



THE HSC HEALTH CARE SYSTEM

**Health Services for Children
with Special Needs, Inc.
(HSCSN/NET)**

**REQUEST FOR PROPOSAL
INTEGRATED MANAGED CARE SYSTEM (IMCS)
INFRASTRUCTURE IMPROVEMENT SERVICES (IIS)
PROJECT**

RFP# HSCSN-0001

Contact:

HSCSN contact
Gene Greer, Chief Information Officer
GGreer@hospsc.org
Fax: 202-466-8514
Phone: 202-467-2737

Sealed Proposals

MAIL or HAND DELIVERY ONLY
Due Date: 2:00 PM Eastern Standard Time (EST), December 1, 2011



TABLE OF CONTENTS

1	PROGRAM INTRODUCTION	4
1.1	Health Services for Children with Special Needs, Inc. Program Overview	4
1.2	Overview of Present Operation.....	5
2	SCOPE OF WORK	10
2.1	Offeror Definition	10
2.2	Contractor Definition.....	10
2.3	Project Vision and High-Level Contract Requirements	11
2.3.1	Overall Project Vision	11
2.4	Global Contract Requirements	12
2.5	Project Governance Requirements.....	13
2.5.1	Health Services for Children with Special Needs, Inc. Responsibilities	13
2.5.2	Contractor Responsibilities	14
2.6	Deliverable Procedures and Standards	15
2.6.1	Deliverable Procedures	15
2.6.2	Deliverable Standards	16
2.7	Contract Administration and Deliverables	17
2.7.1	Kick-off Meeting.....	17
2.7.2	Prepare Primary Project Site	17
2.7.3	Project Plans	18
2.7.4	Defect/Issue Tracking Tool.....	23
2.8	System Configuration and Design	24
2.8.1	Analysis and Design Tasks.....	24
2.9	Testing Phase	28
2.9.1	Testing Tasks	28
2.10	Implementation Tasks	31
2.10.1	Verify System Readiness.....	31
2.10.2	Verify User Site Readiness.....	31
2.10.3	Final Data Transfer.....	31
2.10.4	Execution of Contingency Plans	32
2.11	Post Implementation.....	32
2.11.1	Turnover Services	32
2.12	Maintenance Phase.....	33
3	BUSINESS AND TECHNICAL FUNCTIONS OF HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS, INC.	34
3.1	Technical Architecture	34
3.1.1	Modifications to Health Insurance Portability and Accountability Act Standards for Electronic Transactions - 5010.....	34
3.1.2	Service Oriented Architecture	34
3.1.3	Programming Language Requirements	36
3.2	Data Quality Control	36



3.3	Environments	37
3.4	Business Information Analytics	37
3.4.1	Member Information Management	38
3.4.2	Provider Information Management.....	38
3.4.3	Claim Information Management.....	39
3.5	Interfaces	39
3.6	Workflow Management.....	40
3.7	Reporting Requirements.....	40
3.8	Business Rules.....	41
3.9	Document Management	42
3.10	Customer Relationship Management.....	42
3.11	Security and Privacy.....	43
3.12	Health Services for Children with Special Needs, Inc. Domains/Core Business Areas ..	44
3.12.1	Care Management.....	44
3.12.2	Claims Management.....	48
3.12.3	Provider Management	51
3.12.4	Quality Assurance	54
3.12.5	Compliance	54
3.12.6	Finance	55
4	TECHNICAL PROPOSAL REQUIREMENTS	57
4.1	Order of Information	57
4.2	Transmittal Letter	58
4.3	Cover Sheet	58
4.4	Number of Copies	58
4.5	Table of Contents	59
4.6	Disclosure of Litigation	59
4.7	Executive Summary.....	59
4.8	Statement of Acknowledgement.....	59



FIGURES AND TABLES

Table 1: Health Services for Children with Special Needs, Inc. Domain/Core Modules	6
Table 2: Deliverables Due with Proposal Package	10
Table 3: Project Deliverables	10
Table 4: System Component Documentation	27



1 PROGRAM INTRODUCTION

1.1 Health Services for Children with Special Needs, Inc. Program Overview

Health Services for Children with Special Needs, Inc. (HSCSN) is a nonprofit managed care organization (MCO) that coordinates care for children and young adults with disabilities and complex medical needs. HSCSN provides innovative care to the pediatric Supplemental Security Income (SSI) and SSI-eligible populations of Washington, DC through a management network that coordinates health, social, and education services for its members.

The stated mission of HSCSN focuses on effectively addressing the needs of this often-overlooked population:

- Ensure access to health care and services through development, support, and partnership with a committed network of community-based providers and services
- Facilitate members' appropriate, timely usage of services, with a focus on disease prevention, restoration to optimal health, adaptation to chronic illness or disease, health promotion and palliation at the end of life
- Collaborate with public and private organizations, agencies, caregivers and members to jointly identify and creatively remedy situations and circumstances that threaten the optimal health of children and youth with special needs, their families and communities
- Maximize the effectiveness of monies allocated for the health care and services of children and youth with special needs

HSCSN is a dedicated Medicaid health plan that coordinates all aspects of physical, mental, behavioral, and developmental care and services for its members. HSCSN provides comprehensive care coordination for every one of its enrollee, supplying its members all of the services that the Department of Health Care Finance (DHCF – DC Medicaid) provides and more. Each member is assigned a Care Manager who helps ensure that he or she receives the care the Primary Care Doctor prescribes. HSCSN's holistic care management approach begins with a thorough screening to determine health care needs. Members and their families are afforded traditional Medicaid benefits plus expanded health services including:

- Individualized care management
- 24-hour access to care coordination
- Outreach services
- Respite care
- Medically necessary home modifications
- Mental, behavioral, and developmental wraparound services

HSCSN Outreach Services partners with several community organizations, including Georgetown University Center for Children and Human Development, George Washington



University, University of Maryland, Project of Intermediate Advocates, Department of Health, Health Information Partners Program, National Children's Museum, Duke Ellington School of the Arts, Mary's Center for Maternal and Child Health, and United Planning. These organizations conduct research for measurement outcomes related to support group activity and provide training to support group members.

1.2 Overview of Present Operation

As a managed care network, HSCSN provides support services for two main constituent groups – members and providers. For members, HSCSN provides enrollment services that assist applicants in verifying eligibility, completing necessary enrollment forms, and interacting with DHCF and other Federal programs as needed. Care management services coordinate, review, and rate medical services needed and used by each of its members. Care coordination begins immediately after DC DHCF approves an enrollee for membership and continues until the enrollee is no longer in the program. Care managers focus on coordinating and reviewing treatment options to promote better health care for HSCSN members, including proactive outreach and education on preventive care services.

The HSCSN provider network includes a diverse group of professionals, organizations, and agencies that focus on providing services to children and adolescents with special needs. HSCSN has contracts that specify services and payment terms for each provider. HSCSN, on behalf of the DC Department of Healthcare Finance, processes claims, and reimburses each provider for the services they render to each member/family per the contract terms.

HSCSN supports these critical business needs with a variety of software applications designed to address specific operational goals, such as member enrollment, case management, and claims processing. Many of these systems, however, have reached their capacity to support current HSCSN needs, are limited in supporting expanded capabilities to address emerging business needs, and/or are ill prepared to implement changes in support of forthcoming Health Insurance Portability and Accountability Act (HIPAA) 5010 and International Classification of Diseases, version 10 (ICD-10) electronic transactions requirements.

HSCSN has core business areas or domains, which include the following functions: Care Management, Claims Management, Provider Management, Finance, Compliance, Quality, and Reporting/Data Analytics. In addition, each domain will be affected by global workflow, reporting, and data analytic requirements. Each domain or core business area represents a set of primary end-users and will be responsible for validating and adopting the applicable business rules as implemented in the new system.



Table 1: Health Services for Children with Special Needs, Inc. Domain/Core Modules

Domain Core Module	Description
Care Management	<p>The Care Management Program at HSCSN coordinates, reviews, and rates medical services needed and used by each of its members. Care management at HSCSN to describe the process in which we assess, coordinate, and monitor services that best support the member's special health needs via collaboration with medical providers and other community agencies to promote optimal health and cost-effective outcomes</p>
Claims Management	<p>Claims Management is the ability to process a variety of claims from different providers based on their contract in a timely manner. Claims that require an authorization are tied to the authorization. HSCSN coordinates benefits with other insurance carriers and capture what the other carrier paid and the balance that is HSCSN's responsibility. The ability to process claims in compliance with any laws i.e., 5010, interest on late payments, ICD10.</p> <p>HSCSN pledges to provide accurate and efficient claims processing.</p> <p>HSCSN processes all claims through an automated system.</p> <p>HSCSN's goal is to pay providers for covered services within 30 days of receipt of each completed clean claim form.</p>
Provider Management	<p>Provider Management includes all activities that HSCSN conducts in order to design, assemble, monitor and maintain a network of providers. Provider management includes such activities as gathering and verifying credentialing information, developing and maintaining current, accurate provider directories, orienting new providers and their staff to HSCSN processes, provide ongoing education, resolving provider problems, ensuring that providers receive the reports the need to manage utilization and quality, evaluating provider satisfaction, overseeing network-related activities that have been delegated to provider organizations, such as physician-hospital organizations and collecting and interpreting utilization, quality, and cost information on a network wide basis to improve the coordination of health care services across providers.</p>
Quality	<p>The HSCSN mission is to improve the health status and quality of life for children, youth, and young adults with special needs, their families and communities. To support this mission, HSCSN seeks to:</p> <ul style="list-style-type: none"> • Improve the quality of health care services for enrollees and their access to those services • Communicate clinical information to enrollees and providers • Monitor and evaluate the quality and safety of health care provided to enrollees • Achieve and maintain National Committee for Quality Assurance (NCQA) Organization Certification • Meet or Exceed External Quality Review Organization requirements <p>Quality activities for enrollees include:</p> <ul style="list-style-type: none"> • Satisfaction measurement



Domain Core Module	
	<ul style="list-style-type: none"> • Healthcare Effectiveness Data and Information Set (HEDIS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Satisfaction Survey • Access & Availability Measurement • Access & Availability Survey • Analysis of Complaints & Grievances • Identifying Potential Quality of Care Issues • Safety Monitoring & Activities • Mortality Reviews • Provider/Practitioner Office Reviews • Facility Adverse Occurrence Monitoring <p>Quality activities for Provider/Practitioners include:</p> <ul style="list-style-type: none"> • Satisfaction Measurement • Provider Satisfaction Survey • Clinical Practice Guidelines • Secret Shopper Survey • Secret Shopper Survey Results • Medical Record Documentation Monitoring • HEDIS Performance Measures • Quality Improvement (QI) Collaborative Performance Improvement Projects • Adverse Perinatal Outcomes • Chronic Condition Outcomes



Domain Core Module	Description
Compliance	<p>The HSC Health Care System is committed to conducting its business in a manner that facilitates quality, efficiency, honesty, integrity, respect, and full compliance with applicable laws and regulations. In addition, HSCSN, is committed to developing and maintaining an effective fraud, waste and abuse (FWA) program in compliance with federal law and provisions under the DC-DHCF Child CASSIP contract.</p> <p>The HSC Health Care System has an ongoing commitment to ensure that its affairs are conducted in accordance with both the letter and the spirit of applicable laws and regulations and HSC Health Care System's policies and procedures. The HSC Health Care System requires each and every employee, including management employees, to maintain standards of behavior that are both lawful and ethical and adhere to these standards whenever they act on behalf of the HSC Health Care System, whenever in dealings with other employees, with patients/members and their families, with vendors, with government regulators, or with the general public.</p> <p>In order to achieve this goal, the HSC Health Care System employees must be fully informed about the applicable Federal and District of Columbia laws and regulations pertinent to HSC Health Care System's policies and practices so that they do not inadvertently engage in conduct that may raise compliance issues. Since the scope of compliance with applicable laws and regulations is extensive and since the regulations are complex and ever changing, HSC Health Care System has adopted a formal corporate compliance program (the "Compliance Program") to establish an organization-wide system that promotes the prevention, detection and resolution of unethical or illegal conduct that are designed to guard against FWA.</p>
Finance	<p>HSCSN is a part of the HSC Health Care System and while it operates as a financially independent entity, it is one of six entities in the Health Care System. As a regulated MCO, it has separate audited financial reports and is included in the HSC Foundation and Subsidiaries consolidated financial statements.</p> <p>Financial reporting occurs monthly, quarterly, and annually. Reports are submitted to management, the HSCSN Board, HSC Foundation Finance Committee and the DHCF. Finance monitors:</p> <ul style="list-style-type: none"> • Financial performance utilizing budget software • Claims payment analysis (including incurred but not reported (IBNR) calculation) • Utilization statistics <p>The system is responsible for the budget process overall but HSCSN Finance coordinates the internal budget process. HSCSN does not have internal actuarial support, but relies on submission of its data to an actuary for annual rate negotiations. The files used by HSCSN actuaries are also submitted to DHCF who shares them with their actuary.</p>



Domain Core Module	Description
	HSCSN Finance monitors cash flow to insure that obligations are met timely. Further, the Contract with DHCF requires annual settlements during which auditors from DHCF audit the performance of HSCSN to determine settlement payments between HSCSN and DHCF. The HSCSN contract with DHCF is a shared risk agreement with annual settlements.
Reporting/Data Analytics	HSCSN has varied reporting and Data Analytic needs. Data analysts are responsible for the reporting, manipulation, validation, and modeling of data. Data mining and the use of statistical techniques for qualitative, quantitative, and categorical purposes are also performed by a data analyst. These methods are used for reporting, model projection, and business intelligence. HSCSN will require standard and ad hoc reports to support internal and external information needs.

To address current limitations of its technology infrastructure, HSCSN has initiated a comprehensive re-engineering initiative to achieve a fully integrated managed care system. Principle goals of the re-engineering effort include:

- Establishing a reliable technology infrastructure that will support the health network's current and future operations
- Fully support successful transition to HIPAA 5010 and ICD-10 standards
- Establish a standard platform for expansion to other states



2 SCOPE OF WORK

The following sections contain a narrative description of the business and technical requirements within the scope of the RFP. Offerors must provide their responses to the narrative requirements using the Requirements Response Template (APPENDIX D).

HSCSN has differentiated requirements that must be met pre-contract award by all Offerors from requirements that must be met post-contract award.

2.1 Offeror Definition

The term “**Offeror**” will denote that a requirement must be met or a deliverable submitted pre-contract award as part of the Bid Proposal package.

2.2 Contractor Definition

The term “**Contractor**” denotes a requirement that must be met or a deliverable submitted post-contract award by the selected Contractor. Table 2 reflects the pre-award or proposal deliverables and Table 3 reflects the post-award deliverables.

Table 2: Deliverables Due with Proposal Package

Identifier	Document
PRP 1	Sample Implementation Project Management Plan and Schedule
PRP 2	Sample Staffing Management Plan
PRP 3	Key Personnel Profile Summary for Proposed Staff
PRP 4	Description of Training Approach

Table 3: Project Deliverables

Identifier	Document
DLV 1	Implementation Project Work Plan (Schedule)
DLV 2	Information Technology (IT) Conversion Plan
DLV 3	Addendum to HSCSN Risk Management Plan
DLV 4	Addendum to HSCSN Quality Management Plan
DLV 5	Migration Plan
DLV 6	Test Plan
DLV 7	Configuration Management Plan
DLV 8	Contractor Disaster Recovery/Business Continuity Plan
DLV 9	Contractor Staffing Management Plan
DLV 10	Training Plan
DLV 11	Defect/Issue Tracking Tool
DLV 12	System Architecture Review
DLV 13	Analysis and Validation of Requirements
DLV 14	Interface Control Documents
DLV 15	System Framework Specifications
DLV 16	System Component Software and Documentation (see Table 2)



Identifier	Document
DLV 17	Data Conversion Final Report
DLV 18	Processing Environments Configuration Guide
DLV 19	Certification of Compliance with Final System Acceptance Criteria
DLV 20	Turnover Services

2.3 Project Vision and High-Level Contract Requirements

2.3.1 Overall Project Vision

HSCSN will establish an IT and systems infrastructure that will support the organization's focus on care coordination in order to:

- Provide better care
- Deliver toward better outcomes
- Reduce unnecessary costs.
- HSCSN is issuing this Request for Proposal (RFP) with the following objectives:
 - Implement enhanced capabilities for Care/Case Management, including the ability to maintain client history and future support for Disease Management features
 - Ensure infrastructure supports integrated Provider and Utilization Management capabilities
 - Ensure close integration between Contract Management and Claims Management functions, especially in relation to single contract providers
 - Minimize in-house and/or other technical support costs while insuring that system vendors provide quality implementation and maintenance services
 - Design and implement a system that is flexible and cost effective to maintain
 - Work within an established budget
 - Achieve interoperability that will allow HSCSN to grow reporting capabilities and to provide better understanding of a patient's health history, health status, and health risks
 - Leverage interoperability capabilities based on industry standards to effectively integrate with external organizations, including District agencies

The project will be implemented to have the minimum impact on the operations of the MCOs operations.

It is critical to ensure that the selected products and technology platform support and will adhere to federally mandated and industry endorsed standards.



2.4 Global Contract Requirements

The following requirements are expressed at a high-level to communicate the HSCSN's overall expectations for the contract. More detail is provided in the remainder of this section and in Section 6, Business and Technical functions of HSCSN.

1. The system must have online web based infrastructure with connectivity solution delivering target functionality to Providers and Members, while streamlining administrative and financial processes based on user-defined rules with automated responses and secure communication.
2. The system must provide an intuitive approach to use from an end-user perspective and provide all functions prescribed in this RFP.
3. The system must include processes to support the HSCSN core modules: Care Management, Claims Management, Provider Management, Quality Assurance (QA), Compliance, and Finance.
4. The system must have clinical support capabilities to support a pediatric population and adults up to 26 years of age.
5. The system must have the ability for HSCSN to conduct quality audits and investigations.
6. The system must provide reporting functionality that can be adjusted for Medicaid requirements and other government contractual requirements.
7. The system must have the ability to support linkages between business functions through business rules and workflows that can be customized to meet HSCSN's needs.
8. The system must have the ability to support Electronic Data Interchange (EDI) processing, at a minimum, the receipt and transmission of standard HIPAA transactions and EDI exchanges with DHCF.
9. The system must support corporate reporting requirements including but not limited to, standard and ad-hoc report capabilities, dashboards, and financial reports.
10. The system must provide semantic and syntactic interoperability among all HSCSN modules.
11. The system must support the business processes it enables with flexible workflow management capabilities.
12. The system must support enterprise data management and data standardization.
13. The system must provide the ability to work with emerging Electronic Health Record (EHR) content standards.
14. The system must provide robust/flexible end-user reporting capabilities that enable growth in capabilities over time.
15. The system must provide data integration that supports information access needs among systems and across the enterprise.



16. The system must provide management tools with which to access, model, and exchange information to support reporting at all levels, from executive dashboards to advanced data analysis.
17. The system must provide the ability to centrally support and configure common functions to meet the needs of multiple parts of the HSCSN organization; for example, case management capabilities, customer relationship management capabilities, and geo-location capabilities.
18. The system must provide robust and flexible Security and Privacy capabilities that meet all applicable Federal and State security and privacy requirements.
19. The system must provide an adaptable, interoperable, cost effective framework enables system management via flexible business rules and a Business Rules Management System (BRMS).
20. The system must support bi-directional flow of data among system modules, users, and other external stakeholders.
21. The system must provide management tools with which to access, model, and exchange information to support reporting at all levels, from executive dashboards to advanced data analysis.

2.5 Project Governance Requirements

2.5.1 Health Services for Children with Special Needs, Inc. Responsibilities

Responsibilities of HSCSN or its designee regarding Project Governance include:

1. Implement the HSCSN Project Management Office (PMO). HSCSN or its designee will be the project manager for this project.
2. Review and approve Contractor's project governance approach, methodologies, and deliverables.
3. Participate in weekly project status meetings with HSCSN.
4. Review and approve HSCSN enterprise Contractor Project Status Reports.
5. Review and approve all deliverables.
6. Report ongoing project progress to HSCSN Executive Management.
7. Obtain decisions from Executive Steering Committee on any identified issues, as needed to keep the project on schedule.
8. Complete, review, and approve any change requests arising from maintenance and system requests that do not meet the definition of a project requirement.
9. Review and approve the Project Management Plans that must be implemented for each project during the project life cycle.



10. Review and approve the measurement, calculation, content, and format of Contract management reports.
11. Approve Contractor's key personnel, including reviewing resumes of proposed key personnel and notifying the Contractor in writing of its approval or disapproval.
12. Monitor the Contractor's performance of all Fiscal Agent Contractor responsibilities, processes, and compliance with Contract terms, standards, and conditions.
13. Provide access to appropriate HSCSN staff.
14. Assess and invoke liquidated damages and sanctions for Contractor performance that does not meet Contract performance standards, requirements and for non-compliance.
15. Review and approve Contractor invoices and supporting documentation for payment of services.
16. Coordinate HSCSN and Federal reviews, certifications and compliance audits.

2.5.2 Contractor Responsibilities

The Contractor must know and actively apply professional project management standards to every aspect of the work performed under this Contract. The Contractor must adhere to the highest ethical standards, and exert financial and audit controls and separation of duties consistent with Generally Accepted Accounting Principles (GAAP) and Generally Accepted Auditing Standards (GAAS).

During the Project Start-Up Phase, the Contractor must establish the appropriate level and type of project management standards and procedures to complete successfully the requirements of each phase of the Contract. This Section identifies the mandatory requirements, tasks, and deliverables for project governance, which the Contractor must perform. The following are minimum requirements.

1. The Contractor must follow schedules, for various milestones and deliverables, set forth in this RFP.
2. The Contractor must follow HSCSN's project management methodology and produce weekly status reports during the project.
3. The Contractor must comply with HSCSN issue management process; including compliance with assigned resolution timeframes (**APPENDIX A**).
4. The Contractor must integrate their project plans with HSCSN's preferred tool – Microsoft Project.

2.5.2.1 Industry Standards

The Contractor is required to implement and maintain all systems with strict adherence to published, industry recognized standards, including, but not limited to, the Capability Maturity Model Integration® (CMMI) and Standards from the Institute of Electrical and Electronic



Engineers (IEEE) or a comparable model approved by HSCSN for all application development and maintenance.

The Contractor is further required to use a proven Project Management, Software Development Methodology, and System Development Life Cycle (SDLC) methodology for managing design, development, and implementation projects that conform with:

- IEEE 12207-2008 International Organization for Standardization (ISO)/International Electrotechnical Commission (IEC)/IEEE Standard for Systems and Software Engineering - Software Life Cycle Processes (http://ieeexplore.ieee.org/xpl/freeabs_all.jsp?arnumber=4475826)
- IEEE Standard 1058-1998, IEEE Standard for Software Project Management Plans (SPMP) (http://ieeexplore.ieee.org/xpl/freeabs_all.jsp?arnumber=741937)
- IEEE Standard 1074-2006, IEEE SDLC Processes (http://ieeexplore.ieee.org/xpl/freeabs_all.jsp?arnumber=1665059)

The Contractor is also required to adhere to the American National Standards Institute (ANSI) and Project Management Institute, Inc. (PMI) principles for project management, as stated in the Project Management Body of Knowledge® (PMBOK) (<http://www.pmi.org/PMBOK-Guide-and-Standards.aspx>).

2.6 Deliverable Procedures and Standards

The Contractor must meet specific requirements for all deliverables in all phases of this Contract.

2.6.1 Deliverable Procedures

HSCSN reserves the right to reject any deliverable that is not in the proper format or does not appear to address completely the function of the deliverable requirement. Deliverables standards are described below.

As the Contractor provides deliverables, in written and electronic format, for each task to HSCSN, HSCSN will review the materials or documents within 10 business days after the receipt date, except design deliverables where there must be 15 business days for review. The receipt date is not counted as one of the review days. If the material or document is determined to be in non-compliance, HSCSN will send written notification to the Contractor's Project Manager outlining the reason(s) for the rejection. The Contractor, at no additional expense to HSCSN, will bring work determined by HSCSN to be in non-compliance with the Contract into conformance within 10 business days of notice and resubmit the deliverable to HSCSN. If HSCSN accepts the deliverable, deliverable material or documents, an acceptance letter (control memo), signed by HSCSN appropriate individual, will be submitted to the Contractor.

HSCSN will review deliverables in a timely manner. The Contractor must allow a minimum of 10 business days for review by HSCSN staff for most deliverables. Weekly Status Reports, Monthly Status Reports, and Project Plans are not subject to a 10-day review cycle.



Upon receipt of a signed deliverable acceptance letter, indicating HSCSN agrees that a deliverable is approved or a milestone has been met and payment will be made, the Contractor may submit an invoice for that deliverable or milestone according to the payment schedule agreed upon in the Contract.

2.6.2 Deliverable Standards

1. The Contractor must conduct participatory meetings with HSCSN staff, as documents are drafted and business and systems requirements are being ascertained. This includes concept discussions, design prototyping, configuration and design sessions, meetings for requirements gathering, and HSCSN feedback on design and documents.
2. The Contractor must have open communication with HSCSN during the development of documents and systems. The Contractor must provide document drafts and allow HSCSN review of programs, screens, and design concepts at any stage of development at HSCSN's request.
3. The Contractor must render all designs and itemized deliverables in writing for formal approval, in a format agreed on by HSCSN and the Contractor as part of the Project Management process. HSCSN approval process will be streamlined for items in which HSCSN was involved at earlier stages.
4. The Contractor must supply professional deliverables, with proper spelling, punctuation, grammar, tables of contents and indices, where appropriate, and other formatting, as deemed appropriate by HSCSN. The deliverable document must meet the business requirements it is intended to fulfill. Documents must be easily readable and written in language understandable by HSCSN staff knowledgeable in the area covered by the deliverable. HSCSN reserves the right to reject any deliverable that does not meet these standards. The Contractor cannot consider any deliverable complete before it is accepted formally by HSCSN.
5. The Contractor must label all deliverables and correspondence produced in the execution of this RFP must be clearly with, at a minimum, project name, deliverable title, deliverable tracking or reference number, version number, and date.
6. The Contractor will conduct a walkthrough of deliverables at stages during the development of documents and systems. A final walkthrough will be conducted at the delivery of the final deliverable.



2.7 Contract Administration and Deliverables

Within the parameters of the phases described below, the Contractor must develop detailed plans to design, develop, test, and implement the software, which will result in a successful system implemented to take over operations from the legacy systems. There are specific requirements for each phase. Phases may overlap in their time schedules.

HSCSN requires effective implementation of quality management practices to be used through all phases of the contract. The Contractor's proposal must address quality management practices in each of the following phases.

The Contract Phases are:

1. System Configuration and Design.
2. Testing and Verification.
3. Pre-Implementation Administration.
4. Implementation.
5. Post-Implementation Review.
6. Maintenance.

2.7.1 Kick-off Meeting

HSCSN Responsibilities:

1. Provide a HSCSN PMO.
2. Participate in kick-off meeting.
3. Review all deliverables and provide response within 10 business days.
4. Identify the members of the HSCSN Project Team.

Contractor Responsibilities:

1. Provide a Contractor PMO.
2. Lead the kick-off meeting.
3. Meet all deliverables timeframes during the project life cycle.
4. Identify the members of the Contractor Project Team.

2.7.2 Prepare Primary Project Site

HSCSN will provide space for an onsite Contractor project team of no more than six individuals. HSCSN must approve any proposed offsite work and location.



2.7.3 Project Plans

HSCSN follows the PMBOK® principles of project management. The Contractor must develop or accept HSCSN project plans as indicated in the subsections below.

2.7.3.1 Project Schedule

The Offeror must provide a sample Project Management Plan and Schedule, **PRP 1**, with the proposal package that shall include a detailed Work Breakdown Schedule (WBS) and calendar-based charts that summarize the level of effort to accomplish the scope of work for the entire project including estimated dates, plans, staffing, training reports, and milestones.

The Offeror shall propose an implementation approach that addresses the size and complexity of the system end-user population, taking into account any transition and productivity concerns, hardware/technical considerations, and logistical, training, or implementation support issues.

Post award, the Contractor shall provide an implementation project work plan, **DLV 1**, in Microsoft Project that provides a detailed schedule and quantifies required resources for both the Contractor and HSCSN. The Contractor must integrate its project work plan into a master project schedule controlled by HSCSN. The Contractor must provide weekly schedule updates regarding milestones and deliverables within the timeframes specified by HSCSN or its designee.

2.7.3.2 Contractor Information Technology Conversion Plan

Post award, the Contractor must provide a HSCSN specific IT Conversion Plan, **DLV 2**. The plan must meet the deliverable standards and timeframes specified in this contract and/or HSCSN Project Schedule.

2.7.3.3 Contractor Risk Management Plan

HSCSN has established a robust Risk Management Plan. The Contractor may accept the HSCSN Risk Management Plan or create and submit for HSCSN approval a Contractor addendum, **DLV 3**, to the Risk Management Plan. Contractor addendums must be submitted during project initiation within the timeframes established by HSCSN. If an addendum is waived or not submitted timely and in accordance with the deliverable standards, the HSCSN Risk Management Plan will be the governing document for risk management.

2.7.3.4 Contractor Quality Management Plan

HSCSN has established a robust Quality Management Plan. The Contractor may accept the HSCSN Quality Management Plan or create and submit for HSCSN approval a Contractor addendum, **DLV 4**, to the Quality Management Plan. Contractor addendums must be submitted during project initiation within the timeframes established by HSCSN. If an addendum is waived or not submitted timely and in accordance with the deliverable standards, the HSCSN Quality Management Plan will be the governing document for risk management.



2.7.3.5 Contractor Migration Plan

After contract award, the Contractor must provide a HSCSN specific Migration Plan, **DLV 5**. The plan must meet the deliverable standards and timeframes specified in this contract and/or HSCSN Project Schedule.

2.7.3.6 Contractor Test Plan

After contract award, the Contractor must provide a HSCSN specific Test Plan, **DLV 6**. The plan must meet the deliverable standards and timeframes specified in this contract and/or HSCSN Project Schedule. The Vendor Test Plan should address the Contractor's overall approach to system integration and testing. The plan must include end-to-end integration testing and User Acceptance Test (UAT), and the criteria used to measure the success of each level of testing prior to moving to the next level with a specific emphasis on the Service Oriented Architecture (SOA) and how the specific risks associated with testing this type of architecture will be addressed by the Contractor through its testing methodology.

2.7.3.7 Contractor Configuration Management Plan

After contract award, the Contractor must provide a HSCSN specific Configuration Management Plan, **DLV 7**. The plan must meet the deliverable standards and timeframes specified in this contract and/or HSCSN Project Schedule.

The Contractor must use the Configuration Management plan and resulting guidelines to:

1. Control software development and releases.
2. Define design specifications.
3. Provide source code standards.
4. Test specifications.
5. Database descriptions.
6. Operations and installation guidelines.
7. Commercial Off-the-Shelf (COTS) standards.
8. All aspects of the SDLC.

2.7.3.8 Disaster Recovery/Business Continuity Plan

After contract award, the Contractor must provide a HSCSN specific Disaster Recovery/Business Continuity Plan, **DLV 8**.

The Contractor shall work with HSCSN and its designee to plan an approach to Disaster Recovery/Business Continuity that is in concert with HSCSN's overall concept for Disaster Recovery/Business Continuity. The Contractor, together with HSCSN, shall categorize system



outages into at least five severity levels, ranging from Level 1 (most severe) to Level 5 (least severe) as defined below:

1. Level 1: Major system disaster where the only action is to move the system applications to the targeted backup sites.
2. Level 2: Major system outage. If the outage remains at this level beyond the time designated for recovery, the system or any component will be moved to a targeted host at the alternate site.
3. Level 3: Major application/infrastructure problems. The system or any component is not working properly or users are prevented from accessing the application. There is a severe impact to the business processes.
4. Level 4: Moderate application/infrastructure problems. One or more system-supported services are experiencing problems that affect the business processes. There is minimum system outage or downtime apparent to users.
5. Level 5: Minor application/infrastructure problems. Users are experiencing minor operational problems. There is no system outage and there is little or no impact on business processes.

The Contractor shall perform a business impact analysis to determine the areas in the Technical Infrastructure that may require additional design to ensure that service level requirements can be met.

The Contractor shall develop a Disaster Recovery approach that addresses each severity levels in accordance with the Technical Infrastructure, documents the results of the business impact analysis, and determines appropriate actions to be taken to ensure restoration and/or continuity of services in accordance with HSCSN service level requirements.

The plan must meet the deliverable standards and timeframes specified in this contract and/or HSCSN Project Schedule and must:

- Describe the procedures required to ensure that the major facilities supporting the system will be able to recover from any disruption in service regardless of the level of severity
- Address all major HSCSN facilities to include the HSCSN Data Center and backup and the HSCSN Project Office as well as any additional sites that the Contractor and HSCSN designate as critical to the system operation
- Describe the monitoring, testing, and plan revision processes used to verify that system primary and backup facilities continue to meet HSCSN requirements for DR and BC operations

The Contractor shall provide all services, excluding responsibilities for HSCSN networks, related to any issues pertaining to system Disaster Recovery and Business Continuity. The range of services covers the spectrum from partial loss of function or data for a brief amount of time to a



“worst-case” scenario in which a man-made or natural disaster or IT failure may result in the loss of the entire system.

2.7.3.9 Staffing Management Plan

The Offeror must provide a sample Staffing Management Plan, **PRP 2**, with the proposal package. After contract award, the Contractor must provide a HSCSN specific Staffing Management Plan, **DLV 9**. The plan must meet the deliverable standards and timeframes specified in this contract and/or HSCSN Project Schedule.

The Offeror’s Staffing Management Plan must identify the Offeror’s staff resources necessary to meet the needs of the project, including total number of full-time equivalent (FTE) staff in the various positions proposed, as well as expected roles, job classification designations, responsibilities, tasking, start dates, and end dates for each position. A matrix of major work activities and supporting processes versus organizational units may be used to depict project roles and responsibilities. The plan must also include any assumptions used for effort and staff estimating.

The Offeror’s Proposal must identify Key Personnel as required in **APPENDIX B: Key Personnel** to carry out the obligations defined in the Scope of Work.

Continuity of Key Personnel on both the HSCSN and Contractor project teams is necessary to ensure the success of this project. Offerors must disclose if personnel assigned to this project to this project have multiple project assignments. HSCSN intends that the same individuals be available for the duration of the Contractor’s contract period.

The Staffing Management Plan must:

- Include an organization chart for the project
- Include reporting relationships and lines of authority
- Describe policies, plans, and intentions with regard to maintaining continuity of personnel assignments throughout the performance of any contract resulting from this RFP
- Commit to using the Key Personnel identified in this RFP and agree to HSCSN’s right to approve Key Personnel changes
- Agree that the Offeror’s Key Personnel may not be reassigned, replaced, or added during the contract without the prior written consent of HSCSN
- Should a Key Personnel position be vacated, agree to submit to HSCSN the resumes of Key Personnel replacement candidates and provide HSCSN an opportunity to interview and approve Key Personnel candidate replacements
- Agree that the Respondent’s Key Personnel may not be assigned new or additional contract assignments that pose a conflict with HSCSN project objectives without the prior written consent HSCSN



HSCSN reserves the right to interview the Offeror's proposed Key Personnel during the Proposal evaluation process. The Offeror must make any one of the proposed Key Personnel available upon HSCSN's request for an in-person interview or a telephone interview.

In addition to client references defined the Terms and Conditions, a Key Personnel Profile Summary , **PRP 3**, must be provided for all Key Personnel being proposed (**APPENDIX B**).

2.7.3.9.1 Removal of Key Personnel after Contract Award

The Contractor must not remove Key Personnel from their assigned roles or the contract without the prior written consent of HSCSN. If the Contractor does remove Key Personnel without the prior written consent of HSCSN, it will be considered an unauthorized removal.

It will not be considered an Unauthorized Removal if Key Personnel must be replaced for reasons beyond the reasonable control of the Contractor, including illness, disability, leave of absence, personal emergency circumstances, resignation, or for-cause termination of the Key Personnel's employment.

Any Unauthorized Removal may be considered by HSCSN to be a material breach of the contract. It is acknowledged that an unauthorized removal will interfere with the timely and proper completion of the contract, to the loss and damage of HSCSN, and that it would be impracticable and extremely difficult to fix the actual damage sustained by HSCSN because of any unauthorized removal.

HSCSN will have the right to recommend and approve in writing the initial assignment, as well as any proposed reassignment or replacement, of any Key Personnel. Before assigning an individual to any Key Personnel position, the Contractor must notify HSCSN of the proposed assignment, will introduce the individual to the appropriate HSCSN representatives, and must provide HSCSN with a resume and any other information about the individual reasonably requested by HSCSN.

HSCSN reserves the right to interview the individual before granting written approval. In the event HSCSN finds a proposed individual unacceptable, HSCSN will provide a written explanation including reasonable detail outlining the reasons for the rejection.

HSCSN reserves the right to require the removal from the project any Contractor personnel found, in the judgment of HSCSN, to be unacceptable.

2.7.3.10 Contractor Training Plan

The Offeror must document their approach to end user training, including a description of the end user documentation supplied and the formats in which training will be provided, **PRP 4**.

HSCSN anticipates that significant training will be needed to provide applicable HSCSN staff with a comprehensive understanding of the system. Initial instructor-led training shall be the responsibility of the Contractor and developed based on HSCSN input.



Post contract award, the Contractor must provide a Training Plan, **DLV 10**, which addresses the use of the system by end-users, including procedures for using any Contractor-provided support resources. In DLV 10, the Contractor shall also address specialized training for HSCSN personnel assigned duties and responsibilities related to the management, administration, and security of the system.

HSCSN shall provide all training locations for training. The Contractor must provide equipment and connectivity to the system training processing environment for the initial training of system end-users.

The Contractor must work with HSCSN to schedule staff for the appropriate training class based on end-user needs. The Contractor will be responsible for:

- Determining the number of training classes required
- Determining the type of training class required by user role
- Developing and administering a training evaluation tool

The Contractor must provide initial versions of all Training Materials as specified in the Training Plan, **DLV 10**, including procedures for accessing the Contractor-provided system support resources. The initial version of training materials to be used for system implementation shall be available at least 30 calendar days prior to the start of the implementation.

The Contractor must provide and maintain all Training Materials (e.g., hardcopy and softcopy) for each training session, consistent with the Training Plan. HSCSN may also require the Contractor to create training materials for online delivery. The Contractor shall work with HSCSN to develop materials that reflect realistic scenarios based on HSCSN standard business processes and procedures, tailored to the various system groups of users as required. The Contractor must ensure that training materials and tutorials accurately reflect the online version of system functionality.

The Contractor shall ensure that hard copy documentation is made available to end-users by the first day of any classroom training and online documentation and/or help functions by the first day of system and/or feature implementation.

The Contractor must provide HSCSN with master copies of all training materials produced or provided by the Contractor, subcontractors, or product vendors. The Contractor must provide HSCSN an unlimited right to copy all training materials. HSCSN shall be able to incorporate its changes and updates to the training materials and shall provide any modifications to the Contractor for inclusion in the final product. Training materials shall be clear and understandable to both system end-users and technical staff.

2.7.4 Defect/Issue Tracking Tool

The Contractor must provide and maintain a Defect/Issue Tracking Tool, **DLV 11**, for Implementation and continued use throughout the contract period. HSCSN and its designees



must be allowed access to this tool at HSCSN's discretion. This tool must, at a minimum, provide:

1. Defect/issue identification.
2. Status of defect/issue.
3. Results of correction efforts.
4. Prioritization of defects/issues.
5. Documentation of correction efforts.
6. Final Disposition of defect/issue.
7. Defect cross reference to the RFP requirements.
8. Integration with the technical and non-technical artifact management repository.

All defect corrections must be tested thoroughly and approved by HSCSN prior to implementation of the change.

2.8 System Configuration and Design

The Contractor must create all project management deliverables required by HSCSN and conduct a kick-off meeting. HSCSN will locate and prepare the facility for all meetings related to this project. HSCSN will document agreements made during the System Configuration and Design Phase relating to detailed requirements.

2.8.1 Analysis and Design Tasks

2.8.1.1 System Architectural Review

The Contractor must participate in a review with HSCSN and its designees to review the current HSCSN system architecture. The results of the system architectural review will result in the finalization of a system roadmap, software, and hardware requirements, **DLV 12**, System Architectural Review.

2.8.1.2 Information Technology Configuration Sessions

The Contractor must convene configuration and design work sessions to review, refine, and validate requirements.



2.8.1.3 Review, Validate, and Refine Requirements

The Contractor must work with HSCSN to analyze and verify system functional and technical requirements and specifications, including business rules. The Contractor shall validate that all existing requirements and specifications have been identified and are complete. The Contractor shall establish the initial system baseline requirements, which will serve as the basis for all subsequent system configuration, integration, and testing activities.

The Contractor must prepare **DLV 13**, Analysis and Validation of Requirements, summarizing its analysis and verification of the requirements, including any impacts to the system design concept as proposed in its proposal to HSCSN and the related Component Products prior to initiating any design activities. This document shall serve as the initial baseline for the configuration of the new system.

The Contractor must validate the mapping of all validated requirements against the system design as presented in its proposal, including major application modules and internal system interfaces, as well as middleware, database, operating system software/utilities, and hardware.

2.8.1.4 Interface Modifications

The Contractor will have documented all external system interfaces for the System. For each interface, the Contractor must develop **DLV 14**, Interface Control Documents, which defines and specifies the interface. The Contractor shall implement each interface between the system and each external system that describes the concept of operations for the interface, define the message structure and protocols that govern the interchange of data, and identifies the communication paths along which the data is expected to flow.

The Contractor must determine the qualification requirements that each interface must meet and incorporate these requirements into an interface test procedure that exercises all aspects of the interface, including any required data processing. The Contractor may propose a testing method that emulates the behavior of the external system if there is difficulty in obtaining permission for a “live” test in early stages of development. HSCSN will review and approve the Contractor proposed approach to testing any interface prior to conducting the actual test.

The Contractor must present the test approach and results to HSCSN for review and approve the results of any interface tests prior to placing the interface in use within the system production environment. The Contractor must provide any additional documentation, such as system administration manuals, related to the external system and its interface to the system.



2.8.1.5 System Framework Specifications

The Contractor must provide the description of the system as proposed to be implemented. The Contractor shall produce **DLV 15**, System Framework Specifications, which must describe the features and functions of the system, outlining system behavior as seen by an external observer, and contain the technical information and data needed for the implementation of the system. The System Framework Specifications shall include specific information about the Framework to include:

1. **Hardware:** Specification of the computer hardware resources across all system processing environments and physical sites.
2. **Software:** Specification of all software products (e.g., operating systems, protocols, database management systems, programming languages, utilities, middleware) and how they interact to implement the functional architecture.
3. **Functional:** Description of system-wide functions, services, and capabilities of the system as determined appropriate by HSCSN and the Contractor, addressing compliance with related functional and technical requirements, usability features, and methods to achieve consistency in system behavior across all Components.
4. **Application:** Description of how the Framework and the Components are organized to support HSCSN services, manage interfaces, and ensure secure processing.
5. **Data:** Presentation of the logical design, structure, and implementation of the persistent data needed for the system functionality and operations as well as operations involving data such as Data Management, Business Rules Management, and Analytics and Data Reporting.
6. **Security:** Presentation of the security architecture for the fully integrated system, describing how the addition of the Contractor's Products will not degrade the design, and security services and controls as integrated with and dependent on HSCSN-implemented security architecture and controls and addressing administrative, physical, and technical controls.
7. **Communications:** Describe how the system communicates within itself as a multi-platform application (e.g., use of messaging and web services), between the various services provided on the HSCSN network (including desktop and end-user environments, email, and network services), and between external systems to include required provider network communications lines and connections to the HSCSN network.
8. **Interfaces:** Provide specifications for mandatory and optional interfaces, both internal and external.
9. **Capacity and Performance:** Document considerations that may impact system performance, to include availability, response time, throughput, data volume, problem complexity, maximum number of concurrent users, and peak load.



2.8.1.6 Documentation

The Contractor must provide all existing vendor documentation as part of System Component Software and Documentation, **DLV 16**, for each system Component (as appropriate) to HSCSN. The list of documentation to be included (if available) shall include:

Table 4: System Component Documentation

Identifier	Document
PD1	Product Roadmap
PD2	Product Business Rules and Controls
PD3	Product Graphical User Interface (GUI), Features and Functions
PD4	Product Hardware (Optimal Performance) Specifications
PD5	Product Software Components/Third-party Components
PD6	Product Platform (Optimal Configuration) Diagram
PD7	Product Interface Configurations/Application Programming Interfaces (APIs)/Adaptors
PD8	Product Maintenance and Support Procedures
PD9	Product Training Curricula/Services
PD10	Product Technical Services
PD11	Product Support Services
PD12	Product Definition of Terms/Glossary
PD13	Product Desktop/Browser Specifications
PD14	Product Operating System Specifications
PD15	Product Crosswalk to Documentation Base

2.8.1.7 Data Conversion Tasks

1. The Contractor will be responsible for the technical data conversion of the existing historical data to their data structure.
2. The Contractor must complete all data conversion activities required in preparation for UAT and report on results.
3. The Contractor must execute **DLV 2**, IT Conversion Plan, including data preparation and QA testing.
4. The Contractor must report on the results of each data conversion effort, detailing the progress and accuracy of all data conversion activities. As part of its planning process for conversion, the Contractor must perform an initial file conversion that fully tests all processes for all the data contained in the system and that must be available at cutover. A complete conversion (i.e., all data in the system) will be required prior to UAT.
5. The Contractor must prepare the Data Conversion Final Report, **DLV 17**, addressing recommended methods for any ongoing data verification and/or reconciliation needs in a system modular environment.
6. The Contractor must provide backwards compatible mapping for data conversion.
7. The Contractor must provide a full data dictionary and data map.



2.8.1.8 Equipment Setup and Configuration Tasks

The Contractor must establish and maintain the following integrated system environments and document how each is utilized in the Contractor's approach to testing and release management. At a minimum, these environments shall include:

- Training
- Testing
- Pre-production/staging/final QA
- Production

The Contractor must provide the Processing Environments Configuration Guide, **DLV 18** that provides a detailed description for each processing environment as to a) how the specific environment is configured, b) what software and hardware supports it (e.g., resident on Contractor- or HSCSN-provided platforms, security controls), and c) inventory of administrative and management procedures directly associated with the management and use of that specific environment.

2.8.1.9 Correction and Adjustment Activities

The Contractor must perform correction and adjustments to supplement any data elements that cannot be converted through the conversion tool or automated conversion process.

2.9 Testing Phase

2.9.1 Testing Tasks

1. The Contractor must complete all stages of testing, including conversion, interface, unit, system, regression, and UAT.
2. The Contractor must provide the ability to back up, fail and restore the system. Once the system has been installed and is functional, a backup will be created. The system will then be intentionally failed. The system will then be restored from tape to verify that backup and restore is functioning properly.
3. The Contractor must test recovery and restoration of software and data procedures prior to implementation.
4. The Contractor must perform regular maintenance to ensure optimum performance.
5. The Contractor must provide hardware benchmarks in order to properly size the hardware requirements prior to implementation in each environment.
6. The Contractor must ensure that any computer hardware or software, including licensed software, is acquired in such a manner that it may be legally utilized in the HSCSN environment.



7. The Contractor must utilize automated application and network performance measuring tools for proactive system monitoring, tuning mechanisms, reporting, and trend analysis. Performance monitoring alerts must be configurable and allow for user notification using multiple communication methods.
8. The Contractor must track test cases that have expected results documented to show that the proposed change does not introduce other changes that produce unwanted results.
9. The Contractor must include a test version of all batch and online programs and files to be used for testing releases and non-release changes.
10. The Contractor must provide a library of use cases, test cases, and associated datasets that may be selected and modified by the user for testing.
11. The Contractor, in concert with HSCSN, will provide third-party penetration and vulnerability testing results, as part of the acceptance criteria. HSCSN will be able to review original test results and if necessary, all retest results. The testing will be at the Contractor's expense.
12. The Contractor must define a rules-driven, industry standard methodology for accommodating policy changes and incorporating new policy requirements.
13. The Contractor must test the rules to ensure they process as expected, compared to current Legacy HSCSN operations.
14. The Contractor must demonstrate the accuracy of rules application by proving the comparison to current HSCSN operations; document and explain any differences to the satisfaction of HSCSN.
15. The Contractor must test the rules to ensure they process as expected, compared to current Legacy HSCSN operations.
16. The Contractor must demonstrate the accuracy of rules application by proving the comparison to current HSCSN operations; document and explain any differences to the satisfaction of HSCSN.
17. The Contractor must ensure that the following performance tuning and debugging functions are included:
 - a. The capability to tune individual steps in an overall decision process for maximum performance by the execution engine.
 - b. The capability to track performance in test and production systems, and formatting the results for ease of analysis.
 - c. The capability to allow users to set traces, breakpoints, and watches on all objects and events within the rule project.
 - d. The capability to step line by line through the execution of the rules, setting a breakpoint on any of the lines of execution.



- e. The capability to display the steps that the rule engine goes through and stepping forwards and backwards to see internal operations of the rule.
18. The system must provide edit processes that allow business rules to be configured by a trained business analyst and not hard coded in the system.
19. The system must configure all claims edits and audits in the system so that the beginning and ending effective dates of the edits can be defined by HSCSN.
20. The system must use version control procedures and update schedules to facilitate testing, track discrepancies, and facilitate regression test analysis.
21. The system must support the ability to test actual or potential changes to business rules and procedures. This functionality will allow the business user to perform hypothetical testing, or scenario modeling, to assess the impact of a proposed business rules change resulting from policy and legislation changes.
22. The system must store all rules maintenance requirements in an audit trail that provides a history of rule changes.
23. The system must enable configurations that easily accommodate future changes.
24. The system must allow for setup of test cases for positive and negative testing and configurations that enable testing new capabilities that are not yet in production.
25. The system must provide the ability to replicate fully the HSCSN production environment so that transaction items (i.e., claims, authorizations, care plans) can be processed in a production simulation manner. The environment must include sufficient history data to create results that mimic the production environment.
26. The system must provide the ability to execute impact analysis testing of any proposed change.
27. The system must provide the ability to create hypothetical (e.g., "what if") scenarios and compare results between scenarios in a test environment.
28. The system must provide the ability to save and reuse all test cases and associated test datasets without the need to re-enter the data.
29. The system must allow for testing of all system development projects before and after implementation.
30. The system must allow users to create and edit provider, beneficiary, and health plan records for testing.
31. The system must provide and maintain the capability for online end-to-end testing of a claim or other updatable transaction (process flow) through the system, and return processing and error messages to the submitter.
32. The system must provide analysis of production versus test results (e.g., field level compares with reporting).



2.10 Implementation Tasks

2.10.1 Verify System Readiness

The Contractor shall provide Certification of Compliance with Final System Acceptance Requirements, **DLV 19** indicating the System is ready for Final System Acceptance, all requirements have been implemented, and all Severity Level 1 and 2 defects have been corrected and closed and that Severity Level 3 defects have been addressed, corrected, or otherwise resolved within their agreed upon schedule. The following defect resolution periods apply:

- Severity Level 1 Defects – Within 24 hours
- Severity Level 2 Defects – Within three calendar days
- Severity Level 3 or higher – Within an agreed upon schedule between the Contractor and the State after the defect was identified

2.10.2 Verify User Site Readiness

Prior to each HSCSN site being able to access the system, the Contractor must verify the following:

1. System functionality continues to meet the specifications as stated in the contract.
2. System performance (i.e., availability and response time) is being met according to HSCSN-designated service.
3. All cases and related data maintained by that site have been successfully converted.
4. Local users have received appropriate training according to their roles as outlined in the Training Plan, **DLV 10**.
5. All user documentation has been delivered and is accessible to local users.
6. The Contractor support staff has been assigned to the site for support during and after cutover.

2.10.3 Final Data Transfer

The Contractor must migrate from the existing HSCSN system(s) into their system, the previous three years of data.



2.10.4 Execution of Contingency Plans

The Contractor shall document its proposed plans for contingency operations if, at any point during HSCSN implementation, the system fails to comply with HSCSN requirements for functionality, availability, and performance. Contingency plans must allow for parallel processing for a period of time mutually determined by HSCSN and the Contractor.

2.11 Post Implementation

The Contractor must provide warranty support to HSCSN from the completion of Final System Acceptance through a warranty period of 90 days at no additional charge to HSCSN.

2.11.1 Turnover Services

The Contractor must provide the following Turnover Services, **DLV 20**:

1. Comprehensive training to the Successor Contractor's management, supervisory, and technical staff. The training shall utilize current and complete system documentation, as well as instruction materials and handbooks.
2. All training materials shall be based on the complete and current documentation required under this contract.
3. Formal training sessions shall be completed at least two months prior to the end of the contract.
4. The training shall include hands-on training, as determined by HSCSN. Prior to training start date, the Contractor must provide to HSCSN:
 - a. A schedule of planned training sessions.
 - b. A description of the professional background, experience, knowledge of the subject, and previous training experience for each trainer.
 - c. Number of staff to be trained per area.
 - d. Training subjects.
 - e. Training methodology (including description of training material handouts and media format of this material).
 - f. Evaluation techniques.
 - g. Length of each training session.
 - h. Sample copies of material to be used in training sessions.
5. The Contractor must include in the Successor Contractor's training administrative and operations areas required supporting the system environment at the time Transfer of Contractor Operations occurs.
6. Work with HSCSN and the Successor Contractor on developing a Staff Transition Plan.



7. Provide HSCSN with required files, system software, and necessary services including, but not limited to, delivery of files and programs for Successor Contractor system testing and HSCSN acceptance testing of the Successor Contractor's operation of the system as directed by HSCSN.
8. Provide any other files, documentation, records, transaction information, and assistance the HSCSN identifies as necessary for the orderly and successful transfer of the system to the Successor Contractor as directed by HSCSN.

2.12 Maintenance Phase

The Contractor must state in the proposal package if maintenance services are available. If the Contractor proposes to offer maintenance services, the appropriate price must be recorded on the Pricing Schedule contained in the **Business Proposal**. The Technical Proposal response must describe the services being offered during the maintenance phase.



3 BUSINESS AND TECHNICAL FUNCTIONS OF HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS, INC.

3.1 Technical Architecture

3.1.1 Modifications to Health Insurance Portability and Accountability Act Standards for Electronic Transactions - 5010

On January 16, 2009, Health and Human Services (HHS) published the final rule adopting the next version of the HIPAA standard transactions. The rule included adoption of X12 Version 5010 and NCPDP Version D.0 for HIPAA transactions. In this rule, HHS also adopted a new standard for Medicaid subrogation for pharmacy claims, known as NCPDP Version D.0. The proposed deadline for the implementation of the new HIPAA standard transactions is January 1, 2012.

1. The Contractor must implement the new HIPAA standards during the Configuration and Design phase of the Integrated Managed Care solution.
2. The system must be in full compliance with ICD-10 standards by the October 1, 2013 deadline.
3. The system must have the ability to support all required transactions and code sets per HIPAA 5010 and subsequent modifications to the HIPAA standards.

3.1.2 Service Oriented Architecture

The Offeror must supply a system based upon a SOA. SOA greatly increases access to systems and their associated functions via a series shared services. These shared services will shield end users from the complexities of the contractor's system. SOA also enables new applications to be assembled via calls to the shared services versus the traditional development cycle. SOA is foundational to HSCSN's IT strategy.

1. The Offeror must describe in detail their approach to SOA in terms of the interactions between:
 - a. The access and data sharing layer.
 - b. Shared and reusable services residing on an enterprise service bus (ESB).
 - c. The business level services, e.g., the actual systems.
2. Technology Independence: The service components must be able to be invoked from multiple platforms and utilize standard protocols.
3. The Offeror must describe in detail their approach to Standards-Based Interoperability; including the ability to support multiple industry standards. For example, describe any of the approaches used below:
 - a. Health Level Seven (HL-7) (V2.5 or V 3).



- b. Extensible Markup Language (XML).
 - c. Extensible Stylesheet Language Transformation (XSLT).
 - d. Web Services Interoperability (WS-I).
 - e. Web Services Description Language (WSDL).
 - f. Simple Object Access Protocol (SOAP) 1.1 or 2.0.
 - g. Universal Description Discovery and Integration (UDDI).
 - h. Web Services (WS)-Business Process Execution Language (BPEL).
 - i. Representational State Transfer (REST) (in place of SOAP).
 - j. WS-Message Transmission Optimization Mechanism (MTOM) Policy.
4. Life cycle Independence: Each service component should be able to operate in a separate life cycle.
 5. Loose Coupling: Service components must be able to be defined independently, with the interface components bridging the gap between components. For example, the Service Consumer Component specification must be defined independent of the Service Provider Component. The alignment of the two specifications is defined in the interface component.
 6. Invokable Interfaces: The Service interfaces must be able to be invoked locally or remotely.
 7. Communication Protocol: A Service must be able to be invoked by multiple protocols. The choice of protocol must not restrict the behavior of the service. Binding to a specific protocol must take place at run-time/deployment-time, and not at the design or development time.
 8. Flexibility: The Contractor must focus on the business processes that comprise the systems, with the following in mind:
 - a. Ability to adapt applications to changing technologies.
 - b. Easily integrate applications with other systems.
 - c. Leverage existing investments in desired legacy applications.
 - d. Quickly and easily, create a business process from existing services.
 9. Metadata Management: SOA architecture commonly provides application and data integration via an abstraction layer. Given the requirements of interoperability and independence, the proper use and management of metadata is extremely important to the effective operation of the SOA; It must also allow for:
 - a. Separation of the data and structures and convert them to a data layer within the SOA architecture.
 - b. Development of a Common Data Model and Metadata using the MITA HL-7 methodology.



- c. Achievement of the SOA loosely coupled “separation of concern” approach, by separating the data layer from the application layer to more effectively and easily manage the data without changing the application code. This will create the desired more loosely coupled SOA environment and enable the business to accelerate any system changes required in the future.

3.1.3 Programming Language Requirements

All GUI front-end, business service objects, database, middleware, and communications software must be written in languages approved by HSCSN and compatible with HSCSN computing environment. HSCSN will approve industry-standard languages appropriate to the task. The Contractor will stay current with all software and language updates and versions upon HSCSN approval. The Offeror must include, in its proposal, a list of the languages to be used and the applications or components in which the languages will be used.

3.2 Data Quality Control

The Contractor must apply professional principles of data management, data security, data integrity, and data quality control. At a minimum, the solution must provide the following methods and tools for maintaining data quality control:

1. The Contractor must test and validate HIPAA transaction processing according to guidelines developed by the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) (Note: Implementation Guides are now referred to as Technical Reports Type 3 (TR3s) by X12):
 - a. Test for EDI syntax integrity.
 - b. Test for adherence to national implementation guides (now TR3s).
 - c. Test for balancing.
 - d. Test for inter-segment situations in the implementation guides (now TR3s).
 - e. Test for external code set conformance.
 - f. Test for each specialty, line of business, or provider class.
 - g. Test for implementation guide (TR3) specific trading partners, such as Medicaid.
2. The system must support online verification during data entry (i.e., account validity, combination validity).
3. The system must have the capability to support stateful sessions for tracking what has occurred to date in a transaction and continuing with session-appropriate questions and dialog.
4. The Offeror must provide conceptual and logical data models for databases contained with the system.
5. The Offeror must provide a list of data standards (such as Systematized Nomenclature of Medicine (SNOMED) or RxNorm) utilized throughout the proposed solution.



3.3 Environments

1. It is HSCSN's preference that the Contractor provides software that is (a) certified on Windows 2000 Server/Advanced and Windows NT Professional, (b) Linux, or (c) UNIX (such as AIX).
2. HSCSN would prefer that system be based on a Microsoft Foundation and leverage existing HSCSN infrastructure.
3. The system must have a web-based infrastructure.
4. The system can be a hosted offering or an Application Service Provider (ASP) offering.
5. The system must have an integrated development environment (IDE) capable of working with interactive prompts designed for the production system without requiring separate "test only" code substitutions.
6. The system must support the ability to create, read, and update information according to user access profiles.
7. The system must support batch data entry capabilities.
8. The Contractor must provide software in proper condition to operate and maintain schedules with 99 percent availability. The system must allow HSCSN staff access via a single sign on across all modules of the proposed system.
9. The Contractor must provide context sensitive online help for each component of its proposed solution.
10. The system must have documentation, examples, tutorials, and help files available in commonly used formats for all product features. The documentation and other aids must be effective for both novice and experienced business users.
11. The Contractor and system must adhere to federally-mandated standards and industry standards to support interoperability among HSCSN systems and with external organizations.

3.4 Business Information Analytics

1. The system must provide business intelligence functionality capable of aggregation of information from all HSCSN business databases, internal and external to the system. See the Bidder's Library for a list of systems, interfaces, and files included in the RFP.
2. The system must provide, at minimum, advanced analytics capabilities for trending, high users, and cash flow.
3. The system must have advanced dash board functionality to allow for detailed presentations.
4. The system must allow for easy Structured Query Language (SQL) reporting for customized key business data and allow expedient extraction of all integrated data within the system for this purpose.



5. The system must have the capability to group questions into sets for easy interactive retrieval and storage of multiple data items without having to write separate code for each.
6. The system must provide one or more of the following:
 - a. Interfaces and data transfers to HSCSN's HEDIS/CAHPS/NCQA certified vendor.
 - b. Provide a HEDIS/CAHPS/NCQA certified service.
 - c. Provide HEDIS/CAHPS/NCQA certified capabilities within the system.
7. The system must provide HSCSN with certified HEDIS/CAHPS/NCQA software to allow HSCSN to run HEDIS/CAHPS/NCQA measures within the HSCSN infrastructure.
8. The system must be capable of generating HEDIS/CAHPS/NCQA measures to confirm the real-time administrative ratings.
9. The system must support the ability for users to drill down to the member/provider level on HEDIS/CAHPS/NCQA measures.
10. The system must support multi-entity reporting (fund reporting), allowing different lines of business. Each line of business must have the data elements stored separately.

3.4.1 Member Information Management

1. The system must provide the ability to maintain all information related to a member and provide an "out-of-the-box" and customizable view such as demographics, health history, claim history, health status, and health risks.
2. The system must facilitate access to member data for all core module activities reliant on member information (i.e., claims processing, QA, and compliance).
3. The system must support the receipt of data from disparate systems and source enabling clinical analytics.
4. The system must utilize the Continuity of Care Documents (CCD) as the standard for clinical content formation and exchange.

3.4.2 Provider Information Management

1. The system must have the ability to interface with other systems to provide a federated provider repository. See the Bidder's Library for a list of systems, interfaces, and files included in the RFP.
2. The system must allow both automatic and manual access to internal and external sources of provider information.
3. The system must facilitate access to provider data for all core module activities reliant on provider information (i.e., provider enrollment, claims processing, authorization, utilization management, and compliance).



4. The system must have Provider Portal functionality including, but not limited to, claims entry, payment status inquiry including remittance advice information, and member eligibility inquiry.
5. The system must support the determination of member and provider locations in reference to governmental districts, zip codes, and other geographic determinants to support provider directory functionality.

3.4.3 Claim Information Management

1. The system must have the ability to track and report on creation and maintenance of all authorization information by both users and systems (i.e., claims processing and links to associated claims).
2. The Contractor must provide data translation services, e.g., local codes translated to standard vocabulary.

3.5 Interfaces

See the Bidder's Library for a complete list of systems, interfaces, and files included in the RFP. Existing reports that are exported outside of the legacy systems may be converted to automated interfaces in the new system. This functionality will be determined during system configuration and design.

1. The system must have the capability to support all X12 HIPAA 5010 compliant transactions.
2. The system must have the capability to build interactive rules-driven interfaces.
3. The system must interface with external Health Information Exchanges (HIEs) and/or Regional Health Information Organizations (RHIOs).
4. The system must interface with the HSCSN's HEDIS vendor.
5. The system must interface to HSCSN's General Ledger system, Healthcare Management System.
6. The system must interface to the HSCSN budgeting system.
7. The system must interface to the HSCSN Voice-Over Internet Protocol (VoIP) phone system, Alcatel.
8. The system must interface with the HSCSN HIPAA clearinghouse, Emdeon.
9. The system must support receipt of enrollment data from DHCF.
10. The system must interface with the HSCSN Pharmacy service, CVS Caremark.
11. The system must interface with the HSCSN laboratory services, LabCorp.
12. The system must interface with the District of Columbia school system, District of Columbia Public Schools for Immunization school records.



13. The system must interface with the District of Columbia Lead Registry.

3.6 Workflow Management

1. The Contractor must supply a system that enables authorized HSCSN users to modify their workflows via a graphical interface or configuration tool.
2. The system must be integrated internally to support system domain users across all modules. The system must support definition of automated and manual workflows that link compliance cases to related providers. This must facilitate all core module activities affected by this information, such as the pending of claims for review when a compliance case requires this action.
3. The system must support the creation of specific case and disease management programs/profiles for HSCSN populations including, but not limited to, asthma, diabetes, and high risk pregnancy, Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Major Depression, and Mood Disorder.
4. The system must provide workflow management capabilities that enable staff to prioritize tasks, track tasks, and provide staff with task alerts.
5. The system must, at a minimum, auto-generate form letters, education materials, faxes and emails as part of defined operational workflows to be specified in business rules.
6. The system must have the functionality to provide decision support flags/alerts in real-time for all system modules.

3.7 Reporting Requirements

1. The Offeror shall provide a list of their standard reports.
2. The system must provide information on clinical protocols, health risks, and disease states must be in appropriate, electronic format(s) for members, providers and HSCSN staff.
3. The system must support generation of pre-defined and user defined forms and form letters.
4. The system must support the collection of information on occurrences of clinical errors as well as reporting on these.
5. The system must allow the ability to define new data elements/fields and report on these. For example, add a field to indicate that a provider has pending litigation. The system must be able to generate a report of providers who have pending litigation.
6. The system must provide reporting functionality that supports user defined static and ad-hoc reports.
7. The system must support the collection of information to document cost performance and care quality.
8. The system must provide the following business rules related reporting functions:



- a. The capability to generate reports on all the components of the project (rules set).
- b. The capability to display comments in the reports.
- c. The capability to perform report format customization for both business users and technical users.
- d. The capability to identify and locate potential rule conflicts.
- e. The capability to perform impact analysis and report the results of the impact analysis.

3.8 Business Rules

1. The system must support all system functionality, workflow management, and security and privacy capabilities through user configurable business rules.
2. The system must provide the following rule storage and versioning functions:
 - a. The capability to provide options in the choices of a storage mechanism for rules (e.g., databases or flat files).
 - b. The capability to provide complete versioned rule files.
 - c. The capability to perform versioning of entire projects for release management purposes.
 - d. The capability to perform roll backs to previous versions and run the rules as they were at a specific point in time.
 - e. The capacity to support structured repositories to provide a hierarchical view of many rules.
 - f. The capability to store information about the policy source behind the rule.
 - g. The capability to store metadata on any part of the project.
 - h. The capability to store information used for rule promotion in the repository.
 - i. The capability to perform searches of a project for a specific term or phrase.
 - j. The capability to search a project based on when the files were edited, who edited them, or any other metadata associated with the project.
 - k. The capability to save queries for later use by other users.
3. The system must provide the following integration functions:
 - a. The capability to access external data models directly.
 - b. The capability to allow users to write rules without defining and maintaining a data dictionary.



- c. The product must include deployment facilities for rapid integration of rules into existing production systems, including generation of configuration and rule invocation files.
- d. The product must be capable of having predefined integrations with application server software, including regular updates to stay up-to-date with new versions of the application servers.
- e. The capability to update rules in the production application without the need to shut down or restart the production application.
- f. The capability to pass or transfer data to and from the rules service without requiring conversion to one of a limited number of supported data types.

3.9 Document Management

HSCSN is looking for robust document management capabilities to facilitate the receipt, storage, and retrieval of information delivered to HSCSN via paper and electronic formats.

1. The system must include Optical Character Recognition (OCR), scanning, image archiving, indexing and retrieval capabilities to support receipt and processing of:
 - a. All medical and dental claim form types, regardless of source.
 - b. Medical records.
 - c. Other documents as required.
2. The system must provide document management capabilities that interface with workflow management capabilities to route documents to the applicable users and link documents to claim, provider, and member information as applicable.
3. The system must capture documents sent in a variety of electronic formats including .PDF, .TIF, .JPEG, .BMP, .PNG, .DOC, DOCX, XLS, and XLSX.

3.10 Customer Relationship Management

HSCSN is looking for robust Customer Relationship Management capabilities to support and track communications via phone, web portal, etc. These capabilities are need to support multiple domains/core business areas within the organization, at a minimum, provider services, member services, utilization management, compliance, and quality management. The intent of HSCSN is that there will be a seamless coordination of information between the VoIP system, Alcatel, and the care/claims management system.

1. The system must provide a robust effective call center environment for HSCSN organizational units that must track communication with customers, and provide the ability to conduct an interactive session with members and/or providers.
2. The system must have the means to support multiple modes of communication i.e. telephone, Internet, Smartphone, extranet, social networks, portals, etc. in a secure and confidential fashion between members, providers, HSCSN staff.



3. The system must have a knowledge database associated with members and providers that facilitates the interaction with the member and/or provider.

3.11 Security and Privacy

1. The system must be able to authenticate members, providers, organizations, etc.
2. The system must support roll based access control (RBAC).
3. The system must provide field level security.
4. The system must support user-definition of security based on HSCSN users' roles and function within the organization.
5. The contractor must, at a minimum, implement security equivalent that deployed at HSCSN.
6. The system must have the ability to support a Security level for create, read, update, and delete.
7. The system must provide an audit trail for all activities on the system including maintaining a history of changes.
8. The system must have the ability to support secure remote access via methods such as Hypertext Transfer Protocol Secure (HTTPS), Transport Layer Security (TLS), or Virtual Private Network (VPN) connectivity.
9. The system must support secure PHI transmissions via the HSC's Health Care system, email, and secure file transfer protocol (FTP) services.
10. The Offeror must provide a description of procedures for recovery and restoration of software and all data stored within the system.
11. The system must be capable of backing up 100 percent of the databases and software to tape or other type of portable storage media for offsite storage with no impact on overall system performance.
12. The Contractor must establish appropriate protocols to ensure that physical property/facility security is maintained.
13. The system must produce audit trail reports for all batch and online update transactions. The online audit trail report must include a record of the date, time, operator identification (ID) of the user or automated process making the update, as well as a before and after image of the record or field updated.
14. The Contractor must ensure that all facets of the system operate in accordance with all security and confidentiality regulations. The Contractor must adhere to all Federal, State and local policies. The Contractor must utilize agreed upon best practices, such as National Institute of Technology (NIST) and the SANS Institute. See the Bidder's Library for HSCSN Security, Confidentiality, and Privacy policies.



15. The system must provide the capability to establish security access through self-service functionality after initial creation of user profile and authorization is provided through the system administrator.
16. The system must provide a challenge-response (e.g., what is your mother's maiden name?) for a one-day temporary password for HSCSN users to continue working if a minimal two factor solution is not available.
17. The system must enable administrators to establish, maintain, disable, and delete access levels for new/existing employees.
18. The system must not supply any outside access to any part of the proposed system without a secure/encrypted connection, excluding unencrypted web pages that provide general information and links to a secure site for remote access.
19. The system must be compliant with HIPAA regulations dealing with transactions, security and privacy.
20. The system must provide the ability to build unencrypted web pages that provide general information such as the provider manual, clinical practice guidelines, provider directory, notice of privacy practices, etc.

3.12 Health Services for Children with Special Needs, Inc. Domains/Core Business Areas

3.12.1 Care Management

3.12.1.1 Business Area Description

Care Management is focused on determining and managing the care and services provided to HSCSN members. The functions included are:

- Enrollment and outreach services which involve direct interaction with members
- Determination of the care needed by the member including:
 - Coordination with service providers
 - Analysis of clinical and social information that describe the members situation
 - Development of plans of care and authorization of services
- Management of service utilization

3.12.1.2 System Requirements

1. The system must in the Care Management Module, at a minimum, capture and process the following data elements related to members:
 - a. Member.
 - i. ID.



-
- ii. Name.
 - iii. Date of Birth (DOB).
 - iv. Address.
 - v. Phone Number.
 - vi. Social Security Number (SSN).
 - b. Effective Dates of Enrollment/Termination.
 - i. Start date in program.
 - ii. Termination date in program.
 - c. Primary Diagnosis.
 - d. Additional Diagnoses.
 - e. Member Gender.
 - f. Acuity Level.
 - g. Primary Care Physician (PCP).
 - i. Name.
 - ii. Contact Phone Number.
 - h. Dentist.
 - i. Name.
 - ii. Number.
 - iii. Contact Phone Number.
 - i. School.
 - i. Name.
 - ii. Contact Phone Number.
 - j. Coordination of Benefits (COB) Information
 - k. Agency (i.e., Child and Family Services Agency (CFSA), Department of Youth Rehabilitation Services (DYRS), or residential facility).
 - i. Name.
 - ii. Contact Person.
 - iii. Contact Phone Number.
 - l. Guardian/Lawyer.
 - i. Name.
 - ii. Contact Phone Number.



- m. Caregiver.
 - i. Name(s).
 - ii. Caregiver Contact Numbers.
 - 1. Home.
 - 2. Cell.
 - 3. Work.
- n. Emergency Contact.
 - i. Name.
 - ii. Contact Number.
- o. Transportation Needs.
- p. Care Plan.
 - i. Cycle.
 - ii. Last Plan Date.
 - iii. Last Assessment Date.
 - iv. Assessment Due Date.
 - v. Disease Management Enrollment Indicator.
 - vi. Last Face to Face Date.
- q. Primary Language.
- r. Referral/Authorization Information.
 - i. Inpatient.
 - ii. Outpatient.
 - iii. Home Care.
 - iv. Durable Medical Equipment (DME).
 - v. Supplies.
 - vi. Transportation.
- s. Notes/Call Information.
- t. Program Code.
- u. Special Comments.
- v. Functional Status (i.e., Ambulatory, Wheelchair, Stretcher).
- w. Advance Directive Indicator.



2. The system must create alerts for Early Periodic, Screening, and Diagnosis Treatment (EPSDT) program due dates.
3. The system must collect data elements required for EPSDT:
 - a. EPSDT (Physical & Immunizations).
 - i. 5 visits by 9 months old.
 - ii. 1 visit by 12 months.
 - iii. 1 visit by 18 months.
 - iv. 1 visit by 24 months.
 - b. EPSDT (Dental).
 - c. Appointment tracking.
 - d. Prenotice/appointment reminder tracking.
 - e. Outreach tracking.
 - f. Incentives (gift card) tracking.
 - g. PCP recommendations tracking.
 - h. No show tracking.
 - i. Rescheduling tracking.
4. The system must have the ability to accept CCDs.
5. The system must be able to process single visit and patient-centric CCDs.
6. The system must provide, support, and maintain imbedded clinical programs that use evidenced-based medicine as its foundation, such as The National Asthma Education and Prevention Program (NAEPP) and the American Diabetes Association, American Academy of Pediatrics and/or the American Academy of Obstetricians and Gynecologists, etc.
7. The system must include fully integrate nationally recognized clinical criteria, including InterQual and Milliman and allow HSCSN users to create their own criteria.
8. The system must include other care management tools such as health library, body mass index (BMI) calculator, medication lists, medical terminology dictionary, benefit calculator, periodicity schedule, etc.
9. The system must support clinical analytics to identify and stratify high-risk members, with chronic conditions and gaps in care.
10. The system must provide assessment tools that analyze clinical protocols, health risks, and disease states.
11. The system must have disease protocols built into the system to allow staff to auto-generate plans of treatment that can be modified for specific members.



12. The system must automatically support the generation of authorization information for services that require prior authorization identified in plans of treatment or when a given disease state is identified for a member.
13. The system must track changes to authorization information recording the user or automated process making the change, the date of the change and a reason for the change.
14. The system must offer the user a set of reasons from which to select when making a change to an authorization.
15. The system must support utilization management in response to dental, drug, laboratory, etc inquiries from Providers and Suppliers.
16. The system must provide utilization management functions (both automated and manual) access to authorization information and claims information.
17. The system must link investigations of members on suspicions of fraud and compliance investigations with disenrollment of member processing.
18. The system must provide portal services that provide members the following capabilities:
 - a. Ability to locate a provider.
 - b. Ability to obtain comprehensive views of their profile of care.
 - c. Communication with care management.
 - d. Complete assessments and surveys.
 - e. Access relevant:
 - i. Educational material.
 - ii. Alerts.
 - iii. Notifications.
 - iv. Submit questions, concerns, etc.
19. The system must provide utilization management functionality must supports pharmacy provider calls and inquiries via an interactive web portal.
20. The system must have the capability to track the hours of services provided to a member by an HSCSN employee.

3.12.2 Claims Management

3.12.2.1 Business Area Description

Claims Management is the ability to receive, adjudicate, and pay claims in a timely manner. Claims may be received in either paper or transaction formats from all types of providers. Adjudication can include authorization review and/or routing of the workflow to care



management functions for utilization review. Payment of claims is based on information tied to the provider's contract including single case agreements that authorize services for an individual member. HSCSN coordinates benefits with other insurance carriers and captures what the other carrier paid and the balance that is HSCSN's responsibility. Claims management must include the ability to process claims in compliance with the HSCSN contract with DHCF and any laws, state or Federal, to which HSCSN is subject.

3.12.2.2 System Requirements

1. The system must in the Claims Management Module, at a minimum, capture and process the following data elements:
 - a. The dates of service.
 - b. The received date of the claim.
 - c. The processed and paid date of the claim.
 - d. The provider tax identification number and suffix and NPI number.
 - e. The amount charged.
 - f. The amount HSCSN will pay per claim or per service.
 - g. COB information- how much the other carrier considered and paid and how much HSCSN will pay.
 - h. Interest on claims over 30 days old.
 - i. Revenue codes, procedure codes, ICD-9 (ICD-10), and Healthcare Common Procedure Coding System (HCPCS).
 - j. Baby's birth weight for UB04 claims.
 - k. All fields required for 5010 and ICD-10.
 - l. Providers claim account number.
 - m. Type of bill all information submitted on the UBO4 and CMS1500 claim forms.
2. The system must accept standard electronic claim transactions, scanned claims and claims submitted via the provider portal.
3. The system must capture CMS1500 data elements.
4. The system must be capable of processing HIPAA compliant transaction code sets as specified under the HIPAA 5010 definition.
5. The system must be capable of outputting post adjudicated 837, 835, and 834 transactions to the interface with vendor utilized by DHCF.
6. The system must be capable of producing 835 transactions for delivery to providers.
7. The system must verify claim coding accuracy.



8. The system must be able to identify unbundled claims (Current Procedural Terminology (CPT) coded claims) and rebundle the claim to the appropriate bundled CPT.
9. The system must include Medicare Correct Coding Initiative (CCI) edits.
10. The system must be able to validate the appropriateness of services rendered by disease state, sex, dental needs, treatment, etc., including "logically impossible" services, i.e., male surgery on a female enrollee.
11. The system must support auto-adjudication as defined by business rules including the ability to auto-deny services.
12. The system must have access to provider and member information to support adjudication and payment processing. For example:
 - a. The system must be able to access authorization information to support adjudication including the ability to link authorizations to claims and to track used and remaining approved units.
 - b. The system must be able to access member benefit information to support adjudication and payment processing.
 - c. The system must facilitate close integration between provider contract information and claims management processes, including contract associated fee information.
13. The system must support claim adjudication stoppage via business rules and workflow capability to route potential issues to the compliance department for review.
14. The system must link provider compliance investigations and claims processing and have the ability to put provider claims on hold while under fraud or abuse investigation.
15. The system must support prompt payment requirements and calculate interest payments based upon the date of the check run and in accordance with the methodology adopted by DHCF. Currently this requires calculation on clean claims paid after 30 days.
16. The system must have the ability to automatically process all of the following types of payments:
 - a. Diagnosis Related Group (DRG)-based payments.
 - b. Advanced Primary Care (APC)-based payments.
 - c. Fee-for-service (FFS) payments and capitation payments based on default fee schedule that can incorporate the Medicaid fee schedule.
 - d. Payments per fee schedules specific to the provider contract.
17. The system must be able to differentiate high dollar claims and pay at an alternate rate, based upon the claim amount.



18. The system must support payment of claims for multiple providers billing under same taxpayer identification number (TIN) (support billing from group practices with multiple locations).
19. The system must have the capability to produce provider checks, vouchers and/or electronic deposits either automatically or manually.
20. The system must provide COB module and payment of coordinated claims.

3.12.3 Provider Management

3.12.3.1 Business Area Description

Provider Management includes all activities that HSCSN conducts in order to design, assemble, monitor and maintain a network of providers. Provider management includes such activities as:

- Enrollment – gathering and verifying credentialing and contracting information, including fee schedules specific to a contract
- Education – orienting new providers and their staff to HSCSN processes, providing ongoing education
- Provider services – resolving provider problems, ensuring that providers receive the reports the need to manage utilization and quality, evaluating provider satisfaction
- Developing and maintaining current, accurate provider directories

3.12.3.2 System Requirements

1. The system must in the Provider Management Module, at a minimum, capture and process the following data elements:
 - a. Practitioner:
 - i. Name.
 - ii. SSN.
 - iii. Degree.
 - iv. Title.
 - v. Sex.
 - vi. DOB.
 - vii. Last credentialed date.
 - viii. Specialty.
 - ix. Taxonomy number.
 - x. Board.
 1. Certification.



2. Issued date.
 3. Renewal date.
 - xi. Medicaid/Medicare license number.
 - xii. License expiration.
 - b. Office.
 - i. Address.
 - ii. Location.
 - iii. Hours of operation.
 - iv. Accessibility.
 - v. Age Limits.
 - vi. Languages.
 - vii. Accepts new members.
 - viii. Office Hours.
 - ix. Evening hours.
 - x. Saturday Hours.
 - c. Number of active members by age groups, and panel status.
 - d. TIN.
 - e. Group affiliation.
 - f. Billing address(es).
 - g. Organization designated ID number.
 - h. Type of payment arrangement.
 - i. State issued ID number.
 - j. Medicaid/Medicare ID number if different from practitioner number.
 - k. National Provider ID number.
 - l. PCP identification.
 - m. Provider Organization.
 - i. Effective date.
 - ii. Terminate date.
 - n. Drug Enforcement Agency (DEA).
 - i. License number.
 - ii. Expiration date.
-



4. The system must include Portal services that provide providers the following capabilities:
 - a. Ability to check member eligibility.
 - b. Ability to request and receive authorization for referrals, admission, or services.
 - i. Including the ability to automatically respond with "no authorization needed" when an authorization is not needed for a service.
 - c. Submit claims.
 - d. Inquire into claim and/or payment status, including remittance advice (RA) information.
 - e. Submit appeals.
 - f. Complete surveys or questionnaire.

3.12.4 Quality Assurance

3.12.4.1 Business Area Description

QA activities are focused on maintaining and improving the quality of services for enrollees and their access to those services. The functions that require the support of the technology included in the scope of this RFP include:

- Case Management and tracking functions related to risks, complaints, grievances sentinel events, fair hearings, mortality reviews, and unusual incidents
- Support for the collection and analysis of information to:
 - Monitor and evaluate the quality and safety of health care provided to enrollees
 - Monitor the services supporting providers
 - Monitor contractual requirements
 - Meet or exceed external quality review organization requirements and maintain NCQA certification

3.12.4.2 System Requirements

1. The system must have the ability to document and track risk events, complaints, and grievances, sentinel events, fair hearings, mortality reviews, and unusual incidents.
2. The system must support the conducting of surveys via the member and provider portals.

3.12.5 Compliance

3.12.5.1 Business Area Description



HSCSN is committed to conducting its business in a manner that facilitates full compliance with applicable laws and regulations including developing and maintaining an effective FWA program in compliance with federal law and provisions under the DC-DHCF CASSIP contract. The contract and some FWA case information is maintained in the Compliance 360 system, a service with which HSCSN contracts.

Compliance Program functions that require the support of the technology included in the scope of this RFP includes:

- The ability to document FWA case information
- Analyze claim information to identify potential cases or support identified cases
- Monitor key areas
- Share this information, as applicable, with other domains/core business areas in the system

3.12.5.2 System Requirements

1. The system must support HSCSN's CASSIP contract related requirements for FWA. See the Bidder's Library for the CASSIP contract requirement details.
2. The system must, at a minimum, be able to identify, store, and generate reports on FWA information identified below:
 - a. The number of reports of FWA made to the DHCF that require preliminary investigation.
 - b. For each report that warrants investigation.
 - c. The name and I.D. number of the suspected offender.
 - d. The source of the appeal.
 - e. The type of Provider.
 - f. The nature of the report.
 - g. The approximate number of dollars involved.
 - h. The legal and administrative disposition of the case.
3. The system must provide the capability to document that a FWA violation has occurred and track the date, time and event detail.
4. The system must have the ability to support linkages between domains/core business areas to reduce the risk of FWA through business rules and workflows that can be customized to meet HSCSN's needs.

3.12.6 Finance

3.12.6.1 Business Area Description



HSCSN is a part of the HSC Health Care System and while it operates as a financially independent entity, it is one of six entities in the HSC Health Care System. As a regulated MCO, it has separate audited financial reports and is included in The HSC Foundation and Subsidiaries consolidated financial statements.

3.12.6.2 System Requirements

1. The system must provide the ability to classify claims according to a hierarchy established by HSCSN business rules based on care and claims management data within the system.
2. The system must be able to upload the capitation file and auto-reconcile the file to the enrollee list.
3. The system must provide the ability to bill for targeted case management services provided by HSCSN.
4. The system must provide the ability to create an invoice and export/mail to a third-party.



4 TECHNICAL PROPOSAL REQUIREMENTS

The Technical Proposal must present a complete detailed description of the Offeror's qualifications to perform and its approach to carry out the requirements as set forth in the RFP and Terms and Conditions documents.

4.1 Order of Information

The Technical Proposal must be arranged in the following order:

- Transmittal Letter
- Cover Sheet
- Table of Contents
- Statement of Acknowledgement (**APPENDIX C**)
- Disclosure of Litigation
- Executive Summary
- Response to Scope of Work
 - Sample Implementation Project Management Plan and Schedule (PRP 1)
 - Sample Staffing Management Plan (PRP 2)
 - Key Personnel Profile Summary for Proposed Staff (PRP 3)
 - Description of Training Approach (PRP 4)
- Completed Requirements Response Template (**APPENDIX D**)
- Offeror's Experience and Qualifications, Past Performance, and References
 - Corporate Background
 - Experience and Qualifications
 - Past Performance
 - Client References
 - Management Letter/Auditor Opinion

The Offeror must index and tab the original Proposal and all copies and clearly mark them with the above Sections. The Offeror should make the Proposal easy for the evaluators to read and reference. Offerors may add additional tabs for such items as letters of recommendation, organization charts, resumes, and similar topics.

Offerors must not include ancillary information including promotional and marketing information in the body of the Proposal. If the Offeror deems corporate marketing materials to be critical to its Proposal, the Offeror must submit these items as an attachment or appendix. Offerors must



not refer to information contained in such an attachment or appendix as the means to satisfy RFP requirements.

OFFERORS MUST SEAL THEIR PROPOSALS AND MUST NOT INCLUDE ANY KIND OF PRICE INFORMATION IN THE TECHNICAL PROPOSAL. HSCSN WILL REJECT AS NONRESPONSIVE TO THE RFP ANY PROPOSALS CONTAINING SUCH PRICE INFORMATION IN THE TECHNICAL PROPOSALS. IF SUBMITTED ELECTRONICALLY, PRICE AND TECHNICAL PROPOSALS MUST BE ON SEPARATE ACCEPTABLE DEVICES.

4.2 Transmittal Letter

The transmittal letter must be in the form of a standard business letter, and an individual authorized to bind the Offeror legally must sign it. The transmittal letter must include the following items:

- A statement by the Offeror indicating that neither the Offeror's principal officers (president, vice president, treasurer, chairperson of the board of directors, and other executive officers) nor any individuals with ownership interest in the entity have been terminated previously from the Medicare program, Medicaid program, or been convicted of Medicare or Medicaid fraud.
- A statement that neither price nor pricing data is included in this letter or the Technical Proposal
- If Subcontractors are proposed, the transmittal letter must contain a statement of the exact amount of work to be done by the primary Offeror (not less than 50 percent) and each Subcontractor as measured by price. The Offeror must not state the price figures in the transmittal letter, only the percentages of work derived from price.
- If the Proposal deviates from the detailed requirements of this RFP, the transmittal letter must identify and explain these deviations. The State reserves the right to reject any Proposal containing such deviations.

4.3 Cover Sheet

The cover sheet must identify the name and number of the RFP and the name and address of the Offeror.

4.4 Number of Copies

The Offeror must provide the following Technical Proposal packages:

- One original in a three ring binder
- Fifteen paper copies in a three ring binder
- Five DVD copies



4.5 Table of Contents

The table of contents should itemize the contents by section, subsection, and page numbers for facilitation of the evaluators reading the Proposal.

4.6 Disclosure of Litigation

The Offeror (and any Subcontractors identified as part of this Proposal) must disclose in the Proposal its involvement in any litigation that could affect the project or contract.

The Offeror must identify, for all projects undertaken for the past three years, any claims, disputes, or disallowances imposed by any funding agency. In addition, a statement of any assignments, contractual obligations, and the Offeror's involvement in litigation that could affect this work must be included. The Offeror must identify any contract terminations that have occurred or that either party initiated.

4.7 Executive Summary

The Offeror must provide an Executive Summary. The Executive Summary should condense and summarize the contents of the Technical Proposal to provide the Proposal Evaluation Committee with a broad but clear understanding of the entire Proposal. It should summarize the Offeror's technical approach and any enhancements proposed for HSCSN, discussing the key elements of the Offeror's approach and technical solutions and addressing how the Offeror will address key risks in the configuration and design phase. The Executive Summary should not exceed 10 pages.

4.8 Statement of Acknowledgement

An authorized officer that is authorized to bind the Offeror legally must sign in blue ink the Statement of Acknowledgement (**APPENDIX C**). A separately signed Statement of Acknowledgement defined in **APPENDIX C** is required not only for the prime Offeror, but also for any Subcontractor named in the Proposal.

The Statement of Acknowledgement contains the following components:

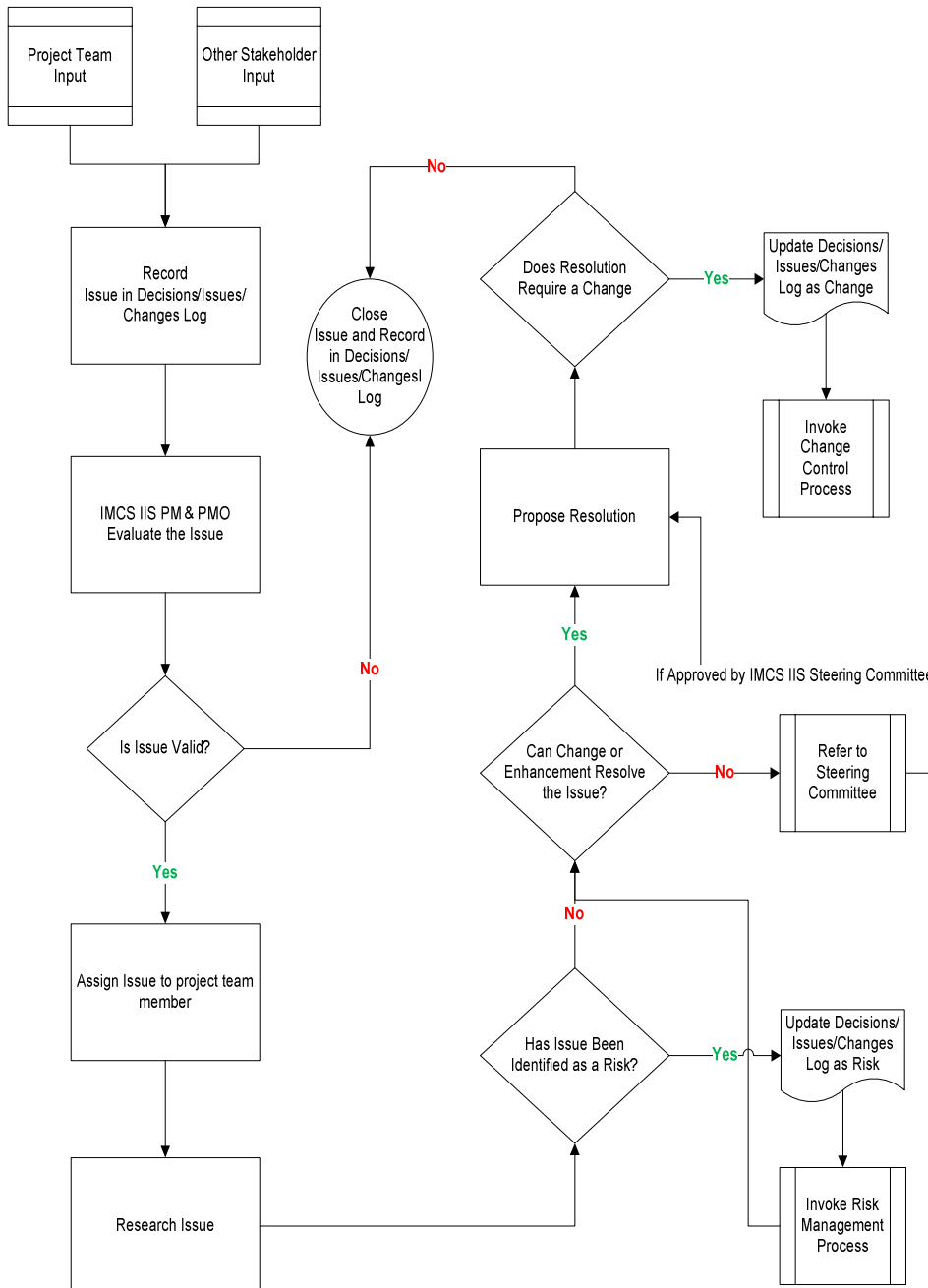
- Name, address, phone number, fax number, and TIN of the Offeror
- Indication if the Offeror is a for-profit agency or not-for-profit agency
- Indication if the Offeror is a corporation, partnership, or sole proprietor
- Names and titles of the individuals authorized to contractually obligate the organization, the individual authorized to negotiate the contract, and the corporate president, if applicable
- Statement certifying that the completed Proposal includes the required number of copies of the Proposal in the required format and containing all required information



- Statement certifying that the Offeror has read, understands, and agrees to comply with all the terms and conditions as set forth in the RFP and Attachment A: Standard Terms and Conditions without qualification
- Statement certifying that the Offeror is full compliance with all District laws regarding incorporation or formation and doing business in the District of Columbia and shall comply with the laws of the State in which they are incorporated, formed, or organized by execution of any contract resulting from the Bid Proposal
- Statement certifying the Offeror does not discriminate in its employment practices with regard to race, color, religion, age, sex, national origin, or handicap
- Statement certifying that the individual signing the Statement of Acknowledgement is authorized to make decisions as to, and is responsible for, the prices quoted; that the offer is firm and binding; and that he/she has not participated, and will not participate, in any action contrary to the above conditions
- Statement authorizing the HSCSN or its agents to verify the financial information requested in the RFP
- Statement certifying that no attempt has been made or will be made by the Offeror to persuade any other person or firm to submit or not to submit a response
- Statement committing the Offeror to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract
- Statement identifying all amendments to this RFP issued by the Issuing Officer and received by the Offeror or, if no amendments have been received, a statement to that effect

The Offeror must attach an explanation to the Statement of Acknowledgement, if the Technical Proposal deviates from the detailed requirements of this RFP in any manner. HSCSN reserves the right to reject any Technical Proposal containing such deviations.

APPENDIX A: ISSUE MANAGEMENT WORKFLOW





APPENDIX B: KEY PERSONNEL

Key Personnel				
Proposed Staff Name	Position (Recommended positions to include)	Job Description	Years Relevant Experience	Certifications/Education
	Project Manager			
	Account Executive			
	Technical Lead			
	System Architect			
	Technical Analyst			
	Business Analyst			
	Trainer			
	Quality Assurance			



APPENDIX C: STATEMENT OF ACKNOWLEDGEMENT

STATEMENT OF ACKNOWLEDGEMENT	
Required Information	To Be Completed by Offeror
Company Name	
Address	
Phone Number	
Fax Number	
Email Address	
Tax Identification Number	
For Profit Agency Y/N	
Not For Profit Agency Y/N	
Corporation Y/N	
Partnership Y/N	
Sole Proprietor Y/N	
Names and titles of the individuals authorized to contractually obligate the organization, the individual authorized to negotiate the contract, and the corporate president, if applicable.	
Signature certifying that the completed Proposal includes the required number of copies of the Proposal in the required format and containing all required information.	
Signature certifying that the Offeror has read, understands, and agrees to comply with all the terms and conditions as set forth in the RFP and the Standard Terms and Conditions without qualification.	
Signature certifying that the Offeror is full compliance with all District laws regarding incorporation or formation and doing business in the District of Columbia and shall be in compliance with the laws of the State in which they are incorporated, formed, or organized by execution of any contract resulting from the Bid Proposal.	
Signature certifying the Offeror does not discriminate in its employment practices with regard to race, color, religion, age, sex, national origin, or handicap.	



STATEMENT OF ACKNOWLEDGEMENT	
Required Information	To Be Completed by Offeror
Signature certifying that the individual signing the Statement of Acknowledgement is authorized to make decisions as to, and is responsible for, the prices quoted; that the offer is firm and binding; and that he/she has not participated, and will not participate, in any action contrary to the above conditions.	
Signature authorizing the HSCSN or its agents to verify the financial information requested in the RFP.	
Signature certifying that no attempt has been made or will be made by the Offeror to persuade any other person or firm to submit or not to submit a response.	
Signature committing the Offeror to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract.	
Signature identifying all amendments to this RFP issued by the Issuing Officer and received by the Offeror or, if no amendments have been received, a statement to that effect.	



APPENDIX D: REQUIREMENTS RESPONSE TEMPLATE

See the Bidder's Library for a fillable Requirements Response Template. Excerpt below.

RFP Section #	Requirement	Functionality completely met in current version? Please list current version identifier.	If not, will this functionality be met a planned release in 2012? If yes, please identify tentative release date.	If not available currently or in 2012, does this functionality appear on your 3 5 year product roadmap?	Provide a detailed description / explanation of how your product does or will meet this functionality. If you are attaching graphics or attachments to demonstrate functionality, label the attachment with the RFP requirement # and section # and submit with the response template.
2.2	The system must have online web based infrastructure with connectivity solution delivering target functionality to Providers and Members, while streamlining administrative and financial processes based on user-defined rules with automated responses and secure communication.				
2.2	The system must provide an intuitive approach to use from an end-user perspective and provide all functions prescribed in this RFP.				



This Page Intentionally Left Blank.