	0	0	0									0	0	0	5.000	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00

[Item 5]: Claims & Encounter Pricing (50 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
49	Price FFS Claims	To what extent does the Proposer outline how they will document claims payment methodologies, including the utilization of system logic to calculate payments?	0	0					0	0	0		0									0	0	0	5.000	0.00
50	Price FFS Claims	To what extent does the Proposer describe their ability to price and reimburse providers according to APR- DRG for inpatient hospital services?	0	0					0	0	0		0									0	0	0	5.000	0.00
51	Price FFS Claims	To what extent does the Proposer describe their ability to perform manual pricing if needed and as directed by the Agency? To what extent does the Proposer describe the system's ability to flag or provide an indicator on claims which require manual pricing in accordance with the Agency's parameters?	0	0					0	0	0		0									0	0	0	5.000	0.00
52	Price FFS Claims	To what extent does the Proposer describe their ability to price Professional Claims, Dental Claims, Institutional Claims (Inpatient & Outpatient), PACE claims, nursing home claims, waiver claims, and other claim types as needed?	0	0					0	0	0		0									0	0	0	5.000	0.00

53	Price FFS Claims	To what extent does the Proposer describe their ability to process and pay Medicare crossover claims? Does their response include a description of their approach for adjusting claim lines related to physician administered drugs so that the State can claim the drug rebate on those items?	0	0					0	0	0		0								0	0	0	5.000	0.00
54	Price FFS Claims	To what extent does the Proposer describe their ability to reimburse providers based on multiple established rate types and external system payment data?	0	0					0	0	0		0								0	0	0	5.000	0.00
55	Claim Conversion (J-Code Pricing)	To what extent does the Proposer describe their approach to identifying and pulling the J-code lines related to physician administered drugs? To what extent does the Proposer describe their approach for coordinating the pricing and processing of J-code claims with the WINGS PBMS?	0	0					0	0	0		0								0	0	0	5.000	0.00
56	Assess Cost Sharing	To what extent does the Proposer describe how deductibles and coinsurance paid by Medicaid for crossover claims, by member and program type, will be tracked?	0	0					0	0	0		0								0	0	0	5.000	0.00
57	Assess Cost Sharing	To what extent does the Proposer address how the system will calculate Medicare and TPL coinsurance and deductible charges for crossover and TPL claims?	0	0					0	0	0		0								0	0	0	5.000	0.00
58	Assess Cost Sharing	To what extent does the Proposer offer a system that is capable of tracking, managing, and processing member contributions and cost-sharing?	0	0					0	0	0		0								0	0	0	5.000	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																								50	
[Item 6]: Claims & Encounter Processing (65 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20			
59	Business Rules	To what extent does the Proposer describe a solution that is capable of preventing invalid, incomplete, and/or duplicate claims from getting submitted?	0	0					0	0	0	0									0	0	0	2.500	0.00
60	Business Rules	To what extent does the Proposer provide the ability for hard copy claims, claim adjustments, and voids to be manually entered into a data entry system? Does the Proposer provide details on how this manual entry process will be managed?	0	0					0	0	0	0									0	0	0	2.500	0.00
61	Business Rules	To what extent does the Proposer offer base sets of claims edits, audits, and business rules for Agency use?	0	0					0	0	0	0									0	0	0	2.500	0.00
62	Business Rules	To what extent does the Proposer describe processing older claims against the applicable reference data that was current for the date of service on the claim? To what extent does the Proposer explain system limitations related to processing older claims?	0	0					0	0	0	0									0	0	0	2.500	0.00
63	Business Rules	To what extent is the Proposer providing a robust and flexible business rules engine (BRE) which rules logic is in compliance with Federal and State policies and parameters related to all BMS functions. Is the BRE capable of developing, managing, and configuring complex business rules and claims edits to appropriately process, validate, and bill claims?	0	0					0	0	0	0									0	0	0	2.500	0.00
64	Business Rules	To what extent does the Proposer describe their process of performing audit checks on all claims, to ensure claims comply with Agency policies and business rules?	0	0					0	0	0	0									0	0	0	2.500	0.00

65	Business Rules	To what extent does the Proposer describe their process of editing claims to ensure compliance with National Correct Coding Initiative (NCCI), State policy service limits, and other Department policies?	0	0					0	0	0	0									0	0	0	2.500	0.00
66	Business Rules	To what extent does the Proposer's system allow Agency users to apply or turn off edit settings, audit settings, business rules, flags, indicators, and notifications within the system as needed?	0	0					0	0	0	0									0	0	0	2.500	0.00
67	Adjudicate Claims & Encounters	To what extent does the Proposer describe their solution's ability to receive, process, manage, and store encounter data? Does the Proposer describe how this data will maintain synchronization between members and providers, and remain compliant with applicable standards and requirements?	0	0					0	0	0	0									0	0	0	2.500	0.00
68	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process of a "revolving file" mechanism for pending claims waiting on active member eligibility status?	0	0					0	0	0	0									0	0	0	2.500	0.00
69	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process for triggering, managing, re-processing, and finalizing suspended claims? Does their process meet the Agency's requirements?	0	0					0	0	0	0									0	0	0	2.500	0.00
70	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process of identifying and resolving invalid, incomplete, and/or duplicate claims during the adjudication process?	0	0					0	0	0	0									0	0	0	2.500	0.00
71	Adjudicate Claims & Encounters	To what extent does the Proposer's system log all edits, audits, and exceptions recorded during all steps of the claim adjudication process? Is this log easily reviewable by Agency users?	0	0					0	0	0	0									0	0	0	2.500	0.00
72	Adjudicate Claims & Encounters	To what extent does the Proposer's solution allow for providers to conveniently view or get notified of prior authorization and claims status/activity?	0	0					0	0	0	0									0	0	0	2.500	0.00
73	Adjudicate Claims & Encounters	To what extent does the Proposer describe the solution's ability to receive and process Prior Authorizations from multiple external systems?	0	0					0	0	0	0									0	0	0	2.500	0.00
74	Adjudicate Claims & Encounters	To what extent does the Proposer describe their approach to issuing, tracking, receiving approval/denials, and validating Prior Authorizations?	0	0					0	0	0	0									0	0	0	2.500	0.00
75	Adjudicate Claims & Encounters	To what extent is an authorized Agency user capable of making changes within the system as needed during the adjudication process or post-adjudication, i.e. suspending provider payments, suspending providers, approving/denying/modifying PAs or claims, overriding suspended claims, suppressing claims processing on specific members or providers etc.	0	0					0	0	0	0									0	0	0	2.500	0.00
76	Adjudicate Claims & Encounters	To what extent does the Proposer offer a solution describing their approach to "Appropriate Payer Solution" to ensure Nursing Facility claims are being processed and paid correctly, ensuring that Medicare Nursing Home days are being exhausted prior to billing Medicaid?	0	0					0	0	0	0									0	0	0	2.500	0.00
77	Adjudicate Claims & Encounters	To what extent does the Proposer describe their approach to processing, tracking, and paying claims when TPL sources (i.e. Medicare, private, commercial, or other insurance) are present?	0	0					0	0	0	0									0	0	0	2.500	0.00
78	Assess Final Claim Disposition	To what extent does the Proposer describe their approach to obtaining and processing transportation claims, including the distribution of approved payments?	0	0					0	0	0	0									0	0	0	2.500	0.00

79	Assess Final Claim Disposition	To what extent does the Proposer describe their approach for identifying and reprocessing claims and adjustments that were processed in error or require mass claim re-processing through other mechanisms?	0	0					0	0	0	0									0	0	0	2.500	0.00
80	Assess Final Claim Disposition	To what extent does the Proposer's system offer automation for approving, denying, or suspending claims?	0	0					0	0	0	0									0	0	0	2.500	0.00
81	Assess Final Claim Disposition	To what extent does the Proposer describe their ability to process all current and nationally recognized claim forms and formats received through multiple methods, including web portal and EDI transaction data via clearinghouse?	0	0					0	0	0	0									0	0	0	2.500	0.00
82	Assess Final Claim Disposition	To what extent does the Proposer describe their ability to process and pay claims accurately and within State and federal required timeframes?	0	0					0	0	0	0									0	0	0	2.500	0.00
83	Assess Final Claim Disposition	To what extent does the Proposer describe their process for enforcing timely filing or waiving of provider-submitted claims?	0	0					0	0	0	0									0	0	0	2.500	0.00
84	Assess Final Claim Disposition	To what extent does the Proposer's solution provide claims processing and payment information for Agency use, for analysis or reporting purposes?	0	0					0	0	0	0									0	0	0	2.500	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Weighted Total:	0.00
																							65		

[Item 7]: Third Party Liability (TPL) Functionality (50 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
85	TPL Compliance	To what extent does the Proposer acknowledge the company's and system's compliance with TPL related CFRs, rules, statutes, State Plan sections/attachments, State Medicaid Manual sections?	0	0									0	0		0				0			0.00	0	2.273	0.00
86	TPL Activities	To what extent does the Proposer identify that the solution can develop, maintain and update an accounts receivable system and check log for TPL and estate recovery payments and denials based on generally accepted accounting principles (GAAP), and will coordinate with other entities' accounts receivable systems?	0	0									0	0		0				0			0.00	0	2.273	0.00
87	TPL Activities	To what extent does the Proposer support the effective operation and management of the Wyoming Health Insurance Premium Payment (WHIPP) and Employed Individuals with Disabilities (EID) programs?	0	0									0	0		0				0			0.00	0	2.273	0.00
88	TPL Activities	To what extent does the Proposer's TPL solution have the capability to perform TPL activities, including the collection of data, identification of TPL, track cases, and generate reports on TPL activities?	0	0									0	0		0				0			0.00	0	2.273	0.00
89	TPL Activities	To what extent does the Proposer's TPL solution have the capability to calculate, manage, track, and report on TPL financial activities including, State/Federal share, overpayments, recoveries, outstanding amounts, refunds, pro-rating, under recoveries, amounts remaining due, etc.? Does the financial solution support CMS-64 reporting?	0	0									0	0		0				0			0.00	0	2.273	0.00
90	TPL Activities	To what extent does the Proposer describe their approach for identifying, verifying, maintaining, and updating health insurance coverage for Medicaid members and other healthcare programs administered by the Agency?	0	0									0	0		0				0			0.00	0	2.273	0.00
91	TPL Activities	To what extent does the Proposer describe an effective approach to cost avoidance?	0	0									0	0		0				0			0.00	0	2.273	0.00

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92	TPL Activities	To what extent does the Proposer explain how they will prioritize coverage, per Agency guidelines, when a Medicaid client has multiple types of coverage?	0	0									0	0		0				0			0.00	0	2.273	0.00
93	TPL Activities	To what extent does the Proposer describe their data management strategy for data integrity, availability, authenticity, security, and non-repudiation of TPL data?	0	0									0	0		0				0			0.00	0	2.273	0.00
94	TPL Activities	To what extent does the Proposer describe casualty recovery/subrogation efforts, including, at a minimum: a.) Class Action Recovery/Mass Tort Litigation; b.) Workers' Compensation; c.) Trauma/MVA/Medical Malpractice; d.) Court ordered restitution; e.) Wrongful death; and g) Survivor action?	0	0									0	0		0				0			0.00	0	2.273	0.00
95	TPL Activities	To what extent does the Proposer describe their recovery efforts and processes related to providers when outstanding credit balances are identified?	0	0									0	0		0				0			0.00	0	2.273	0.00
96	TPL Activities	To what extent does the Proposer describe their approach and processes for estate recovery? Does the Proposer identify any improvements to estate recovery processing?	0	0									0	0		0				0			0.00	0	2.273	0.00
97	TPL Activities	To what extent does the Proposer provide functionality within their TPL solution for effective asset identification?	0	0									0	0		0				0			0.00	0	2.273	0.00
98	TPL Activities	To what extent does the Proposer describe all activities and processes related to Irrevocable Income Trusts/Miller Trusts/Special Needs Trusts/Pooled Trusts?	0	0									0	0		0				0			0.00	0	2.273	0.00
99	TPL Activities	To what extent does the Proposer describe their recoupment efforts and processes related to members when recoverable claims or retroactive coverage is identified ?	0	0									0	0		0				0			0.00	0	2.273	0.00
100	TPL Activities	To what extent does the Proposer's solution identify, collect, process, and validate relevant data including at a minimum from; employers, insurance companies, providers, clients, attorneys, and other government sources to identify and perform applicable and required TPL data matches?	0	0									0	0		0				0			0.00	0	2.273	0.00
101	TPL Activities	To what extent does the Proposer describe their approach for identifying and processing TPL leads?	0	0									0	0		0				0			0.00	0	2.273	0.00
102	TPL Activities	To what extent does the solution allow for link analysis such as: link all services to a single individual regardless of the number of historical changes in Member ID, the ability to associate multiple individuals to a case, identification of related cases and enable such cross-referencing, and tracking of multiple cases for an entity/client?	0	0									0	0		0				0			0.00	0	2.273	0.00
103	TPL Activities	To what extent does the Proposer's solution accommodate Agency users with effective views into the case tracking, accounts receivable, and carrier file data for inquiries, updates, or status?	0	0									0	0		0				0			0.00	0	2.273	0.00
104	TPL Technical	To what extent does the Proposer identify their capability to provide TPL member data to other Agency integrated and interfaced systems, for example, Wyoming Eligibility System (WES), KidCare CHIP, and Data Warehouse (DW) systems via the WINGS ESB?	0	0									0	0		0				0			0.00	0	2.273	0.00
105	TPL Technical	To what extent does the Proposer identify their independent and external data sources that can provide TPL data relative to the cases and claims?	0	0									0	0		0				0			0.00	0	2.273	0.00

106	TPL Technical	To what extent does the Proposer define how they will conduct an annual electronic data match with the Defense Enrollment Eligibility Reporting System (DEERS) through the annual file and through the PARIS DoD match, in accordance with the date and file formatting required by DEERS?	0	0									0	0		0				0			0.00	0	2.273	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
50																										
[Item 8]: Reporting & Analytics (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
107	Claims Data	To what extent does the Proposer's system have the capability of monitoring and flagging unusual trends, data instances, or discrepancies for investigative follow-up or review?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
108	Claims Data	To what extent does the Proposer identify that they are capable of appropriately collecting, storing, tracking, and managing claims data in compliance with all BMS requirements, regulations and State policies?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
109	Claims Data	To what extent does the Proposer acknowledge compliance of delivering reports to the Agency as required in the BMS RFP?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
110	Claims Data	To what extent does the Proposer's solution have the capability to identify and determine a bundle/episode of care using claims data?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
111	Financial Data Tracking	To what extent is the Proposer's solution capable of appropriately reporting financial data, including reporting recoveries for federal share in accordance with federal standard §42 CFR 433.320?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
112	Financial Data Tracking	To what extent does the Proposer identify that their solution is capable of comprehensively tracking financial activity of member/clients, providers, and the State?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
113	Ad-Hoc Reporting	To what extent does the Proposer or the Proposer's solution have the capability of performing analytics to develop reports as required by the Agency?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
114	Ad-Hoc Reporting	To what extent does the Proposer's solution have the capability to generate ad-hoc reports utilizing all fields defined in the solution's data model?	0	0	0	0			0	0					0	0	0					0	0.00	0	1.875	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
15																										
[Item 9]: Reference Data Management (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
115	Claim Reference Data	To what extent does the Proposer acknowledge compliance with the utilization of current and required codes, edits, groupings, terminology, and indicators within the proposed solution? Does the Proposer outline utilization that is contrary to federal regulations or BMS RFP requirements?	0	0	0	0						0							0		0		0.00	0	3.000	0.00
116	Provider Specific Reference Data	To what extent does the Proposer outline their approach to loading and maintaining taxonomy codes?	0	0	0	0						0							0		0		0.00	0	3.000	0.00
117	Member Reference Data	To what extent does the Proposer outline their approach to tracking, maintaining, and reporting on non-Medicaid eligibility group benefit plans and member data?	0	0	0	0						0							0		0		0.00	0	3.000	0.00

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118	Member Reference Data	To what extent does the Proposers solution identify possible duplicate members, and the have the ability to merge members or to unmerge members, if needed?	0	0	0	0						0							0		0		0.00	0	3.000	0.00	
119	Fee Schedule Maintenance	To what extent does the Proposer outline their approach to updating and maintaining multiple fee schedules and provider-specific reimbursement rates?	0	0	0	0						0							0		0		0.00	0	3.000	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Weighted Total:	0.00	
																								15			
[Item 10]: Financial & Support Services (20 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
120	Provider Payment Processing	To what extent does the Proposer describe their financial application's capabilities to process, notify, and make timely payments to providers?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
121	Provider Payment Processing	To what extent does the Proposer's financial application utilize a real-time automated workflow that is capable of monitoring various tasks (i.e.check logging, federal reporting, manual financial processing). Does the workflow show transaction progress from initiation, completion, to archiving?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
122	Coding: State Budget, Federal Category of Service, and T-MSIS	To what extent does the Proposer identify that they shall enhance information on claims based on federal code categories, and shall categorize claims according to CMS-64 and CMS-64 feeder forms, federal provider category of service, and match rate? Does the Proposer outline how they intend to store and share this information with the Agency's Data Warehouse for federal reporting?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
123	Coding: State Budget, Federal Category of Service, and T-MSIS	To what extent is the Proposer's financial application capable of allowing Agency users to drill down within claims data for analysis and audit purposes?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
124	Adjustments & Withholds	To what extent is the Proposer's financial application capable of processing adjustments as required by the Agency?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
125	Adjustments & Withholds	To what extent is the Proposer's financial application capable of alerting the Agency and withholding financial processing as directed by the Agency?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
126	Accounts Receivable	To what extent does the Proposer outline their approach to tracking and processing payments received by providers for credit balances or refunds?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
127	Accounts Payable	To what extent does the Proposer outline their approach to tracking, processing, paying, and reconciling accounts payable to capitated payment programs, Medicare Part D claw-back, and retroactive adjustments to providers?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																								20			

[Item 11]: Technical Operations (60 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
128	Provide Recurring Extract to DW	To what extent does the Proposer acknowledge that they shall provide a regular extract file of up to one hundred percent (100%) of all the fields in the system, including metadata (timestamps), into the Data Warehouse (DW)? This includes claims history, for all claims, encounters, and premium or capitation payments processed by the Contractor. Does the Proposer agree to provide this file to the DW at least weekly?			0	0	0	0						0				0					0.00	0	2.500	0.00
129	Provide Call Center Software	To what extent does the Proposer offer an IVR system that is user-friendly, including routing calls accurately, using educational scripts, using an easily understood voice, and updating callers on wait times?			0	0	0	0						0				0					0.00	0	2.500	0.00
130	Provide Call Center Software	To what extent does the Proposer identify that their IVR utilizes quality monitoring tools and has a technical architecture that will meet the Call Center Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	2.500	0.00
131	Provide Call Center Software	To what extent does the Proposer describe their process for documenting, tracking, prioritizing, and coordinating resolution of escalated member calls? Does their approach appear to be effective in reducing the amount of escalated calls to State staff?			0	0	0	0						0				0					0.00	0	2.500	0.00
132	Provide Call Center Software	To what extent does the Proposer identify that they will implement a Customer Relationship Management (CRM) tool that will log and track detailed information related to each call including the details of the customer contact, and the specifics of the call at a minimum to include: call time, date, caller ID, representative ID, call type, reason for call, ticket status, response/resolution description, and call reference number?			0	0	0	0						0				0					0.00	0	2.500	0.00
133	Provide Call Center Software	To what extent does the Proposer identify that the CRM tool shall have the ability to provide online display that utilizes Computer Telephony Integration (CTI) to auto-populate CRM screens with caller’s basic information, access caller's contact history, and update call records as needed?			0	0	0	0						0				0					0.00	0	2.500	0.00
134	Provide Call Center Software	To what extent does the Proposer identify that the CRM tool shall have the ability to accommodate searches on call center records by characteristics such as call type, category, CRM number, name of provider, provider number, contact name, other entity names, service authorization number, category of service, user ID, and any combinations thereof?			0	0	0	0						0				0					0.00	0	2.500	0.00
135	Provide Call Center Software	To what extent does the Proposer identify that they will securely maintain all recorded calls for at minimum of ten (10) years, with two (2) years being immediately accessible?			0	0	0	0						0				0					0.00	0	2.500	0.00
136	Provide Claims Processing System	To what extent does the Proposer's solution provide Contractor and Agency users, work queues (based on authorization of the user) that enable manual review, routing, re-routing and closing (archiving) tasks,			0	0	0	0						0				0					0.00	0	2.500	0.00
137	Provide Claims Processing System	To what extent does the Proposer's solution accommodate the scanning and input of documents, as well as written requests for Contractor and Agency users?			0	0	0	0						0				0					0.00	0	2.500	0.00

138	Provide Claims Processing System	To what extent does the Proposer's solution accommodate, import, and accept configurations to enable business rules, including all industry standard files, taxonomies, diagnosis codes, and procedure codes?			0	0	0	0					0				0					0.00	0	2.500	0.00
139	Provide Claims Processing System	To what extent does the Proposer provide an external, interactive website that includes access to member newsletters, enabling members to find a doctor, hospital, clinic, find a DFS Offices, provide a Wyoming Medicaid Handbook and Travel Assistance Manuals, and include Training tutorials related to use of the secure member portal?			0	0	0	0					0				0					0.00	0	2.500	0.00
140	Provide Claims Processing System	To what extent does the Proposer provide a secure member portal where members can check eligibility, request information on services, request EOBs, complete transportation requests, request Medicaid ID cards, and send questions?			0	0	0	0					0				0					0.00	0	2.500	0.00
141	Provide Claims Processing System	To what extent does the Proposer outline the solution's capability of generating and distributing Explanation of Benefits (EOB) notices that are formatted and easy to read? Does the Proposer offer these EOBs electronically?			0	0	0	0					0				0					0.00	0	2.500	0.00
142	Provide Claims Processing System	To what extent does the Proposer identify that they shall process claims in compliance with 45 CFR Part 162?			0	0	0	0					0				0					0.00	0	2.500	0.00
143	Provide Claims Processing System	To what extent does the Proposer identify that they will provide provider web portal that includes detailed information related to claims, claim status, prior authorization, LT101 inquiries, check eligibility, and other relevant processes?			0	0	0	0					0				0					0.00	0	2.500	0.00
144	Provide Claims Processing System	To what extent does the Proposer outline how providers can access reference data, including fee schedules, provider manuals, bulletins, and benefit plan coverage. Does the Proposer outline how they will manage these references?			0	0	0	0					0				0					0.00	0	2.500	0.00
145	Provide Claims Processing System	To what extent does the Proposer identify that they will provide a detailed, holistic view of each member and provider that is searchable by authorized internal users?			0	0	0	0					0				0					0.00	0	2.500	0.00
146	Data Management	To what extent is the Proposer solution capable of receiving/entering, managing, and tracking prior authorizations? Does the Proposer's system issue notifications to providers on PA status?			0	0	0	0					0				0					0.00	0	2.500	0.00
147	Ongoing Technical Operations	To what extent does the Proposer identify that they will provide multi-tiered help desk services?			0	0	0	0					0				0					0.00	0	2.500	0.00
148	Ongoing Technical Operations	To what extent does the Proposer identify that they shall accept or generate all published healthcare industry standard X12 files?			0	0	0	0					0				0					0.00	0	2.500	0.00
149	Ongoing Technical Operations	To what extent does the Proposer offer a configurable solution for multiple items (i.e. fee schedules, taxonomies, codes, edits, etc.) to be configured by authorized Agency users without hard coding?			0	0	0	0					0				0					0.00	0	2.500	0.00
150	Ongoing Technical Operations	For items deemed non-configurable by Agency users, to what extent does the Proposer outline their approach for receiving and following-through with the Agency's system change requests?			0	0	0	0					0				0					0.00	0	2.500	0.00

151	Ongoing Technical Operations	To what extent does the Proposer describe their system's ability to provide contextual help on all user interface screens? To what extent does the Proposer explain their help desk functionality?			0	0	0	0					0				0					0.00	0	2.500	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																							60			
[Item 12]: Business Operations (85 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
152	Mailroom & Document Management	To what extent does the Proposer outline their approach for operating a fully functional mailroom that is capable of receiving, scanning, and processing paper claims, attachments, and other documentation?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
153	Mailroom & Document Management	To what extent does the Proposer identify hardware and software for scanning paper documents to feed the document management system?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
154	Mailroom & Document Management	To what extent does the Proposer address a process for naming documents, dating receipt of incoming documents, retaining original paper documents for the required time period, and identify the ability to process and reprocess claims?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
155	Mailroom & Document Management	To what extent does the Proposer outline a process for distributing, receiving, processing, and documenting member verification of services questionnaires?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
156	Member Business Operations Support	To what extent does the Proposer describe all of their available member support functions (i.e. member call center, inquiry follow-up, transportation claim assistance, multi-lingual support, notifications, IVR, member portal)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
157	Member Business Operations Support	To what extent is the Proposer providing translation services (english to spanish, spanish to english) online, through IVR, and through the call center?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
158	Member Business Operations Support	To what extent does the Proposer outline their methods for verifying member transportation claims?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
159	Member Business Operations Support	To what extent does the Proposer outline their approach for generating and distributing Member ID cards upon initial enrollment and when updated/replacement cards are requested?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
160	Provider Business Operations Support	To what extent does the Proposer describe all of their available provider support functions (i.e. Provider Call Center, IVR, portal helpdesk, EDI assistance, reference information,etc.)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
161	Provider Business Operations Support	To what extent does the Proposer offer a Provider Call Center with hours of service in line with Agency requirements?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00

162	Provider Business Operations Support	To what extent does the Proposer identify a process for coordinating seamless communication between the Provider Call Center and the escalated Member Call Center to resolve member inquiries?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
163	Agency Business Operations Support	To what extent does the Proposer describe their approach to effectively assisting the Agency with business operational support (i.e. expertise on State and federal laws and policy knowledge)?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
164	Agency Business Operations Support	To what extent does the Proposer acknowledge their capability of developing and distributing provider communications, including provider notifications, provider manuals, newsletters, bulletins, RA banners, State memos, Billing manuals, etc.?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
165	Agency Business Operations Support	To what extent does the Proposer address impact analysis summary reporting for system changes (proposed policy, law, regulations, system changes, best practices, system constraints or workarounds, or other options for updating the system)?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
166	Agency Business Operations Support	To what extent does the Proposer address providing prospective modeling and reporting to support Agency policy changes and identify provider training needs prior to implementation?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
167	Agency Business Operations Support	To what extent does the Proposer identify providing the Agency quarterly recommendations looking forward twelve (12) months for process improvement, industry standards, best practices, and cost efficiencies?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
168	Agency Business Operations Support	To what extent does the Proposer describe their capability to lock-in members to certain providers and services?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
169	Administrative Claim Review	To what extent does the Proposer describe their approach to flagging claims for manual review and performing the manual review process?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
170	Administrative Claim Review	To what extent does the Proposer describe establishing a grievances and appeals process? Does the Proposer clarify how grievances and appeals are to be submitted, resolved, and escalated if needed?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
171	Administrative Claim Review	To what extent does the Proposer acknowledge establishing a provider on review process, that ensures that every claim for provider on review is flagged and manually reviewed?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																								85	

[Item 13]: Solution Goals, Compliance, and Certification (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
172	Compliance	To what extent does the Proposer identify that their solution shall be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) regulations in effect now and future updates?			0	0	0	0							0			0					0.00	0	1.875	0.00
173	Alignment with Goals	To what extent does the Proposer's solution align with the Agency's goals, including compliance with MITA 3.0/Seven Standards and Conditions?			0	0	0	0							0			0					0.00	0	1.875	0.00

174	CMS Certification	To what extent does the Proposer identify that they shall coordinate with the Agency to develop and provide information necessary for successful CMS Certification based on the latest CMS checklists?			0	0	0	0						0			0					0.00	0	1.875	0.00
175	Compliance	To what extent does the Proposer identify that they shall adhere to recognized best practices during the execution of the scope of work including the latest version of the National Institute of Standards (NIST) Special Publication (SP) 800 series, at a minimum, related to security, interconnection of systems, risk mitigation, security planning, and cloud environments?			0	0	0	0						0			0					0.00	0	1.875	0.00
176	Compliance	To what extent does the Proposer identify that they shall comply with all sections of the Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act?			0	0	0	0						0			0					0.00	0	1.875	0.00
177	Compliance	To what extent does the Proposer identify that they shall maximize the use of industry standards for System design and exchange of data?			0	0	0	0						0			0					0.00	0	1.875	0.00
178	Compliance	To what extent does the Proposer identify that they shall comply with guidelines established by the SANS/CWE TOP-25 dangerous programming errors for web applications and the OWASP TOP 10 Web Application Risks?			0	0	0	0						0			0					0.00	0	1.875	0.00
179	Compliance	To what extent does the Proposer agree to provide assistance with SAO audits?			0	0	0	0						0			0					0.00	0	1.875	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																							15		

[Item 14]: BMS Technical, Components, Implementation Goals and Compliance (30 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
180	Licensing	To what extent does the Proposer accept that all code developed specifically for this SOW and the data model, paid for by the Agency, is owned by the Agency, with the exception that code associated with a COTS or SaaS product is not included?			0	0	0	0						0				0					0.00	0	1.034	0.00
181	Licensing	To what extent does the Proposer identify all 3rd party solutions associated with the solution, the type of licensing for those products, and acknowledge that they are responsible for the purchase and compliance of all such licensing?			0	0	0	0						0				0					0.00	0	1.034	0.00
182	Technical Architecture	To what extent does the Proposer identify an architecture that is modular and configurable in nature, whose hardware, software and interfaces meet Federal and State architectural and security requirements?			0	0	0	0						0				0					0.00	0	1.034	0.00
183	Data Model/Schema	To what extent does the Proposer identify a data model that is expandable and enables integration of other systems and interfaces that will maintain provider, member, case and claim data accurately?			0	0	0	0						0				0					0.00	0	1.034	0.00
184	Environments	To what extent does the Proposer define the environments that they will provide and maintain through the lifetime of the contract, and at a minimum shall include Production, Disaster Recovery, Testing, User Acceptance Testing and Development, and which no less than three (3) of the environments shall have security controls needed to maintain PHI?			0	0	0	0						0				0					0.00	0	1.034	0.00

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185	Hosting	To what extent does the Proposer identify that they are responsible to provide appropriate hosting that is compliant with SSAE 16/18 Type 2, have the necessary NIST SP 800-53 Revision 4 controls for system of moderate security level, compliant with IRS Publication 1075, and preferably have a Federal Risk and Authorization Management Program (FEDRAMP) certification?			0	0	0	0						0				0					0.00	0	1.034	0.00
186	Hosting	To what extent does the Proposer identify that the system shall be available to users twenty-four (24) hours a day, seven (7) days a week, with the exception of planned downtime due to system upgrades or routine maintenance?			0	0	0	0						0				0					0.00	0	1.034	0.00
187	Equip/HW/S W	To what extent does the Proposer identify that they shall be responsible for operating and maintaining any hardware or software needed to support all components and tools in use by the Contractor in execution of the RFP Scope of Work?			0	0	0	0						0				0					0.00	0	1.034	0.00
188	Migration/C onversion	To what extent does the Proposer identify that they will conduct migration and conversion of legacy data within the MMIS target systems in a manner that ensures accuracy of the mapping, conversion and migration, perform conversion testing and smoke testing, and ensure referential integrity of all data?			0	0	0	0						0				0					0.00	0	1.034	0.00
189	Testing	To what extent does the Proposer identify that they will work proactively with the Agency and our IV&V? Does the Proposer agree to share all results of all testing, providing visibility into the full range of testing, and enable access to the Agency or Agency Contractors to perform User Acceptance Testing?			0	0	0	0						0				0					0.00	0	1.034	0.00
190	Testing	To what extent does the Proposer identify that they shall allow the Agency's independent third party security testing vendor access to the Proposer's testing and production environment to perform independent security and validation testing?			0	0	0	0						0				0					0.00	0	1.034	0.00
191	Implementati on	To what extent does the Proposer identify that they will provide implementation services including the implementation of all necessary Application Program Interfaces (APIs) and integration with the System Integrator-Enterprise Service Bus (ESB)?			0	0	0	0						0				0					0.00	0	1.034	0.00
192	Implementati on	To what extent does the Proposer identify that they shall provide a solution that is capable of receiving data using the following Web Service (WS) standards and specifications: JSON-WDP, SOAP, REST, and WS-Addressing and able to transmit and consume batch files that include text, comma delimited, and pipe delimited?			0	0	0	0						0				0					0.00	0	1.034	0.00
193	Integration/A PIs	To what extent does the Proposer identify that they will be able to efficiently add new data sources?			0	0	0	0						0				0					0.00	0	1.034	0.00
194	Integration/A PIs	To what extent does the Proposer identify that their solution shall comply with all current and future HIPAA standard Transactions and Code Sets (TCS) in place or mandated by the Agency and CMS?			0	0	0	0						0				0					0.00	0	1.034	0.00
195	Enterprise Integration	To what extent does the Proposer identify that they shall share common data structures, business rules, and endpoints related to the solutions to ensure integration and alignment with acceptable data flow?			0	0	0	0						0				0					0.00	0	1.034	0.00

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196	Enterprise Integration	To what extent does the Proposer identify that they shall provide sufficient bandwidth and redundancy to ensure accessibility, reliability/fault tolerance and acceptable performance in alignment with Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.034	0.00
197	Operation Readiness	To what extent does the Proposer identify that they shall coordinate with the Agency and conduct an Operational Readiness Walkthrough with the Agency prior to the roll out that shall validate the Contractor’s, System’s, and Agency’s operational readiness?			0	0	0	0						0				0					0.00	0	1.034	0.00
198	Security	To what extent does the Proposer identify that they shall provide multiple layers of external and internal security that provides administrative, physical, and technical controls, compliant with best practices to secure protected sensitive or confidential information used in performing the responsibilities and duties of the Proposer?			0	0	0	0						0				0					0.00	0	1.034	0.00
199	Security	To what extent does the Proposer identify that they will implement granular role based access down to the data element and field level? Is their process aligned with the function of the solution and the nature of the protected and confidential data ensuring least privilege?			0	0	0	0						0				0					0.00	0	1.034	0.00
200	Security	To what extent does the Proposer identify that they shall ensure all communications and transmission external to the Benefit Management System environments use TLS 1.2, SHA 2 with a minimum of a 2048 bit key or, if the current version of TLS with bit key that has not been broken?			0	0	0	0						0				0					0.00	0	1.034	0.00
201	Security	To what extent does the Proposer identify that their solution has been penetration tested in the last six months prior to implementation with all major or critical vulnerabilities mitigated? Does the Proposer agree to execute a vulnerability assessment no less than every quarter with results shared with the Agency, and that all code promoted to production have been tested for vulnerabilities?			0	0	0	0						0				0					0.00	0	1.034	0.00
202	Security	To what extent does the Proposer identify that the solution shall maintain detailed audit records including login activity, other system actions, and any suspicious activity in a manner that the Proposer can correlate the logs throughout the entire system and infrastructure?			0	0	0	0						0				0					0.00	0	1.034	0.00
203	Security	To what extent does the Proposer identify that the solution does not include any code of unknown origin?			0	0	0	0						0				0					0.00	0	1.034	0.00
204	Security	To what extent does the Proposer identify that they shall encrypt Electronic Protected Health Information (ePHI) at rest and in motion whenever deemed appropriate, including in databases using an agreed upon and appropriate strength cipher no less that AES 128 and preferably AES 256?			0	0	0	0						0				0					0.00	0	1.034	0.00
205	Technical Documentati on	To what extent does the Proposer identify that they will share all detailed design documentation and specifications including database model, table structure, ERD, data flows, technologies, protocols, security controls, a complete data dictionary, interface control specifications, and any third party product documentation that is implemented into the Proposer's solution?			0	0	0	0						0				0					0.00	0	1.034	0.00
206	Audit	To what extent does the Proposer identify that they shall have security audit trail reporting capabilities that shall produce robust audit trails and audit logs of all applications and system activities related to specific user IDs?			0	0	0	0						0				0					0.00	0	1.034	0.00

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207	Audit	To what extent does the Proposer identify that their solution shall not permit the alteration of any security log or audit trail, and that log repositories shall be encrypted using an approved cipher?			0	0	0	0						0				0					0.00	0	1.034	0.00	
208	Audit	To what extent does the Proposer identify that audit logs should be able to be queried and analyzed by authorized users?			0	0	0	0						0				0					0.00	0	1.034	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00		
																								30			
[Item 15]: Enterprise Data Management Goals and Compliance (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
209	Disaster Recovery	To what extent does the Proposer identify that they shall have a disaster recovery facility that can provide timely failover, with data compliant with the Recovery Point Objective (RBO) of 8 hours, and create relevant documented policies and procedures to implement a recovery within twenty-four (24) hours?			0	0	0	0						0				0					0.00	0	1.250	0.00	
210	Data Management	To what extent does the Proposer identify that they shall develop a comprehensive data management strategy for data and metadata that maintains data integrity, data quality, data availability/accessibility, and data lineage?			0	0	0	0						0				0					0.00	0	1.250	0.00	
211	De-Identification/Anonymization	To what extent does the Proposer identify a method for data de-identification, obfuscation or anonymization using such techniques as substitution, shuffling, number and data variance and nulling?			0	0	0	0						0				0					0.00	0	1.250	0.00	
212	ETL/ELT	To what extent does the Proposer identify that the shall develop ETLs to interface with multiple entities outside of the WINGS project, for example other eligibility determination systems, prior authorization entities, health information exchanges, including provider directory information and Immunization and Birth/Death Registries?			0	0	0	0						0				0					0.00	0	1.250	0.00	
213	Archiving	To what extent does the Proposer identify that they shall provide archiving of all data, with data up to ten (10) years old being stored in a highly accessible storage solution?			0	0	0	0						0				0					0.00	0	1.250	0.00	
214	Maintenance	To what extent does the Proposer identify that they shall provide solution maintenance as needed to support the statement of work and the Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.250	0.00	
215	Notification and Alerts	To what extent does the Proposer identify that they shall provide solution notification and alerts as needed to support the statement of work and the Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.250	0.00	
216	Ongoing Operations	To what extent does the Proposer identify that their solution shall provide for intuitive and efficient navigation of technical and non-technical users and leverage such items as drop down menus, toolbars and shortcuts?			0	0	0	0						0				0					0.00	0	1.250	0.00	
217	Performance Management	To what extent does the Proposer identify that they will perform and maintain appropriate tools to identify solution latency?			0	0	0	0						0				0					0.00	0	1.250	0.00	
218	Performance Management	To what extent does the Proposer acknowledge the solution's performance tools that will be used to manage and ensure compliance with SLAs? Does the Proposer agree to provide the Agency with reports on system performance?			0	0	0	0						0				0					0.00	0	1.250	0.00	

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219	Report Scheduler	To what extent does the Proposer identify that they will maintain a scheduler that can run pre-defined reports and share them with a reporting data store and send them securely to a wyo.gov email address?			0	0	0	0						0				0					0.00	0	1.250	0.00				
220	Storage of Reports and Queries	To what extent does the Proposer identify that they shall create a repository for pre-defined reports, queries and other artifacts that can be accessed by authorized users?			0	0	0	0						0				0					0.00	0	1.250	0.00				
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00					
																								15						
[Item 16]: Value Added Services, Innovation & Outcome Improvement (5 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20								
221	Value Added Services	To what extent does the Proposer offer any managed care capabilities or recommendations for increased value or efficiency?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	2.500	0.00				
222	Innovation	To what extent does the Proposer agree to facilitate quarterly meetings to discuss opportunities for value added services, innovations, and outcome improvements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	2.500	0.00				
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00				
																												5		
Written Proposal Total Evaluator Non-weighted Scores			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							Total Max Points:	550	
																								Overall Written Proposal Total:	0.00					
Oral Presentation Scores																														
[Item 17]: Structured Oral Presentations (150 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20								
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	Overall Oral Presentation Total:	0.00			
																								150						
																								Total Technical Proposal Weighted Score			0.00			

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22	Staffing - Key Positions	To what extent does the Proposer identify and describe other non-key personnel with relevant skills, experience, and qualifications for projects of similar size and scope, including role, title, responsibility, and expected duration of time in their assigned role on the project?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
23	Staffing - Key Positions	To what extent does the Proposer describe onsite/offsite work expectations and approach for key and other personnel, including proposed Subcontractor staff and offshore resources? Does the proposed approach for onsite/offsite work meet RFP requirements to sufficiently execute the project?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
24	Project Management	To what extent does the Proposer detail their overall project management strategy including day-to-day management of their staff and schedule, including Subcontractor staff, if applicable?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
25	Project Management	To what extent does the Proposer describe how they will coordinate and align their processes with the Agency's WINGS Project Management Office (PMO)?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
26	Project Management	To what extent does the Proposer describe their strategies for coordinating and working cooperatively with the SI/ESB Contractor, Data Warehouse Contractor, and other project Contractors for sharing necessary data and information?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
27	Project Management - Reports	To what extent does the Proposer describe their approach and cooperation in providing the Agency necessary status updates throughout the duration of the project? Does their approach meet the RFP requirements and appear sufficient for keeping the Agency appropriately informed?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
28	Project Management Plan	To what extent does the Proposer provide an abridged Project Management Plan that describes their project management methodology, tools, and processes? Does the proposed methodology seem sufficient for effectively executing a project of this size and scope?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
29	Project Management Plan	To what extent does the Proposer describe their control mechanisms, internal control procedures, flexibility in making changes, decision-making, escalation processes, coping with problems, and project delays in their abridged Project Management Plan?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
30	Project Management - Risk	To what extent does the Proposer describe their risk management approach regarding risk planning, risk identification, risk analysis, risk monitoring, and risk mitigation/controlling? Do they describe their approach to effectively communicate potential risks and mitigation plans to the Agency?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
31	Project Management - Meetings	To what extent does the Proposer detail their cooperation and understanding of planning Contractor meetings, agenda/minutes creation and dissemination, and participation/attendance in other meetings with the Agency, project stakeholders, and Other Contractor staff?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00
32	Project Management - IV&V	To what extent does the Proposer describe their support and cooperation with the Agency and its IV&V Contractor for IV&V related activities including CMS certification activities?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00

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33	Monitoring SLAs	To what extent does the Proposer describe their approach for monitoring and tracking SLAs? If corrections are required, to what extent does the Proposer describe their approach to actively correcting and monitoring those SLAs?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
34	Project Management - Agency Training	To what extent does the Proposer describe an effective approach to conducting training for Agency staff on the BMS solution? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
35	Project Management - Provider Training	To what extent does the Proposer describe an effective approach to conducting training for Providers on the BMS solution portal and tools, payment policies, billing procedures, electronic RAs, and EDI? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
36	Project Management - Contractor Training	To what extent does the Proposer describe an effective approach to conducting initial and ongoing training for their call center staff and other staff? Does their approach meet the RFP requirements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.613	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00		
																								50				
[Item 3]: Project Management Deliverables (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
37	Deliverables	To what extent does the Proposer accurately outline the contents for all required deliverables in Requirement Family [Item 3]? Do they appear to have a clear understanding of deliverable contents and expectations?	0	0		0		0					0					0				0	0	3.000	0.00			
38	Deliverables	To what extent does the Proposer address in their abridged Project Work Plan their understanding of the scope of work, and identify hours of effort, staff allocation, and responsibilities for future deliverables and work activities as defined in the RFP that are appropriate for the scope and timeline of the project?	0	0		0		0					0					0				0	0	3.000	0.00			
39	Deliverables	To what extent does the Proposer describe their approach for project closeout and turnover, including cooperating with any successor Contractor(s)?	0	0		0		0					0					0				0	0	3.000	0.00			
40	Deliverables Process	To what extent does the Proposer agree to provide contract deliverables using the Agency's Deliverables Review Process, that are detailed, complete, and will meet the requirements of the project?	0	0		0		0					0					0				0	0	3.000	0.00			
41	Deliverables Process	To what extent does the Proposer address their ability to provide deliverables on time with acceptable quality, including updates to deliverables as impacting component modules are introduced, and correcting deficiencies as requested by the Agency?	0	0		0		0					0					0				0	0	3.000	0.00			
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00			
																								15				
[Item 4]: BMS Claims Intake & Document Management (35 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
42	Electronic Claim Process	To what extent does the Proposer outline their approach for establishing connections with trading partners for receiving and validating EDI claims directly from these trading partners? Does the Proposer offer any recommendations on a more effective approach for the submission of EDI claims?	0	0		0			0	0	0	0										0	0	0	5.000	0.00		

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65	Business Rules	To what extent does the Proposer describe their process of editing claims to ensure compliance with National Correct Coding Initiative (NCCI), State policy service limits, and other Department policies?	0	0					0	0	0	0									0	0	0	2.500	0.00
66	Business Rules	To what extent does the Proposer's system allow Agency users to apply or turn off edit settings, audit settings, business rules, flags, indicators, and notifications within the system as needed?	0	0					0	0	0	0									0	0	0	2.500	0.00
67	Adjudicate Claims & Encounters	To what extent does the Proposer describe their solution's ability to receive, process, manage, and store encounter data? Does the Proposer describe how this data will maintain synchronization between members and providers, and remain compliant with applicable standards and requirements?	0	0					0	0	0	0									0	0	0	2.500	0.00
68	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process of a "revolving file" mechanism for pending claims waiting on active member eligibility status?	0	0					0	0	0	0									0	0	0	2.500	0.00
69	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process for triggering, managing, re-processing, and finalizing suspended claims? Does their process meet the Agency's requirements?	0	0					0	0	0	0									0	0	0	2.500	0.00
70	Adjudicate Claims & Encounters	To what extent does the Proposer describe their process of identifying and resolving invalid, incomplete, and/or duplicate claims during the adjudication process?	0	0					0	0	0	0									0	0	0	2.500	0.00
71	Adjudicate Claims & Encounters	To what extent does the Proposer's system log all edits, audits, and exceptions recorded during all steps of the claim adjudication process? Is this log easily reviewable by Agency users?	0	0					0	0	0	0									0	0	0	2.500	0.00
72	Adjudicate Claims & Encounters	To what extent does the Proposer's solution allow for providers to conveniently view or get notified of prior authorization and claims status/activity?	0	0					0	0	0	0									0	0	0	2.500	0.00
73	Adjudicate Claims & Encounters	To what extent does the Proposer describe the solution's ability to receive and process Prior Authorizations from multiple external systems?	0	0					0	0	0	0									0	0	0	2.500	0.00
74	Adjudicate Claims & Encounters	To what extent does the Proposer describe their approach to issuing, tracking, receiving approval/denials, and validating Prior Authorizations?	0	0					0	0	0	0									0	0	0	2.500	0.00
75	Adjudicate Claims & Encounters	To what extent is an authorized Agency user capable of making changes within the system as needed during the adjudication process or post-adjudication, i.e. suspending provider payments, suspending providers, approving/denying/modifying PAs or claims, overriding suspended claims, suppressing claims processing on specific members or providers etc.	0	0					0	0	0	0									0	0	0	2.500	0.00
76	Adjudicate Claims & Encounters	To what extent does the Proposer offer a solution describing their approach to "Appropriate Payer Solution" to ensure Nursing Facility claims are being processed and paid correctly, ensuring that Medicare Nursing Home days are being exhausted prior to billing Medicaid?	0	0					0	0	0	0									0	0	0	2.500	0.00
77	Adjudicate Claims & Encounters	To what extent does the Proposer describe their approach to processing, tracking, and paying claims when TPL sources (i.e. Medicare, private, commercial, or other insurance) are present?	0	0					0	0	0	0									0	0	0	2.500	0.00
78	Assess Final Claim Disposition	To what extent does the Proposer describe their approach to obtaining and processing transportation claims, including the distribution of approved payments?	0	0					0	0	0	0									0	0	0	2.500	0.00

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92	TPL Activities	To what extent does the Proposer explain how they will prioritize coverage, per Agency guidelines, when a Medicaid client has multiple types of coverage?	0	0									0	0		0				0			0.00	0	2.273	0.00
93	TPL Activities	To what extent does the Proposer describe their data management strategy for data integrity, availability, authenticity, security, and non-repudiation of TPL data?	0	0									0	0		0				0			0.00	0	2.273	0.00
94	TPL Activities	To what extent does the Proposer describe casualty recovery/subrogation efforts, including, at a minimum: a.) Class Action Recovery/Mass Tort Litigation; b.) Workers' Compensation; c.) Trauma/MVA/Medical Malpractice; d.) Court ordered restitution; e.) Wrongful death; and g) Survivor action?	0	0									0	0		0				0			0.00	0	2.273	0.00
95	TPL Activities	To what extent does the Proposer describe their recovery efforts and processes related to providers when outstanding credit balances are identified?	0	0									0	0		0				0			0.00	0	2.273	0.00
96	TPL Activities	To what extent does the Proposer describe their approach and processes for estate recovery? Does the Proposer identify any improvements to estate recovery processing?	0	0									0	0		0				0			0.00	0	2.273	0.00
97	TPL Activities	To what extent does the Proposer provide functionality within their TPL solution for effective asset identification?	0	0									0	0		0				0			0.00	0	2.273	0.00
98	TPL Activities	To what extent does the Proposer describe all activities and processes related to Irrevocable Income Trusts/Miller Trusts/Special Needs Trusts/Pooled Trusts?	0	0									0	0		0				0			0.00	0	2.273	0.00
99	TPL Activities	To what extent does the Proposer describe their recoupment efforts and processes related to members when recoverable claims or retroactive coverage is identified ?	0	0									0	0		0				0			0.00	0	2.273	0.00
100	TPL Activities	To what extent does the Proposer's solution identify, collect, process, and validate relevant data including at a minimum from; employers, insurance companies, providers, clients, attorneys, and other government sources to identify and perform applicable and required TPL data matches?	0	0									0	0		0				0			0.00	0	2.273	0.00
101	TPL Activities	To what extent does the Proposer describe their approach for identifying and processing TPL leads?	0	0									0	0		0				0			0.00	0	2.273	0.00
102	TPL Activities	To what extent does the solution allow for link analysis such as: link all services to a single individual regardless of the number of historical changes in Member ID, the ability to associate multiple individuals to a case, identification of related cases and enable such cross-referencing, and tracking of multiple cases for an entity/client?	0	0									0	0		0				0			0.00	0	2.273	0.00
103	TPL Activities	To what extent does the Proposer's solution accommodate Agency users with effective views into the case tracking, accounts receivable, and carrier file data for inquiries, updates, or status?	0	0									0	0		0				0			0.00	0	2.273	0.00
104	TPL Technical	To what extent does the Proposer identify their capability to provide TPL member data to other Agency integrated and interfaced systems, for example, Wyoming Eligibility System (WES), KidCare CHIP, and Data Warehouse (DW) systems via the WINGS ESB?	0	0									0	0		0				0			0.00	0	2.273	0.00
105	TPL Technical	To what extent does the Proposer identify their independent and external data sources that can provide TPL data relative to the cases and claims?	0	0									0	0		0				0			0.00	0	2.273	0.00

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118	Member Reference Data	To what extent does the Proposers solution identify possible duplicate members, and the have the ability to merge members or to unmerge members, if needed?	0	0	0	0						0							0		0		0.00	0	3.000	0.00	
119	Fee Schedule Maintenance	To what extent does the Proposer outline their approach to updating and maintaining multiple fee schedules and provider-specific reimbursement rates?	0	0	0	0						0							0		0		0.00	0	3.000	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				Weighted Total:	0.00	
																								15			
[Item 10]: Financial & Support Services (20 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
120	Provider Payment Processing	To what extent does the Proposer describe their financial application's capabilities to process, notify, and make timely payments to providers?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
121	Provider Payment Processing	To what extent does the Proposer's financial application utilize a real-time automated workflow that is capable of monitoring various tasks (i.e.check logging, federal reporting, manual financial processing). Does the workflow show transaction progress from initiation, completion, to archiving?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
122	Coding: State Budget, Federal Category of Service, and T-MSIS	To what extent does the Proposer identify that they shall enhance information on claims based on federal code categories, and shall categorize claims according to CMS-64 and CMS-64 feeder forms, federal provider category of service, and match rate? Does the Proposer outline how they intend to store and share this information with the Agency's Data Warehouse for federal reporting?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
123	Coding: State Budget, Federal Category of Service, and T-MSIS	To what extent is the Proposer's financial application capable of allowing Agency users to drill down within claims data for analysis and audit purposes?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
124	Adjustments & Withholds	To what extent is the Proposer's financial application capable of processing adjustments as required by the Agency?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
125	Adjustments & Withholds	To what extent is the Proposer's financial application capable of alerting the Agency and withholding financial processing as directed by the Agency?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
126	Accounts Receivable	To what extent does the Proposer outline their approach to tracking and processing payments received by providers for credit balances or refunds?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
127	Accounts Payable	To what extent does the Proposer outline their approach to tracking, processing, paying, and reconciling accounts payable to capitated payment programs, Medicare Part D claw-back, and retroactive adjustments to providers?	0	0	0							0					0			0	0		0.00	0	2.500	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																								20			

[Item 11]: Technical Operations (60 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
128	Provide Recurring Extract to DW	To what extent does the Proposer acknowledge that they shall provide a regular extract file of up to one hundred percent (100%) of all the fields in the system, including metadata (timestamps), into the Data Warehouse (DW)? This includes claims history, for all claims, encounters, and premium or capitation payments processed by the Contractor. Does the Proposer agree to provide this file to the DW at least weekly?			0	0	0	0						0				0					0.00	0	2.500	0.00
129	Provide Call Center Software	To what extent does the Proposer offer an IVR system that is user-friendly, including routing calls accurately, using educational scripts, using an easily understood voice, and updating callers on wait times?			0	0	0	0						0				0					0.00	0	2.500	0.00
130	Provide Call Center Software	To what extent does the Proposer identify that their IVR utilizes quality monitoring tools and has a technical architecture that will meet the Call Center Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	2.500	0.00
131	Provide Call Center Software	To what extent does the Proposer describe their process for documenting, tracking, prioritizing, and coordinating resolution of escalated member calls? Does their approach appear to be effective in reducing the amount of escalated calls to State staff?			0	0	0	0						0				0					0.00	0	2.500	0.00
132	Provide Call Center Software	To what extent does the Proposer identify that they will implement a Customer Relationship Management (CRM) tool that will log and track detailed information related to each call including the details of the customer contact, and the specifics of the call at a minimum to include: call time, date, caller ID, representative ID, call type, reason for call, ticket status, response/resolution description, and call reference number?			0	0	0	0						0				0					0.00	0	2.500	0.00
133	Provide Call Center Software	To what extent does the Proposer identify that the CRM tool shall have the ability to provide online display that utilizes Computer Telephony Integration (CTI) to auto-populate CRM screens with caller’s basic information, access caller's contact history, and update call records as needed?			0	0	0	0						0				0					0.00	0	2.500	0.00
134	Provide Call Center Software	To what extent does the Proposer identify that the CRM tool shall have the ability to accommodate searches on call center records by characteristics such as call type, category, CRM number, name of provider, provider number, contact name, other entity names, service authorization number, category of service, user ID, and any combinations thereof?			0	0	0	0						0				0					0.00	0	2.500	0.00
135	Provide Call Center Software	To what extent does the Proposer identify that they will securely maintain all recorded calls for at minimum of ten (10) years, with two (2) years being immediately accessible?			0	0	0	0						0				0					0.00	0	2.500	0.00
136	Provide Claims Processing System	To what extent does the Proposer's solution provide Contractor and Agency users, work queues (based on authorization of the user) that enable manual review, routing, re-routing and closing (archiving) tasks,			0	0	0	0						0				0					0.00	0	2.500	0.00
137	Provide Claims Processing System	To what extent does the Proposer's solution accommodate the scanning and input of documents, as well as written requests for Contractor and Agency users?			0	0	0	0						0				0					0.00	0	2.500	0.00

151	Ongoing Technical Operations	To what extent does the Proposer describe their system's ability to provide contextual help on all user interface screens? To what extent does the Proposer explain their help desk functionality?			0	0	0	0					0				0					0.00	0	2.500	0.00	
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	
																							60			
[Item 12]: Business Operations (85 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
152	Mailroom & Document Management	To what extent does the Proposer outline their approach for operating a fully functional mailroom that is capable of receiving, scanning, and processing paper claims, attachments, and other documentation?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
153	Mailroom & Document Management	To what extent does the Proposer identify hardware and software for scanning paper documents to feed the document management system?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
154	Mailroom & Document Management	To what extent does the Proposer address a process for naming documents, dating receipt of incoming documents, retaining original paper documents for the required time period, and identify the ability to process and reprocess claims?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
155	Mailroom & Document Management	To what extent does the Proposer outline a process for distributing, receiving, processing, and documenting member verification of services questionnaires?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
156	Member Business Operations Support	To what extent does the Proposer describe all of their available member support functions (i.e. member call center, inquiry follow-up, transportation claim assistance, multi-lingual support, notifications, IVR, member portal)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
157	Member Business Operations Support	To what extent is the Proposer providing translation services (english to spanish, spanish to english) online, through IVR, and through the call center?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
158	Member Business Operations Support	To what extent does the Proposer outline their methods for verifying member transportation claims?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
159	Member Business Operations Support	To what extent does the Proposer outline their approach for generating and distributing Member ID cards upon initial enrollment and when updated/replacement cards are requested?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
160	Provider Business Operations Support	To what extent does the Proposer describe all of their available provider support functions (i.e. Provider Call Center, IVR, portal helpdesk, EDI assistance, reference information,etc.)?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00
161	Provider Business Operations Support	To what extent does the Proposer offer a Provider Call Center with hours of service in line with Agency requirements?	0	0				0	0	0	0	0	0	0	0							0	0.00	0	4.250	0.00

162	Provider Business Operations Support	To what extent does the Proposer identify a process for coordinating seamless communication between the Provider Call Center and the escalated Member Call Center to resolve member inquiries?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
163	Agency Business Operations Support	To what extent does the Proposer describe their approach to effectively assisting the Agency with business operational support (i.e. expertise on State and federal laws and policy knowledge)?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
164	Agency Business Operations Support	To what extent does the Proposer acknowledge their capability of developing and distributing provider communications, including provider notifications, provider manuals, newsletters, bulletins, RA banners, State memos, Billing manuals, etc.?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
165	Agency Business Operations Support	To what extent does the Proposer address impact analysis summary reporting for system changes (proposed policy, law, regulations, system changes, best practices, system constraints or workarounds, or other options for updating the system)?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
166	Agency Business Operations Support	To what extent does the Proposer address providing prospective modeling and reporting to support Agency policy changes and identify provider training needs prior to implementation?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
167	Agency Business Operations Support	To what extent does the Proposer identify providing the Agency quarterly recommendations looking forward twelve (12) months for process improvement, industry standards, best practices, and cost efficiencies?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
168	Agency Business Operations Support	To what extent does the Proposer describe their capability to lock-in members to certain providers and services?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
169	Administrative Claim Review	To what extent does the Proposer describe their approach to flagging claims for manual review and performing the manual review process?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
170	Administrative Claim Review	To what extent does the Proposer describe establishing a grievances and appeals process? Does the Proposer clarify how grievances and appeals are to be submitted, resolved, and escalated if needed?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
171	Administrative Claim Review	To what extent does the Proposer acknowledge establishing a provider on review process, that ensures that every claim for provider on review is flagged and manually reviewed?	0	0				0	0	0	0	0	0	0	0						0	0.00	0	4.250	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																								85	

[Item 13]: Solution Goals, Compliance, and Certification (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
172	Compliance	To what extent does the Proposer identify that their solution shall be fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) regulations in effect now and future updates?			0	0	0	0							0			0					0.00	0	1.875	0.00
173	Alignment with Goals	To what extent does the Proposer's solution align with the Agency's goals, including compliance with MITA 3.0/Seven Standards and Conditions?			0	0	0	0							0			0					0.00	0	1.875	0.00

174	CMS Certification	To what extent does the Proposer identify that they shall coordinate with the Agency to develop and provide information necessary for successful CMS Certification based on the latest CMS checklists?			0	0	0	0						0			0					0.00	0	1.875	0.00
175	Compliance	To what extent does the Proposer identify that they shall adhere to recognized best practices during the execution of the scope of work including the latest version of the National Institute of Standards (NIST) Special Publication (SP) 800 series, at a minimum, related to security, interconnection of systems, risk mitigation, security planning, and cloud environments?			0	0	0	0						0			0					0.00	0	1.875	0.00
176	Compliance	To what extent does the Proposer identify that they shall comply with all sections of the Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act?			0	0	0	0						0			0					0.00	0	1.875	0.00
177	Compliance	To what extent does the Proposer identify that they shall maximize the use of industry standards for System design and exchange of data?			0	0	0	0						0			0					0.00	0	1.875	0.00
178	Compliance	To what extent does the Proposer identify that they shall comply with guidelines established by the SANS/CWE TOP-25 dangerous programming errors for web applications and the OWASP TOP 10 Web Application Risks?			0	0	0	0						0			0					0.00	0	1.875	0.00
179	Compliance	To what extent does the Proposer agree to provide assistance with SAO audits?			0	0	0	0						0			0					0.00	0	1.875	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00
																							15		

[Item 14]: BMS Technical, Components, Implementation Goals and Compliance (30 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
180	Licensing	To what extent does the Proposer accept that all code developed specifically for this SOW and the data model, paid for by the Agency, is owned by the Agency, with the exception that code associated with a COTS or SaaS product is not included?			0	0	0	0						0				0					0.00	0	1.034	0.00
181	Licensing	To what extent does the Proposer identify all 3rd party solutions associated with the solution, the type of licensing for those products, and acknowledge that they are responsible for the purchase and compliance of all such licensing?			0	0	0	0						0				0					0.00	0	1.034	0.00
182	Technical Architecture	To what extent does the Proposer identify an architecture that is modular and configurable in nature, whose hardware, software and interfaces meet Federal and State architectural and security requirements?			0	0	0	0						0				0					0.00	0	1.034	0.00
183	Data Model/Schema	To what extent does the Proposer identify a data model that is expandable and enables integration of other systems and interfaces that will maintain provider, member, case and claim data accurately?			0	0	0	0						0				0					0.00	0	1.034	0.00
184	Environments	To what extent does the Proposer define the environments that they will provide and maintain through the lifetime of the contract, and at a minimum shall include Production, Disaster Recovery, Testing, User Acceptance Testing and Development, and which no less than three (3) of the environments shall have security controls needed to maintain PHI?			0	0	0	0						0				0					0.00	0	1.034	0.00

Tech Sum-Wipro																										
185	Hosting	To what extent does the Proposer identify that they are responsible to provide appropriate hosting that is compliant with SSAE 16/18 Type 2, have the necessary NIST SP 800-53 Revision 4 controls for system of moderate security level, compliant with IRS Publication 1075, and preferably have a Federal Risk and Authorization Management Program (FEDRAMP) certification?			0	0	0	0						0				0					0.00	0	1.034	0.00
186	Hosting	To what extent does the Proposer identify that the system shall be available to users twenty-four (24) hours a day, seven (7) days a week, with the exception of planned downtime due to system upgrades or routine maintenance?			0	0	0	0						0				0					0.00	0	1.034	0.00
187	Equip/HW/SW	To what extent does the Proposer identify that they shall be responsible for operating and maintaining any hardware or software needed to support all components and tools in use by the Contractor in execution of the RFP Scope of Work?			0	0	0	0						0				0					0.00	0	1.034	0.00
188	Migration/Conversion	To what extent does the Proposer identify that they will conduct migration and conversion of legacy data within the MMIS target systems in a manner that ensures accuracy of the mapping, conversion and migration, perform conversion testing and smoke testing, and ensure referential integrity of all data?			0	0	0	0						0				0					0.00	0	1.034	0.00
189	Testing	To what extent does the Proposer identify that they will work proactively with the Agency and our IV&V? Does the Proposer agree to share all results of all testing, providing visibility into the full range of testing, and enable access to the Agency or Agency Contractors to perform User Acceptance Testing?			0	0	0	0						0				0					0.00	0	1.034	0.00
190	Testing	To what extent does the Proposer identify that they shall allow the Agency's independent third party security testing vendor access to the Proposer's testing and production environment to perform independent security and validation testing?			0	0	0	0						0				0					0.00	0	1.034	0.00
191	Implementation	To what extent does the Proposer identify that they will provide implementation services including the implementation of all necessary Application Program Interfaces (APIs) and integration with the System Integrator-Enterprise Service Bus (ESB)?			0	0	0	0						0				0					0.00	0	1.034	0.00
192	Implementation	To what extent does the Proposer identify that they shall provide a solution that is capable of receiving data using the following Web Service (WS) standards and specifications: JSON-WDP, SOAP, REST, and WS-Addressing and able to transmit and consume batch files that include text, comma delimited, and pipe delimited?			0	0	0	0						0				0					0.00	0	1.034	0.00
193	Integration/APIs	To what extent does the Proposer identify that they will be able to efficiently add new data sources?			0	0	0	0						0				0					0.00	0	1.034	0.00
194	Integration/APIs	To what extent does the Proposer identify that their solution shall comply with all current and future HIPAA standard Transactions and Code Sets (TCS) in place or mandated by the Agency and CMS?			0	0	0	0						0				0					0.00	0	1.034	0.00
195	Enterprise Integration	To what extent does the Proposer identify that they shall share common data structures, business rules, and endpoints related to the solutions to ensure integration and alignment with acceptable data flow?			0	0	0	0						0				0					0.00	0	1.034	0.00

Tech Sum-Wipro																										
196	Enterprise Integration	To what extent does the Proposer identify that they shall provide sufficient bandwidth and redundancy to ensure accessibility, reliability/fault tolerance and acceptable performance in alignment with Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.034	0.00
197	Operation Readiness	To what extent does the Proposer identify that they shall coordinate with the Agency and conduct an Operational Readiness Walkthrough with the Agency prior to the roll out that shall validate the Contractor’s, System’s, and Agency’s operational readiness?			0	0	0	0						0				0					0.00	0	1.034	0.00
198	Security	To what extent does the Proposer identify that they shall provide multiple layers of external and internal security that provides administrative, physical, and technical controls, compliant with best practices to secure protected sensitive or confidential information used in performing the responsibilities and duties of the Proposer?			0	0	0	0						0				0					0.00	0	1.034	0.00
199	Security	To what extent does the Proposer identify that they will implement granular role based access down to the data element and field level? Is their process aligned with the function of the solution and the nature of the protected and confidential data ensuring least privilege?			0	0	0	0						0				0					0.00	0	1.034	0.00
200	Security	To what extent does the Proposer identify that they shall ensure all communications and transmission external to the Benefit Management System environments use TLS 1.2, SHA 2 with a minimum of a 2048 bit key or, if the current version of TLS with bit key that has not been broken?			0	0	0	0						0				0					0.00	0	1.034	0.00
201	Security	To what extent does the Proposer identify that their solution has been penetration tested in the last six months prior to implementation with all major or critical vulnerabilities mitigated? Does the Proposer agree to execute a vulnerability assessment no less than every quarter with results shared with the Agency, and that all code promoted to production have been tested for vulnerabilities?			0	0	0	0						0				0					0.00	0	1.034	0.00
202	Security	To what extent does the Proposer identify that the solution shall maintain detailed audit records including login activity, other system actions, and any suspicious activity in a manner that the Proposer can correlate the logs throughout the entire system and infrastructure?			0	0	0	0						0				0					0.00	0	1.034	0.00
203	Security	To what extent does the Proposer identify that the solution does not include any code of unknown origin?			0	0	0	0						0				0					0.00	0	1.034	0.00
204	Security	To what extent does the Proposer identify that they shall encrypt Electronic Protected Health Information (ePHI) at rest and in motion whenever deemed appropriate, including in databases using an agreed upon and appropriate strength cipher no less that AES 128 and preferably AES 256?			0	0	0	0						0				0					0.00	0	1.034	0.00
205	Technical Documentati on	To what extent does the Proposer identify that they will share all detailed design documentation and specifications including database model, table structure, ERD, data flows, technologies, protocols, security controls, a complete data dictionary, interface control specifications, and any third party product documentation that is implemented into the Proposer's solution?			0	0	0	0						0				0					0.00	0	1.034	0.00
206	Audit	To what extent does the Proposer identify that they shall have security audit trail reporting capabilities that shall produce robust audit trails and audit logs of all applications and system activities related to specific user IDs?			0	0	0	0						0				0					0.00	0	1.034	0.00

207	Audit	To what extent does the Proposer identify that their solution shall not permit the alteration of any security log or audit trail, and that log repositories shall be encrypted using an approved cipher?			0	0	0	0					0				0					0.00	0	1.034	0.00
208	Audit	To what extent does the Proposer identify that audit logs should be able to be queried and analyzed by authorized users?			0	0	0	0					0				0					0.00	0	1.034	0.00
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00	

[Item 15]: Enterprise Data Management Goals and Compliance (15 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
209	Disaster Recovery	To what extent does the Proposer identify that they shall have a disaster recovery facility that can provide timely failover, with data compliant with the Recovery Point Objective (RBO) of 8 hours, and create relevant documented policies and procedures to implement a recovery within twenty-four (24) hours?			0	0	0	0						0				0					0.00	0	1.250	0.00
210	Data Management	To what extent does the Proposer identify that they shall develop a comprehensive data management strategy for data and metadata that maintains data integrity, data quality, data availability/accessibility, and data lineage?			0	0	0	0						0				0					0.00	0	1.250	0.00
211	De-Identification/Anonymization	To what extent does the Proposer identify a method for data de-identification, obfuscation or anonymization using such techniques as substitution, shuffling, number and data variance and nulling?			0	0	0	0						0				0					0.00	0	1.250	0.00
212	ETL/ELT	To what extent does the Proposer identify that the shall develop ETLs to interface with multiple entities outside of the WINGS project, for example other eligibility determination systems, prior authorization entities, health information exchanges, including provider directory information and Immunization and Birth/Death Registries?			0	0	0	0						0				0					0.00	0	1.250	0.00
213	Archiving	To what extent does the Proposer identify that they shall provide archiving of all data, with data up to ten (10) years old being stored in a highly accessible storage solution?			0	0	0	0						0				0					0.00	0	1.250	0.00
214	Maintenance	To what extent does the Proposer identify that they shall provide solution maintenance as needed to support the statement of work and the Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.250	0.00
215	Notification and Alerts	To what extent does the Proposer identify that they shall provide solution notification and alerts as needed to support the statement of work and the Service Level Agreements (SLAs)?			0	0	0	0						0				0					0.00	0	1.250	0.00
216	Ongoing Operations	To what extent does the Proposer identify that their solution shall provide for intuitive and efficient navigation of technical and non-technical users and leverage such items as drop down menus, toolbars and shortcuts?			0	0	0	0						0				0					0.00	0	1.250	0.00
217	Performance Management	To what extent does the Proposer identify that they will perform and maintain appropriate tools to identify solution latency?			0	0	0	0						0				0					0.00	0	1.250	0.00
218	Performance Management	To what extent does the Proposer acknowledge the solution's performance tools that will be used to manage and ensure compliance with SLAs? Does the Proposer agree to provide the Agency with reports on system performance?			0	0	0	0						0				0					0.00	0	1.250	0.00

Tech Sum-Wipro																													
219	Report Scheduler	To what extent does the Proposer identify that they will maintain a scheduler that can run pre-defined reports and share them with a reporting data store and send them securely to a wyo.gov email address?			0	0	0	0						0				0					0.00	0	1.250	0.00			
220	Storage of Reports and Queries	To what extent does the Proposer identify that they shall create a repository for pre-defined reports, queries and other artifacts that can be accessed by authorized users?			0	0	0	0						0				0					0.00	0	1.250	0.00			
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00				
																								15					
[Item 16]: Value Added Services, Innovation & Outcome Improvement (5 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20							
221	Value Added Services	To what extent does the Proposer offer any managed care capabilities or recommendations for increased value or efficiency?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	2.500	0.00			
222	Innovation	To what extent does the Proposer agree to facilitate quarterly meetings to discuss opportunities for value added services, innovations, and outcome improvements?	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	2.500	0.00			
Total:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Weighted Total:	0.00			
																											5		
Written Proposal Total Evaluator Non-weighted Scores			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Total Max Points:	550				
																								Overall Written Proposal Total:	0.00				
																												150	
Oral Presentation Scores																													
[Item 17]: Structured Oral Presentations (150 Points Max)			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20							
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	Overall Oral Presentation Total:	0.00		
																								150					
																								Total Technical Proposal Weighted Score		0.00			

BMS Consolidated Technical Summary Score Sheet					
Instructions: The totals from each Proposer's written technical proposal and oral presentation scores will autofill to this table.					
Requirement Item Sub-families	Total Possible Points	CNSI	Conduent	Optum	WiPro
[Item 1]: Proposer Background and Experience	25	0.00	0.00	0.00	0.00
[Item 2]: Staffing, Project Organization, and Project Management	50	0.00	0.00	0.00	0.00
[Item 3]: Project Management Deliverables	15	0.00	0.00	0.00	0.00
[Item 4]: BMS Claims Intake & Document Management	35	0.00	0.00	0.00	0.00
[Item 5]: Claimg & Encounter Pricing	50	0.00	0.00	0.00	0.00
[Item 6]: Claims & Encounter Processing	65	0.00	0.00	0.00	0.00
[Item 7]: Third Party Liability (TPL) Functionality	50	0.00	0.00	0.00	0.00
[Item 8]: Reporting & Analytics	15	0.00	0.00	0.00	0.00
[Item 9]: Reference Data Management	15	0.00	0.00	0.00	0.00
[Item 10]: Financial & Support Services	20	0.00	0.00	0.00	0.00
[Item 11]: Technical Operations	60	0.00	0.00	0.00	0.00
[Item 12]: Business Operations	85	0.00	0.00	0.00	0.00
[Item 13]: Solution Goals, Compliance, and Certification	15	0.00	0.00	0.00	0.00
[Item 14]: BMS Technical, Components, Implementation Goals and Compliance	30	0.00	0.00	0.00	0.00
[Item 15]: Enterprise Data Management Goals and Compliance	15	0.00	0.00	0.00	0.00
[Item 16]: Value Added Services, Innovation & Outcome Improvement	5	0.00	0.00	0.00	0.00
[Item 17]: Structured Oral Presentations	150	0.00	0.00	0.00	0.00
Point Total:	700	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00

BMS Consolidated Cost Summary Score Sheet

Instructions: The PEP Coordinator fills in the Cost Proposal for rows 6 - 8 and 15 and figures the score as follows: The Total Lump Sum Price for each Pricing Schedule 1 and 2 will be evaluated. The Proposer with the lowest proposed Total Lump Sum Price will receive the maximum score (300 out of 300). Scores for the subsequent Proposers will be calculated using the following formulas:

Score = (n/z) * y

Where n = the lowest Total Lump Sum Price for the pricing worksheets 1 and 2 proposed by a Proposer, z = the Total Lump Sum Price for the pricing worksheets 1 and 2 proposed by the Proposer being evaluated (matches amount on Proposal Price Sheet and Signature Page), and y = the maximum points possible for applicable component. Scores will be rounded to the nearest two decimal points (i.e. 94.51).

		Description	CNSI	Conduent	Optum	Wipro
		Cost Proposal (300 Points Max)				
6		Pricing Schedule 1 - Deliverables for DDI Phases & Solution/Tools/Licensing Costs (PS 1)	\$0.00	\$0.00	\$0.00	\$0.00
7		Pricing Schedule 2 - Operations & Maintenance Services and Tools/Licensing/Hosting Costs Base Period (PS 2)	\$0.00	\$0.00	\$0.00	\$0.00
9	Z	Benefit Management System & Services Total Lump Sum Price (PS 1+2)	\$0.00	\$0.00	\$0.00	\$0.00
10	N	Lowest Cost Proposal Bid from Any Vendor (PS 1+2)	\$0.00	\$0.00	\$0.00	\$0.00
11		Lowest cost proposal amount divided by Vendor Pricing Schedule (PS1+2)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12	Y	MAX POINTS AVAILABLE	300.00	300.00	300.00	300.00
13	SCORE	Cost Proposal Points Awarded	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
15		Pricing Schedule 3 - Labor Categories for Enhancements - All-Inclusive Hourly Rate (Total All Inclusive Average Rate Year 1)	\$0.00	\$0.00	\$0.00	\$0.00

TPL RFP 0192-D
Proposal Ranking Form

Proposer's Name	Final Technical Score (MAX 700)	Final Cost Score (MAX 300)	Final Combined Score	Rank (Highest = 1)
CNSI	0.00	#DIV/0!	#DIV/0!	
Conduent	0.00	#DIV/0!	#DIV/0!	
Optum	0.00	#DIV/0!	#DIV/0!	
Wipro	0.00	#DIV/0!	#DIV/0!	

Instructions for Reference Check Supplemental Questions- PEP Coordinator(s):

1. The PEP Coordinator(s) will review corporate & key personnel references and past performance summaries and validate reference information.
2. PEP Coordinator(s) will contact corporate and key personnel references by e-mail (with read receipt) to request answers to the questions outlined below.

Within a seven (7) day timeframe, the PEP Coordinator(s) will follow up to make sure the emailed reference check supplemental questions have been received by each reference.

3. If the PEP Coordinator does not get a response from the references, they will try again by phone, and if no response, notate this and inform the Evaluation Committee.
4. Any Reference Check Supplemental Questions answered by references will be provided to the Evaluation Committee prior to or during the Evaluator Technical Discussion Meeting 2, to assist in their evaluation of the proposals.

BENEFIT MANAGEMENT SYSTEM AND SERVICES (BMS)

Corporate Reference Check Supplemental Questions

Proposer's Name:	
Reference Name:	
Reference Title:	
Reference Check Date:	
Reference Completed by:	

#	Question	Response
1.	Are you familiar with this organization/company <name of proposer>?	
2.	What is your experience with the organization/company <name of proposer>, and what services did they perform for you?	
3.	What are the strengths of the <name of proposer> organization/company?	
4.	What weaknesses of the <name of proposer> organization/company have you identified?	
5.	On a scale of 1-10, how responsive has this Contractor been to your specific State program or project needs, with 1 being the least responsive and 10 being the most responsive?	

Reference Checks Supplemental Questions for WY BMS RFP No. 0192-D

6.	In your experience, does this Contractor have technical and managerial competency and defined methodologies to complete complex tasks?	
7.	If there was one thing you could change about the work or interaction with this organization/company, what would it be?	
8.	Is there anything else you want to share with us about <name of proposer>?	

BENEFIT MANAGEMENT SYSTEM AND SERVICES (BMS)

Key Personnel Reference Check Supplemental Questions

Name, Proposed Role, for Proposer:	
Reference Name:	
Reference Title:	
Reference Check Date:	

#	Question	Response
1.	How are you familiar with this individual?	
2.	What is your experience with this individual related to job duties and responsibilities? (Identify strengths and weaknesses)	
3.	Would you recommend this individual for the <i><proposed role></i> ?	
4.	Do you have any concerns about this individual's ability to complete job responsibilities or work with the team?	
5.	Is there anything else you want to share with Wyoming WINGS project about this individual?	

Example Project Management Plan

For:
Arkansas MES Procurement Support

Arkansas Department of Human Services

June 2024



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1 Project Management Plan

All projects rely on comprehensive planning and management to effectively adjust to the unpredictability that can result from resource changes, stakeholder engagement, state and federal policy changes, and any number of other factors. We employ a practiced project management methodology to stabilize the projects we support.

Our approach to project management will confirm critical project details, establish communication preferences, and provide a practical plan for project management over the contract. Our approach will provide a structure that is research-based, stable, and flexible to meet your needs as we work together to address your procurement needs.

Our Project Management Plan describes the approach, methods, and standards we will use throughout the project. It includes the components illustrated in Figure 4.

Project Management Plan



1.1 Scope Management

Establishing a clear understanding of the scope allows us to target the work you need and make decisions about priorities, resources, and timelines. We assess the scope of the overall procurement project and our contribution throughout the project duration. If there are concerns about maintaining the approved scope, we document and report this concern early and provide recommendations for either reassessing scope or prioritizing changes.

PK team members notify the PK project manager when they encounter a potential change to scope. When this happens:

- The PK project manager will document the scope change request in the issues and decisions log and bring it to the attention of the Contract Manager.
- Our project manager will work with project leadership to determine whether the scope change should be accommodated, discuss any impacts to the schedule and budget, and determine whether the change can be accommodated within the current contract.
- The PK project manager will notify staff of the resolution of the scope change request and update the issue and decision log accordingly.

1.2 Schedule Management

The initial baseline project work plan will include key dates and milestones for the work included in the PMO scope. The PK project manager will meet regularly with the project leadership and the Contract Manager to discuss any planned changes to the PK deliverable schedule. If we make significant changes to the timing of PK deliverables, we will notify the team. Changes to planned deliverable timelines are assessed based on changes to expectations, downstream impact of project delays, an identified need for additional iterations, or requests from your project team.

We refer to the project work plan and schedule to plan staff resources and complete our work. Advance scheduling of deliverables helps us confirm that appropriate resources are available and have the time and information necessary to complete quality work. The PK project manager is responsible for identifying, securing, and managing the resources assigned to the project. Resources related to the type of work required to produce the contracted deliverables are identified.

1.3 Budget Management

The PK project manager receives a weekly report of hours expended to date for each workstream or task and provides direction to the PK team on how to spend time on activities supporting the work. If an issue arises with the budget, the PK project manager works with the project team on a mitigation plan. This could include restructuring the work or escalating the issue to the PK Regional Vice President. The Regional Vice President serves as an escalation point and resource to our team and yours.

We will document the invoicing process, including your acceptance of our work, the frequency and method of invoice delivery, and the correct contact for invoicing.

1.4 Deliverable Standards and Control

1.4.1 Deliverable Process

We follow a consistent deliverable development process to ensure we meet the requirements for the content and quality of our deliverables. This includes these steps:

- Develop draft deliverable
- Submit draft deliverable*
- Receive and apply team feedback
- Submit final deliverable*
- Receive acceptance using a Deliverable Acceptance Form (DAF)

The PK team appreciates periodic in-person collaboration and welcomes in-person deliverable walkthroughs at your request.

1.4.2 Deliverable Norms

PK uses a consistent document style and layout for all client deliverables. The standard tools used on the project will be MS Word, MS Excel, MS PowerPoint, and Adobe PDF. We will provide target delivery dates for each PK deliverable in the initial project work plan. Monthly reports will cover the period from the first through the last day of the month and will be submitted on the fifth business day of the following month unless otherwise specified. We will work with the team to identify appropriate needs, topics, and timing for all deliverables.

Changes to project deliverables are tracked in change request logs that accompany deliverables. Deliverables include a version history table that lists the different versions of the document created during production, draft submittal, and final submittal. All final work products are stored on the collaborative SharePoint site. The PK project manager will review all project deliverables before they are submitted to the project, and may include more strenuous internal quality control processes to confirm project artifacts meet your needs.

1.5 Issue and Decision Management

This section outlines the steps taken to identify, document, and resolve issues that impact the scope, schedule, cost, or quality of the procurement project. Our process is to document formal issues and decisions in our internal issue and decision log.

In general, the process for both issues and decisions involves:

- Identifying issues requiring resolution or decision
- Logging the issue
- Confirming alignment with your team
- Resolving the issue
- Closing the issue

PK practice includes documentation of issues up to and including those that other stakeholders may not perceive as meeting the threshold for documentation. The project team and other stakeholders may accept or contest documentation of an issue that we continue to track.

The PK project manager has the authority to perform any action necessary to resolve an issue. If, at any time, the project team feels that an issue is not being adequately addressed, they are encouraged to raise the issue to the PK project manager. If that does not resolve the issue satisfactorily, the issue should be raised to the PK Regional Vice President.

1.6 Communication Management

Communication management aims to ensure that project stakeholders receive the information they need when they need it. During project initiation, we will document the meetings and other methods of communication pertinent to the delivery of services and provide contact information for key stakeholders. Meetings will be documented as shown in the following table.

Communication Matrix

Information Type	From	To	When	How
Type of information (informal, formal, issue, risk, etc.)	Responsible for dissemination of information	Recipients of the information	Frequency or As Needed	Method (email, meeting, phone, internet announcement, etc.)

1.7 Progress Reporting

We use a multi-faceted approach to progress reporting so that you have access to progress reporting information that is current, that highlights areas that need your attention, and that depicts progress against the project work plan and key milestone dates. This includes:

- Monthly Status Report
- Weekly project check-in calls
- Issue notification in real-time by email or phone
- Ad hoc updates as needed

We will use the collaborative SharePoint site to post progress reporting communications and updates. We use data that reflects the importance of your priorities to demonstrate impact and progress toward goals and will make this available on a dashboard available through the site. These impact measures may change over time, depending on the phase of the project.

Conclusion

Our approach to project management is intended to be predicative and responsive in nature. We plan for the unplanned to happen, and respond with your priorities and the realities of your project in mind. For this procurement project, we recognize stakeholder engagement and agency priorities may impact the project significantly. To address these items, we will plan for multiple contingencies, keeping your project on schedule and within scope and budget.