

# The State of West Virginia Bureau for Medical Services



Request for Proposal MED11015

## Data Warehouse/Decision Support System Procurement

### **Receipt Location:**

WV Department of Health and Human Resources  
Office of Purchasing  
One Davis Square, Suite 100  
Charleston, WV 25301

**WARNING:** Prospective Offerors who have received this document from a source other than the Issuing Office should immediately contact the Issuing Office and provide their name and mailing address so that amendments to the RFP or other communications can be sent to them. A prospective Offeror who fails to notify the Issuing Office with this information assumes complete responsibility in the event that they do not receive communications from the Issuing Office prior to the closing date.

Proposals shall be addressed to:

WV Department of Health and Human Resources  
Office of Purchasing  
ATTN: Bryan Rosen  
One Davis Square, Suite 100  
Charleston, WV 25301  
Telephone (304) 558-0953 Fax (304) 558-2892



## REQUEST FOR PROPOSAL

Bureau for Medical Services RFP MED11015

### PART 1 GENERAL INFORMATION, TERMS AND CONDITIONS

#### 1.1 Purpose

The Bureau for Medical Services, hereinafter referred to as "Bureau" or "BMS", is soliciting proposals to procure information technology products and services to design, develop, implement, operate and enhance a West Virginia (WV) Medicaid Data Warehouse/Decision Support System (DW/DSS).

#### 1.2 Project

BMS plans to implement a DW/DSS that contains static, reconciled data with full decision support system capability to enable the State to move toward its strategic objectives. Many program and process changes are occurring as a result of the State's Medicaid transformation initiatives, strategic Health Information Technology (HIT) planning, and Health Care Reform. The Bureau would like a robust DW/DSS in place as soon as possible to enable the Bureau to perform more sophisticated analyses of data in order to make better decisions, improve health outcomes, and make best use of state and federal financial resources. Achieving this end is to be accomplished in two phases:

##### Phase One

Design, Development and Implementation (DDI) – This phase includes the design, development and implementation of the system that provides financial analysis; defined and ad hoc reporting capabilities; analytics such as trending and what-if scenarios; clinical utilization and care management case analysis; and a Surveillance and Utilization Review (SUR) product to support BMS' Office of Quality and Program Integrity (OQPI). The SUR product developed and tested during Phase One is expected to become the Centers for Medicare and Medicaid Services (CMS) certified SUR system during Phase Two, in parallel with certification of the new BMS Medicaid Management Information System (MMIS). During Phase One, the DW/DSS should be designed for possible use by a limited number of external entities. Phase One also includes the acquisition of current data, and historical data as available, from multiple sources, including lab result data and encounter data [from the State's Managed Care Organizations (MCOs)], the expanded use of clinical values as available, the conversion, loading and reconciliation of that data; and implementation of decision support capabilities.

##### Phase Two

- Operations - In this phase the Vendor performs all operations, maintenance, and change management activities for the DW/DSS.
- Enhancements have not been fully defined but are anticipated to include the transition of SUR, Management and Administrative Reporting (MAR) and potentially other reports to the DW/DSS; the acquisition and reconciliation of additional data; potential use by additional external entities; and other activities defined through WV Medicaid HIT and Health Care Reform planning. Enhancements are projected to occur throughout the life of the



contract in successive sub-projects. Planning and design activities might commence prior to the completion of Phase One: DDI.

Information about the contract term and renewals is located in RFP Section 1.21.10.

### **1.3 Legal Basis**

The procurement process for this RFP will be conducted in accordance with the procurement policies and procedures established by the Secretary of the Department of Health and Human Resources as provided for in West Virginia State Code §9-2-9b.

### **1.4 RFP Format**

This RFP has four parts. “Part 1” contains general information, terms and conditions; “Part 2” describes the background and working environment of the project; “Part 3” is a statement of the specifications for the services requested pursuant to this RFP, contractual requirements, and special terms and conditions; and “Part 4” explains the required format of the Bidder’s response to the RFP, the evaluation criteria the Bureau will use in evaluating the proposals received, how the evaluation will be conducted and how the award will be made.

### **1.5 Inquiries**

Additional information inquiries regarding specifications of this RFP must be submitted in writing to DHHR Office of Purchasing. The deadline for written inquiries is identified in the Schedule of Events, Section 1.17. All inquiries of specification clarification must clearly identify the RFP MED11015 and be addressed to:

WV Department of Health and Human Resources  
Office of Purchasing  
ATTN: Bryan Rosen  
One Davis Square, Suite 100  
Charleston, WV 25301  
[Bryan.D.Rosen@wv.gov](mailto:Bryan.D.Rosen@wv.gov)  
(304) 558-0953 Fax (304) 558-2892

The Vendor, or anyone on the Vendor’s behalf, is not permitted to make any contact whatsoever with any member of the evaluation committee. Violation may result in rejection of the bid. The person named above is the sole contact for any and all inquiries after this RFP has been released.

### **1.6 Vendor Registration**

Vendors participating in this process should complete and file a **Vendor Registration and Disclosure Statement** (Form WV-1) with the West Virginia Department of Administration (DOA) Purchasing Division and remit the registration fee. Vendor is not required to be a registered vendor in order to submit a proposal, but the **successful bidder must** register and pay the fee prior to the award of an actual purchase order or contract.

### **1.7 Oral Statements and Commitments**

Vendor must clearly understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor’s representatives and any State



personnel is not binding. Only the information issued in writing and added to the Request for Proposal specifications file by an official written addendum are binding.

## **1.8 Economy of Preparation**

Proposals should be prepared simply and economically, providing a straightforward, concise description of Vendor's abilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.

## **1.9 Labeling of RFP Sections**

The sections within this RFP contain instructions governing how the Vendor's proposal is to be arranged, submitted and to identify the material to be included therein.

### *1.9.1 Mandatory Requirements*

Any specification or statement containing the word "must", "shall", or "will" are mandatory. Part 3 Section 3.1 contains mandatory deliverables required upon contract execution. By signing and submitting a response to this RFP, the Vendor agrees to all mandatory deliverables described herein. Part 4 describes RFP response requirements, which may be mandatory. The Vendor is required to meet all mandatory requirements in order to be eligible for consideration and to continue in the evaluation process. Failure to meet or agree to mandatory items shall result in disqualification of the Vendor's proposal and the evaluation process will be terminated for that vendor. Decisions regarding compliance with any mandatory requirement shall be at the sole discretion of the Bureau.

### *1.9.2 Contract Terms and Conditions*

This Request for Proposals contains all the contractual terms and conditions under which the BMS will enter into a contract.

### *1.9.3 Informational Sections*

Informational specifications do not require a response from the Vendor. They are intended to aid the Vendor in structuring an effective proposal capable of meeting the needs of the issuing agency.

## **1.10 Proposal Format and Submission**

1.10.1 Each proposal should be formatted as per the outline in Part 4 of this RFP. No other arrangement or distribution of the proposal information may be made by the bidder. Failure on the part of the bidder to respond to specific requirements detailed in the RFP may be the basis for disqualification of the proposal. The BMS reserves the right to waive any informality in the proposal format and minor irregularities.

1.10.2 Bureau procurement policies require that the original technical and the original cost proposal be submitted to DHHR Office of Purchasing. All proposals must be submitted to the DHHR Office of Purchasing **prior** to the date and time stipulated in the RFP as the opening date. All bids will be dated and time stamped to verify official time and date of receipt.

1.10.3 Vendors mailing proposals should allow sufficient time for mail delivery to ensure timely arrival. The Bureau cannot waive or excuse late receipt of a proposal which is



delayed and/or late for any reason. Any proposal received after the bid opening date and time will be immediately disqualified in accordance with Bureau procurement policies.

Vendors responding to this RFP shall submit:

One (1) original technical and one original cost proposal plus six (6) convenience copies, including one copy on CD, to:

WV Department of Health and Human Resources  
Office of Purchasing  
ATTN: Bryan Rosen  
One Davis Square, Suite 100  
Charleston, WV 25301  
Telephone (304) 558-0953 Fax (304) 558-2892

The outside of the envelope or package(s) should be clearly marked:

**RFP MED11015**

**All proposals must be received prior to 1:30 pm on May 17, 2011.**

**1.10.4 Standard Format**

1.10.4.1 *Proposal Format and Content:* Proposals shall be requested and received in two distinct parts: Technical and Cost. The cost portion shall be sealed in a separate envelope.

1.10.4.2 *Bid Opening:* The DHHR Office of Purchasing will open the proposals based on the Schedule of events.

1.10.4.3 *Evaluation Committee.* The evaluation committee will be made up of no less than 3 and no more than 7 Subject Matter Experts (SMEs). The number and backgrounds of the SMEs will depend on the complexity and size of the project. These SMEs will be drawn from the BMS and other agencies, as appropriate, and will be approved by the BMS Commissioner. The Evaluation Committee then will review and evaluate all technical proposals received in response to this RFP.

1.10.4.4 *Evaluation Criteria:* Each proposal shall be evaluated, measured and ranked using the evaluation criteria described here. The Bureau hereby reserves the right to evaluate, at its sole discretion, the extent to which each proposal received compares to the said criteria. The recommendation of the Evaluation Committee shall be based on the evaluations using the criteria described here.



The following table depicts the scoring methodology that will be used to evaluate proposals.

Description	Maximum Score
Project Approach and Solution	15
Vendor Qualifications and Experience	10
Project Staffing	15
Solution Alignment With BMS' Business Needs	20
Technology Solution	10
Cost Proposal	30
	<b>100</b>

The Bureau may, if necessary, ask vendors for additional information to clarify their proposals. The Bureau reserves the right to accept or reject any or all of the proposals, in whole or in part, without prejudice, if to do so is felt to be in the best interests of the Bureau. Vendor's failure to provide complete and accurate information at any point in the evaluation process may be considered grounds for disqualification.

*1.10.4.5 Evaluation Committee Recommendation:* After the cost proposals have been opened, the Evaluation Committee completes its review and prepares the final vendor evaluation. The Evaluations Committee's final recommendation to the DHHR Office of Purchasing is based on best value. Cost is considered, but is not the sole determining factor for award.

*1.10.4.6 Minimum Acceptable Score:* Vendors must score a minimum of **70%** of the total technical points possible. The minimum qualifying score on the technical portion is 49 points. All vendors not attaining the minimum acceptable score (MAS) shall be disqualified and removed from further consideration.

Vendor's failure to provide complete and accurate information may be considered grounds for disqualification.

*1.10.4.7 Resident Vendor Preference:* DHHR Purchasing Division will make the determination of the Resident Vendor Preference, if applicable. Resident Vendor Preference provides an opportunity for qualifying vendors to request at the time of bid preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the West Virginia Code. A certificate of application is used to request this preference. A West Virginia vendor may be eligible for two 2.5% preferences in the evaluation process.

*1.10.4.8 Oral Presentation:* If included in the Schedule of Events, at the option of the BMS, oral presentations may be required. Vendors will be notified if any oral



presentation is required. Any cost incidental to an oral presentation shall be borne entirely by the vendor and the BMS shall not compensate the vendor.

The vendors should present complete, comprehensive proposals without relying on oral presentations, because the BMS reserves the right to award a contract without further discussions or an oral presentation. Presentations will be recorded and any representations made during the oral presentation will become part of the vendor's proposal and are binding if a contract is awarded.

*1.10.4.9 Site Visits:* The BMS may request to review the vendor's facilities, other vendor clients or its subcontractors' facilities. This may include, but not be limited to, a review of policies and procedures, and any other area of operation that directly or indirectly affects the provisions of the RFP or contract.

Any cost incidental to the site visit by the vendor shall be borne by the vendor. The BMS will be responsible for its own travel and accommodations.

A readiness review may also be conducted on-site at the selected vendor's facilities following execution of the contract and before implementation of any project work.

*1.10.4.10 Contract Approval and Award:* After the cost proposals have been opened, the evaluation committee completes its review and prepares the final evaluation making its recommendation for contract award based on the highest scoring vendor. The final evaluation must be reviewed and approved by the DHHR Office of Purchasing Director.

*1.10.4.11 Vendor Debrief:* As the evaluation and award process has been described and documented, unsuccessful vendors have the opportunity to request a Debrief. That Debrief will be conducted at BMS facilities, privately, with the requesting vendor, the buyer and appropriate members of the evaluation committee. The vendor's proposal will be discussed, and the evaluation committee scoring and contract award will be explained. This will help vendors understand the process, be more competitive by improving their proposals, and will increase their potential for winning bids.

## **1.11 Rejection of Proposals**

The Bureau shall select the best value solution according to the evaluation criteria described in this document. However, the Bureau reserves the right to accept or reject any or all proposals, in part or in whole at its discretion. The Bureau reserves the right to withdraw this RFP at any time and for any reason. Submission of, or receipt by the Bureau of proposals confers no rights upon the bidder nor obligates the Bureau in any manner.

A contract based on this RFP and the Vendor's proposal, may or may not be awarded. Any contract resulting in an award from this RFP is not valid until properly approved and executed by the Bureau for Medical Services.

Unsuccessful vendors, who have requested and participated in a Debrief, can protest an award within 5 business days of the date of the notification of an unsuccessful proposal. Protests will be submitted, in writing, to the DHHR Office of Purchasing Director. Protests will contain appropriate information, including grounds for the protest,





supporting documentation, if necessary, and resolution or relief sought. The DHHR Secretary (or his/her designee) will review the protest; conduct a hearing (at the Secretary's discretion); and issue a written decision. Any delay of the procurement will be up to, and at the discretion of the DHHR Secretary.

**1.12 Incurring Costs**

The BMS and any of its employees or officers shall not be held liable for any expenses incurred by any bidder responding to this RFP for expenses to prepare, deliver the proposal, or to attend any mandatory pre-bid meeting or oral presentations.

**1.13 Addenda**

If it becomes necessary to revise any part of this RFP, an official written addendum will be issued by DHHR Office of Purchasing to all bidders of record.

**1.14 Independent Price Determination**

A proposal will not be considered for award if the price in the proposal was not arrived at independently without collusion, consultation, communication or agreement as to any matter relating to prices with any competitor unless the proposal is submitted as a joint venture.

**1.15 Price Quotations**

The price(s) quoted in the bidder's proposal will not be subject to any increase and will be considered firm for the life of the contract unless specific provisions have been provided for adjustment in the original contract.

**1.16 Public Record**

**1.16.1 *Submissions are Public Record.***

All documents submitted to the Bureau related to purchase orders or contracts are considered public records. All bids, proposals or offers submitted by bidders shall become public information and are available for inspection during normal official business hours at the DHHR Office of Purchasing after the bid opening.

**1.16.2 *Written Release of Information.***

All public information may be released with or without a Freedom of Information request, however, only a written request will be acted upon with duplications fees paid in advance. Duplication fees shall apply to all requests for copies of any document. The fees are determined in accordance with DHHR Policy 2510.

**1.16.3 *Freedom of Information/Disclosure***

All documents in this RFP process are subject to West Virginia's Freedom of Information Act (FOIA) and may be disclosed upon request. The vendor must clearly identify which data are considered proprietary. If the BMS receives a FOIA request for data, labeled by the vendor as proprietary, the BMS will notify the vendor (in writing) of the request to allow the vendor time to obtain the appropriate court order to prevent the release of the information. Otherwise, the BMS will be compelled by State law to release such information.

**1.16.4 *HIPAA Compliance***

BMS contracts require that vendors agree to become a business associate of the BMS,





and therefore the vendor must have policies and procedures in place consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards for privacy and security of protected health information (45 CFR Parts 160 and 164) and any other applicable State or Federal law related to the privacy or security of information. The West Virginia Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is hereby made part of the agreement.

#### **1.17 Schedule of Events**

The Bureau intends to complete the selection process using the following schedule. However, the BMS reserves the right to modify or reschedule procurement milestones as necessary.

Event	Anticipated Dates
Release RFP to Vendors	February 25, 2011
Vendor Pre-Bid Conference	March 9, 2011
Vendor's Written Questions Submission Deadline	March 18, 2011
Questions Addendum Issued	March 28, 2011
Vendor Proposal Opening Date	May 17, 2011
Oral Presentations	July 12, 2011
Cost Bid opening	July 26, 2011

#### **1.18 Pre-Bid Conference**

A mandatory pre-bid conference shall be conducted on the date specified above at: 350 Capitol Street, Room 251, Charleston, WV 25301 at 1:30 pm on the date listed above. All interested bidders are required to be present at this meeting. Any vendor failing to attend the mandatory pre-bid conference will not be considered for award. No one person can represent more than one vendor.

#### **1.19 Purchasing Affidavit**

All bidders must submit an affidavit regarding any debt owed to the State. The affidavit must be signed and submitted prior to award. It is preferred that the affidavit be submitted with the proposal.

#### **1.20 Proposal Withdrawal**

Prior to proposal due date, a Bidder may withdraw their proposal by submitting a written request for its withdrawal signed by the Bidder's authorized agent. The written withdrawal request must be directed to the DHHR Office of Purchasing at the address listed.

#### **1.21 General Terms and Conditions**

By signing and submitting its proposal, the successful Vendor agrees to be bound by all the terms contained in this RFP.

##### **1.21.1 Conflict of Interest**

Vendor affirms that it, its officers or members or employees presently have no interest



and shall not acquire any interest, direct or indirect, which would conflict or compromise in any manner or degree with the performance or its services hereunder. The Vendor further covenants that in the performance of the contract, the Vendor shall periodically inquire of its officers, members and employees concerning such interests. Any such interests discovered shall be promptly presented in detail to the Bureau.

**1.21.2 Prohibition against Gratuities**

Vendor warrants that it has not employed any company or person other than a bona fide employee working solely for the Vendor or a company regularly employed as its marketing agent to solicit or secure the contract and that it has not paid or agreed to pay any company or person any fee, commission, percentage, brokerage fee, gifts or any other consideration contingent upon or resulting from the award of the contract.

For breach or violation of this warranty, the Bureau shall have the right to annul this contract without liability at its discretion or to pursue any other remedies available under this contract or by law.

**1.21.3 Certifications Related to Lobbying**

Vendor certifies that no federal appropriated funds have been paid or will be paid, by or on behalf of the company or an employee thereof, to any person for purposes of influencing or attempting to influence an officer or employee of any Federal entity, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the Vendor shall complete and submit a disclosure form to report the lobbying.

Vendor agrees that this language of certification shall be included in the award documents for all sub-awards at all tiers, including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements, and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this contract was made and entered into.

**1.21.4 Vendor Relationship**

The relationship of the Vendor to the Bureau shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by the parties to this contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents.

Vendor shall be responsible for selecting, supervising and compensating any and all individuals employed pursuant to the terms of this RFP and resulting contract. Neither the Vendor, nor any employees or contractors of the Vendor, shall be deemed to be



employees of the Bureau or the State for any purposes whatsoever.

Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, and licensing fees, etc. and the filing of all necessary documents, forms and returns pertinent to all of the foregoing.

Vendor shall hold harmless the Bureau and the State, and shall provide the Bureau and the State with a defense against any and all claims including but not limited to the foregoing payments, withholdings, contributions, taxes, social security taxes and employer income tax returns.

The Vendor shall not assign, convey, transfer or delegate any of its responsibilities and obligations under this contract to any person, corporation, partnership, association or entity without expressed written consent of the Bureau.

#### *1.21.5 Indemnification*

The Vendor agrees to indemnify, defend and hold harmless the State and the Bureau, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person or firm performing or supplying services, materials or supplies in connection with the performance of the contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use or disposition of any data used under the contract in a manner not authorized by the contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees or subcontractors to observe State and Federal laws, including but not limited to labor and wage laws.

#### *1.21.6 Contract Provisions*

After the successful Vendor is selected, a formal contract document will be executed between the Bureau and the Vendor. In addition, the RFP and the Vendor's response will be included as part of the contract by reference. The order of precedence is the contract, the RFP, and the Vendor's proposal in response to the RFP.

#### *1.21.7 Governing Law*

This contract shall be governed by the laws of the State of West Virginia. The Vendor further agrees to comply with the Civil Rights Act of 1964 and all other applicable laws and regulations, Federal, State and Local Government.

#### *1.21.8 Compliance with Laws and Regulations*

The Vendor shall procure all necessary permits and licenses to comply with all applicable laws, Federal, State or municipal, along with all regulations, and ordinances of any regulating body.

The Vendor shall pay any applicable sales, use or personal property taxes arising out of this contract and the transactions contemplated thereby. Any other taxes levied upon this contract, the transaction, or the equipment, or services delivered pursuant here to



shall be borne by the contractor. It is clearly understood that the State of West Virginia is exempt from any taxes regarding performance of the scope of work of this contract.

#### *1.21.9 Subcontracts/Joint Ventures*

The Vendor is solely responsible for all work performed under the contract and shall assume prime contractor responsibility for all services offered and products to be delivered under the terms of this contract. The Bureau will consider the Vendor to be the sole point of contact with regard to all contractual matters. The Vendor may, with the prior written consent of the BMS, enter into written subcontracts for performance of work under this contract; however, the Vendor is totally responsible for payment of all subcontractors.

#### *1.21.10 Term of Contract & Renewals*

This contract will be effective (date set upon award) for a period of 4 years, at which time the contract may, upon mutual consent, be renewed. Such renewals are for a period of up to one (1) year, with a maximum of two (2) one year renewals, or until such reasonable time thereafter as is necessary to obtain a new contract. The "reasonable time" period shall not exceed twelve (12) months. During the "reasonable time" period Vendor may terminate the contract for any reason upon giving the Agency ninety (90) days written notice. Notice by Vendor of intent to terminate will not relieve Vendor of the obligation to continue to provide services pursuant to the terms of the contract.

Unless specific provisions are stipulated in the contract document, the terms, conditions and pricing established are firm for the life of the contract.

Contracts that contain renewal provisions may be renewed upon the mutual written consent of the Medicaid Program and vendor. The renewal(s) will be enacted through the Change Order process, as identified in 1.21.13.

Any change in Federal or State law, or court actions which constitute binding precedent in West Virginia, and which significantly alters the Vendor's required activities or any change in the availability of funds, shall be viewed as binding and shall warrant good faith renegotiation of the compensation paid to the Vendor by the Bureau and of such other provisions of the contract that are affected. If such renegotiation proves unsuccessful, the contract may be terminated by the State upon written notice to the Vendor at least thirty (30) days prior to termination of this contract.

#### *1.21.11 Non-Appropriation of Funds*

If the Bureau is not allotted funds in any succeeding fiscal year for the continued use of the service covered by this contract by the West Virginia Legislature, the Bureau may terminate the contract at the end of the affected current fiscal period without further charge or penalty. The Bureau shall give the Vendor written notice of such non-allocation of funds as soon as possible after the Bureau receives notice. No penalty shall accrue to the Bureau in the event this provision is exercised.

#### *1.21.12 Contract Termination*

The Bureau may terminate any contract resulting from this RFP immediately at any time the Vendor fails to carry out its responsibilities or to make substantial progress under the terms of this RFP and resulting contract. The BMS shall provide the Vendor with



advance notice of performance conditions which are endangering the contract's continuation. If after such notice the Vendor fails to remedy the conditions contained in the notice, within the time period contained in the notice, the Bureau shall issue the Vendor an order to cease and desist any and all work immediately. The BMS shall be obligated only for services rendered and accepted prior to the date of the notice of termination.

The contract may also be terminated by the Bureau with thirty (30) days prior notice.

#### **1.21.13 Changes**

If changes to the original contract become necessary, a formal contract amendment will be negotiated by the Bureau and the Vendor to address changes to the terms and conditions, and/or costs of work included under the contract. An approved contract amendment is defined as one approved by DHHR Office of Purchasing, encumbered and placed in the U.S. Mail prior to the effective date of such amendment. An approved contract amendment is required whenever the change affects the payment provision or the scope of the work. Such changes may be necessitated by new and amended Federal and State regulations and requirements.

As soon as possible after receipt of a written change request from the Bureau, but in no event more than thirty (30) days thereafter, the Vendor shall determine if there is an impact on price with the change requested and provide the Bureau a written statement to identify any price impact on the contract or to state that there is no impact. In the event that price will be impacted by the change, the Vendor shall provide a description of the price increase or decrease involved in implementing the requested change.

**NO CHANGE SHALL BE IMPLEMENTED BY THE VENDOR UNTIL SUCH TIME AS THE VENDOR RECEIVES AN APPROVED WRITTEN CONTRACT AMENDMENT.**

#### **1.21.14 Invoices, Progress Payments, & Retainage**

The Vendor shall submit invoices, in arrears, to the Bureau at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Progress payments may be made at the option of the Bureau on the basis of percentage of work completed if so defined in the final contract. Any provision for progress payments must also include language for a minimum 10% retainage until the final deliverable is accepted.

If progress payments are permitted, Vendor is required to identify points in the work plan at which compensation would be appropriate. Progress reports must be submitted to BMS with the invoice detailing progress completed or any deliverables identified. Payment will be made only upon approval of acceptable progress or deliverables as documented in the Vendor's report. Invoices may not be submitted more than once monthly and State law forbids payment of invoices prior to receipt of services.

#### **1.21.15 Liquidated Damages**

The Vendor agrees that liquidated damages shall be imposed at the rate of \$1,000.00 per day for failure to provide deliverables, meet milestones identified to keep the project on target, or failure to meet specified deadlines. This clause shall in no way be considered exclusive and shall not limit the State or Bureau's right to pursue any other



additional remedy to which the State or Bureau may have legal cause for action including further damages against the Vendor.

**1.21.16 *Record Retention (Access & Confidentiality)***

Vendor shall comply with all applicable Federal and State of West Virginia rules and regulations, and requirements governing the maintenance of documentation to verify any cost of services or commodities rendered under this contract by Vendor. The Vendor shall maintain such records a minimum of five (5) years and make available all records to Bureau personnel at Vendor's location during normal business hours upon written request by Bureau within 10 days after receipt of the request.

Vendor shall have access to private and confidential data maintained by the Bureau to the extent required for Vendor to carry out the duties and responsibilities defined in this contract. Vendor agrees to maintain confidentiality and security of the data made available and shall indemnify and hold harmless the State and Bureau against any and all claims brought by any party attributed to actions of breach of confidentiality by the Vendor, subcontractors, or individuals permitted access by Vendor.

The Vendor must comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and must comply with any other applicable (current and future) Federal and State laws regarding privacy and confidentiality.

**1.22 Right of Inspection**

The Vendor shall provide right of access to its facilities to the Bureau or any of its officers at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this contract on behalf of the Bureau.

All inspections and evaluations shall be performed in such a manner that will not unduly interfere with the Vendor's business or work hereunder.

**1.23 Safeguarding of Information**

The Vendor shall not use or disclose any:

- Personal Information gained by reason of this contract, or
- Information that may be classified as confidential for any purpose not directly connected with the administration of this contract except (1) with prior written consent of the Bureau or (2) as may be required by law. The Vendor shall safeguard such information and shall return or certify destruction of the information upon contract expiration or termination.

**1.24 Business Continuity and Disaster Recovery**

As part of the vendor's proposed services, the vendor shall supply, maintain and test disaster recovery and/or a business continuity solution. This will include periodic testing of the proposed solution at intervals as agreed upon by BMS during contract negotiation.

**1.25 Contract Administrator**

Upon approval of a contract, and following execution of said contract, the BMS shall direct the Vendor's Contract Administrator to proceed with the performance of the specified services/deliverables. However, administration of any contract resulting from this RFP implies no authority to change, modify, clarify, amend, or otherwise alter the





West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
**v10.0 – DW/DSS Procurement RFP MED11015**

---

prices, terms, conditions, and specifications of such contract. That authority is retained by the DHHR Office of Purchasing and other authorized representatives and these appointees are subject to change.

*Space intentionally blank.*





## PART 2 CURRENT ENVIRONMENT

### 2.1 Location

The Bureau is located at 350 Capitol Street, Room 251, Charleston, West Virginia 25301-3709.

### 2.2 Background

The Bureau for Medical Services within the West Virginia Department of Health and Human Resources (DHHR) is responsible for establishing the overall strategic direction and priorities for the West Virginia Medicaid Program. The following goals are incorporated into the Bureau's vision:

- Streamline administration,
- Tailor services to meet the needs of enrolled populations,
- Coordinate care, especially for those with chronic conditions, and
- Provide members with the opportunity and incentives to maintain and improve their health.

The need to procure a Data Warehouse/Decision Support System at this point in time is supported by two primary factors:

- New functionality that is needed to provide and support the Bureau's desired business capabilities, and
- Enhancements to current systems and processes that are required to enable the Bureau to meet the data analysis and reporting needs of current programs.

During the Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A) completed in 2009, the Bureau leadership team established goals and associated objectives for the State Medicaid program. The Bureau has since identified several unique initiatives to achieve its Medicaid goals, objectives and targeted capabilities. The **Data Warehouse and Decision Support Initiative** is one of these initiatives.

BMS identified goals in several business areas that can be fully or partially met through the implementation of a DW/DSS. They are:

#### High-Level Administrative and Management

Improve access to information necessary for operations management. The Bureau plans to reduce the potential for redundancy in services and payments by establishing integration with other entities.

#### Operations Management

Improve operational efficiency and reduce costs in the healthcare system. The Bureau plans to enhance and automate reporting capabilities to measure compliance with operational performance measures.

#### Program Management

Enhance the Bureau's ability to analyze the effectiveness of potential and existing benefits and policies. This necessitates the integration of claims data with clinical data. The Bureau plans to use technology tools and provide training for data analysis to enhance decision- and policy-



making capabilities.

Care Management

Improve healthcare outcomes for members. This goal may be achieved by establishing access to data from other programs, agencies or entities.

Program Integrity Management

Improve data access, data accuracy, and the accuracy of process results, as well as reducing the effort required to achieve these results. The Bureau plans to utilize decision support capability to support SUR activities.

The phased implementation and enhancement of a DW/DSS is being undertaken to help the State to achieve these goals and move toward its vision of a future MITA-oriented Medicaid Enterprise. It is critical that the data warehouse developed contain finalized MMIS claims data that is reconciled to payment and clinical data. It is also crucial that it contain eligibility data, provider data, and MCO encounter and reference data, and incorporate data from other State agencies. Future enhancements of the DW/DSS may include the ability to add data from additional State agencies and potentially enable data access for additional State and external entities.

Business capabilities are expected to provide the following benefits:

- Enhanced reporting capabilities;
- More efficient and effective performance monitoring;
- Improved data access, analysis and reporting to support decision-making;
- Ability to link outcomes and dollars for purposes such as pay-for-performance programs and what-if analyses;
- Enhanced integration with other entities to further reduce the potential for redundancy of services and payment;
- Improved access and integration of lab result data including the expanded use of clinical values as available and encounter data with reconciled claims and payment data;
- Access to appropriate data for other covered entities;
- Reports used by BMS, vendors and other State entities are run from a reconciled data store and the results are consistent;
- Reconciled MMIS claims data, eligibility data, provider data, reference data, encounter data and lab result data including the expanded use of clinical values as available are easy for BMS staff to access for program and operations management and decision-making in one place; and
- Improved tools and training for data analysis to improve healthcare decision-making.

The current plan is to continue producing reports from the existing MMIS and Management and Administrative Reports that rely on in-process transaction data. The transition of management and administrative reports that rely on finalized claim data to the DW/DSS may take place as an enhancement.



## **2.3 Business Environment**

### **2.3.1 Organization**

The West Virginia Medicaid program is managed by BMS which is a bureau within DHHR. The total Medicaid expenditures for SFY2010 were approximately \$2.5 billion. The Medicaid program provides healthcare benefits to approximately 411,000 people annually in 55 counties using a network of approximately 24,000 active providers. The MMIS processes about 17.7 million claims per year, 9.5 million medical/dental claims and 8.2 million pharmacy claims. About 93% of claims are received electronically of which about 53% are pharmacy. Approximately 165,000 Medicaid recipients (families with dependent children, low-income children, and pregnant women) are enrolled in three (3) Managed Care Organizations (MCOs).

The Medicaid program has historically paid for certain carved out services for these MCO recipients, specifically pharmacy, children's dental services, and behavioral health services. The Medicaid program also manages a Primary Care Case Management (PCCM) program, the Physician Assured Access System (PAAS). The Bureau's MMIS also processes claims for two (2) waiver programs and several State funded eligibility programs, and functions as third party administrator (TPA) for other State agencies.

### **2.3.2 Program Environment**

West Virginia is focused on offering health care coverage to its citizens and improving health care outcomes. It does so through its Medicaid program, but also through other health care programs not funded by Medicaid. The sections below describe the State's multi-faceted and dynamic program environment.

### **2.3.3 WV OT Project Management Oversight**

Pursuant to West Virginia Code §5A-6-4b, the WV Office of Technology Enterprise Project Management Office (EPMO) has the responsibility for managing information technology projects and providing oversight for state agency information technology projects. EPMO uses a project management methodology based on the Project Management Institute, Project Management Body of Knowledge (PMBOK). EPMO offers a methodology to its customers and their vendors that encompass a variety of templates and tools for project management.

Project oversight is an independent review and analysis of project artifacts and processes to determine if the project is on track, to be completed within the estimated schedule and cost, and will provide the functionality required by the sponsoring organization. The EPMO Project Manager performing oversight for the DW/DSS procurement project will insure the contracted Project Manager utilizes a formalized approach to project management, which is compliant with the PMBOK. Specifically, project oversight

- Establishes a governance structure for projects (and programs) to evaluate project performance, provide resources, address significant project risks and issues and approve significant changes in scope or objectives
- Requires formalized project communications to provide accurate, timely communications related to project progress, budget, schedule, scope and changes



- Identifies and quantifies any issues and risks that could negatively impact the achievement of project objectives
- Periodically, assesses and confirms the concept, scope, and objectives of the project
- Validates compliance with the project management methodology and ensures that project management standards and best practices, as appropriate for the given project are followed and documented throughout a project life-cycle  
Evaluates a project team's performance using a prescribed set of checks and balances integral to established processes such as strategic planning, investment management, funding and project execution.

#### **2.3.3.1 WV Medicaid Program**

Medicaid in West Virginia operates under a combined managed care and fee-for service environment. Six programs are described (at a high-level) below:

##### *2.3.3.1.1 Mountain Health Trust*

Mountain Health Trust includes the Managed Care Organization Program (MCO) and the Primary Care Case Management Program, Physician Assured Access System (PAAS). Managed care is provided to certain eligible Medicaid beneficiaries. Eligible beneficiaries are asked to choose either a Physician Assured Access System (PAAS) Primary Care Provider (PCP) or an MCO based on the county in which they reside. If a member fails to choose, they are automatically assigned to a provider. Each beneficiary is asked to choose a primary care medical home who coordinates their services. Some Medicaid services are covered through the Fee for Service Program, such as pharmacy, long-term care, and non-emergency medical transportation.

##### *2.3.3.1.2 Mountain Health Choices*

West Virginia's "Mountain Health Choices" was implemented in 2007 through a State Plan Amendment, and is active in all 55 counties. Its purpose is to ensure that members receive the right care, at the right time, by the right provider. The hallmarks of the program are:

- Prevention,
- Personal Responsibility,
- Care Management, and
- Establishment of a Medical Home.

Members who are eligible for Mountain Health Choices have the opportunity to choose a Basic or Enhanced benefit plan. At this time, only certain members are eligible to participate in Mountain Health Choices.

##### *2.3.3.1.3 Medicaid Fee-For-Service*

Services for Medicaid members not eligible for participation in Mountain Health Trust or Mountain Health Choices, such as waiver clients, long-term care and foster care children continue to be paid according to a fee-for-service schedule. Medicaid dual-eligibles (individuals eligible for both Medicaid and Medicare) remain in fee-for-service. Children in foster care have their medical, pharmaceutical, and dental expenses covered by Medicaid.



#### *2.3.3.1.4 Medicaid Pharmacy Program*

The outpatient pharmacy program is an optional service provided to eligible Medicaid beneficiaries. It is the Bureau's most utilized service with 42% of all clients receiving services monthly. Pharmacy coverage policies are governed by federal statutes and regulations. The majority of pharmacy claims (99%) are submitted electronically using the pharmacy point-of-sale (POS) system. Claims are adjudicated on-line and are considered either paid or denied at the time of service. In State Fiscal Year (SFY) 2010, 8.2 million claims were processed by the current POS, with expenditures of \$331,666,990 paid to pharmacy providers.

The POS system edits each prescription for appropriateness using prospective drug utilization review, limitations, and prior authorization edits. BMS incorporates a Preferred Drug List developed with the assistance of a vendor and a Pharmaceutical and Therapeutics Committee. Criteria for coverage of non-preferred drugs and other drugs necessitating prior authorization are developed with the assistance of the Drug Utilization Review Board. An automated prior authorization system operates in conjunction with the current POS system. The Rational Drug Therapy Program (RDTP), affiliated with the West Virginia University School of Pharmacy, is the prior authorization vendor. The pharmacy lock-in program is managed by a vendor to address over utilization. Medicaid members are required to pay a co-payment at the time of service with some exceptions. Currently, all Medicaid members have pharmacy benefits in the fee-for-service program, regardless of their enrollment in Medicaid managed care plans.

#### *2.3.3.1.5 Waiver Programs*

The West Virginia Medicaid Program operates two Home and Community Based Services (HCBS) waiver programs:

- Aged Disabled Waiver (AD or ADW) - This waiver provides a number of services for members found eligible, such as case management, homemaker, transportation, RN assessment and review. Participants may choose to receive these services through a traditional agency model or they may select personal options, which allow ADW members to recruit, hire, and supervise their own workers. For SFY2011 there are 8,165 approved positions.
- Mental Retardation/Developmental Disability Waiver (MR/DD) - The program currently serves approximately 4,400 individuals across the State with services which include service coordination, respite care, residential and community habilitation, nursing services, supported employment and transportation. Participants in the MR/DD waiver may also select self-directed options.

#### *2.3.3.1.6 Medicaid Work Incentive Network (M-WIN)*

M-WIN is affordable health insurance for working West Virginians with a disability. It is a Medicaid funded work incentive program that allows working West Virginians with disabilities or chronic health conditions to pay a monthly premium to keep or obtain Medicaid healthcare coverage. M-WIN eliminates a major barrier to employment - losing current healthcare benefits when you return to work. It is also an incentive for individuals



to obtain employment and earn healthcare coverage. The lead agency is the West Virginia Division of Rehabilitation Services which collaborates with BMS. This program offers Personal Care Employment Support, hands on assistance with daily activities related to personal hygiene, dressing, eating, environmental support functions and health related tasks during job seeking activities and employment.

#### **2.3.3.2 Other Programs Offering Health Care Coverage**

Additionally, BMS supports claims processing for a number of other programs, which provide a level of coverage for health care services. All programs listed below have their claims processed through the MMIS.

##### *2.3.3.2.1 Limited Pharmacy Program (aka Ryan White)*

WV Aids Drug Assistance Program (ADAP) provides HIV-related prescription drugs to underinsured and uninsured individuals living with HIV/AIDS.

##### *2.3.3.2.2 Tiger Morton*

The James "Tiger" Morton Catastrophic Illness Commission was created during the 1999 regular session of the West Virginia Legislature. The Commission acts as a last resort for those in dire need of medical assistance once all other resources are exhausted.

##### *2.3.3.2.3 Office of Maternal, Child and Family Health of the Bureau for Public Health - Children with Special Health Care Needs (CSHCN)*

The CSHCN Program advances the health and well-being of children and youth with certain chronic, debilitating conditions by providing specialized medical care and care coordination services to children under 21 years of age who meet eligibility criteria.

##### *2.3.3.2.4 Juvenile Justice Services*

Services are provided to youth involved or at risk of being further involved in the Juvenile Justice System and include comprehensive psychosocial history assessments and reports, medical, pharmacy, and dental services, treatment recommendations, initial service plan, case management, referrals and linkage to community service providers and transportation to necessary appointments (e.g., probation, mental health).

##### *2.3.3.2.5 Bureau for Children and Families - Adult Protective Services*

Medicaid covers some services provided to adults who are abused or neglected when a case is handled through the Bureau for Children and Families Adult Protective Services Program.

#### **2.3.4 Contract Environment**

BMS has contracts with a number of business entities responsible for performing specified functions in support of the West Virginia Medicaid program. Those business relationships include the entities described below.

##### *2.3.4.1 Fiscal Agent*

The contract between the State and the current Fiscal Agent (FA) vendor was issued effective April 1, 2003 with a base term running through March 31, 2007 and the option for four one-year renewals. The fourth optional year ends March 31, 2011. DHHR and CMS approved an additional three-year extension to this contract, plus two contingency years available as needed, to allow time to complete the MMIS re-procurement. The FA





operates West Virginia's MMIS which is comprised of a number of components including an application that adjudicates medical and dental claims and a Pharmacy Point of Sale (POS) system. Other components include a provider web portal, call center, drug rebate system, financial, reporting, and a program integrity system.

#### 2.3.4.2 Member Enrollment Broker

A vendor serves as the enrollment broker for approximately 165,000 members who receive their care through a managed care plan. The vendor is responsible for outreach (written and phone) to members already enrolled in managed care, PAAS and Mountain Health Choices, and provides training regarding managed care options.

#### 2.3.4.3 Utilization Management (UM)

BMS has a contract with a vendor to provide utilization management (UM) services for behavioral health outpatient and the MR/DD waiver program, including review and submission of associated prior authorizations based on treatment requests from providers. All functions and provider requests are handled electronically. The UM vendor also provides technical assistance for enrolled licensed behavioral health providers, psychologists, psychiatrists, and MR/DD waiver providers through scheduled and unscheduled education and training, and conducts quarterly Quality Improvement Council meetings. Additionally, the vendor provides UM services for a number of medical/dental services and reviews and determines medical eligibility for all requests for the AD waiver and nursing home placement regardless of payment source.

#### 2.3.4.4 Preferred Drug List (PDL) Vendor

The Preferred Drug List (PDL) vendor reviews new and/or modified national drug codes (NDCs) for possible inclusion in various Medicaid benefit programs. They are also responsible for the supplemental rebate program.

#### 2.3.4.5 Retrospective Drug Utilization Review (Retro-DUR) Agent

West Virginia has a contract with a vendor to provide Retrospective Drug Utilization Review services.

#### 2.3.4.6 Third Party Liability (TPL) Vendor

All Third Party Liability (TPL) functionality, services and processing, as well as the Health Insurance Premium Payment (HIPP) process and the Estate Recovery process, are managed by a vendor. The vendor also provides the Medicare Automated Premium Payment (MAPP) system to support BMS in processing the buy-in files, and manages the West Virginia Medicaid-Work Incentive Network (M-WIN) Program for client premiums.

#### 2.3.4.7 Managed Care Administration

West Virginia's Managed Care Administration vendor was hired by BMS to develop actuarially sound capitation rates based on age, gender, eligibility type, and other factors. This vendor also maintains encounter data.

#### 2.3.4.8 External Quality Review Organization (EQRO)

BMS has a contract in place for an EQRO vendor.

#### 2.3.4.9 Point of Sale (POS) Helpdesk Services





A contract is in place to provide POS Helpdesk services and clinical prior authorization services for the Pharmacy program.

## **2.4 Reporting Environment**

The State's reporting needs are currently handled by the MMIS through production reporting and the MARS DataMart, a static reporting database designed to produce specific monthly, quarterly, and annual reporting. Reports are generated using standard enterprise reporting tools such as Structured Query Language (SQL) queries, Data Transformation Services (DTS) packages, Excel spreadsheets, and Crystal Reports and are generated by authorized users and follow HIPAA compliance policies.

The current reporting environment (see Figure 1) does not include data warehouse (DW) or decision support services (DSS) components that meet the Bureau's current and anticipated data, analysis and reporting needs. The current data management and reporting environment within BMS consists of the following components:

- The MMIS Operational Reporting Zone receives data regarding transactions in process and finalized transaction data from the MMIS Production Zone. Reports run from this data store include those that rely on transactions in process (e.g. Pended Claims Inventory Report).
- The "MARS DataMart," is SQL-based and houses claims data, with claims history back to 2004. This DataMart is updated on a monthly basis and is used to generate the Management and Administrative Reports that rely on claims and financial data.
- Several extracts are exported from the MMIS for various purposes. Examples include:
  - An extract provided to the WV Department of Health and Human Resources and loaded into the State-developed, Oracle-based data store (referred to internally as the "DSS"). This is a misnomer in that BMS' "DSS" is simply a data store and does not have typical DSS capabilities. BMS' data store is currently operated by DHHR Management Information System (MIS) staff at the direction of Medicaid Finance staff. It is updated via a monthly extract from the MARS DataMart. The data transfer is accomplished through a customized extract/transform/load (ETL) process.
  - An extract used by the State's Pharmacy Rebate Information Management System.
  - A data extract used by the State's Surveillance and Utilization Review (SUR) subsystem.
- The State's Financial Information Management System (FIMS) interfaces with BMS management information system(s). FIMS may be replaced by a State Enterprise Resource Planning (ERP) system.

The MITA SS-A identified the following issues related to data management and reporting:

- The data and reports that are submitted to BMS Finance may require a manual reconciliation process to insure accuracy.
- MCO encounter data is currently received and managed by an outside vendor.
- When reports used by BMS, vendors and other State entities are run from multiple data stores, the results are not always consistent. For example, in the Office of Quality and Program Integrity (OQPI), the identification and



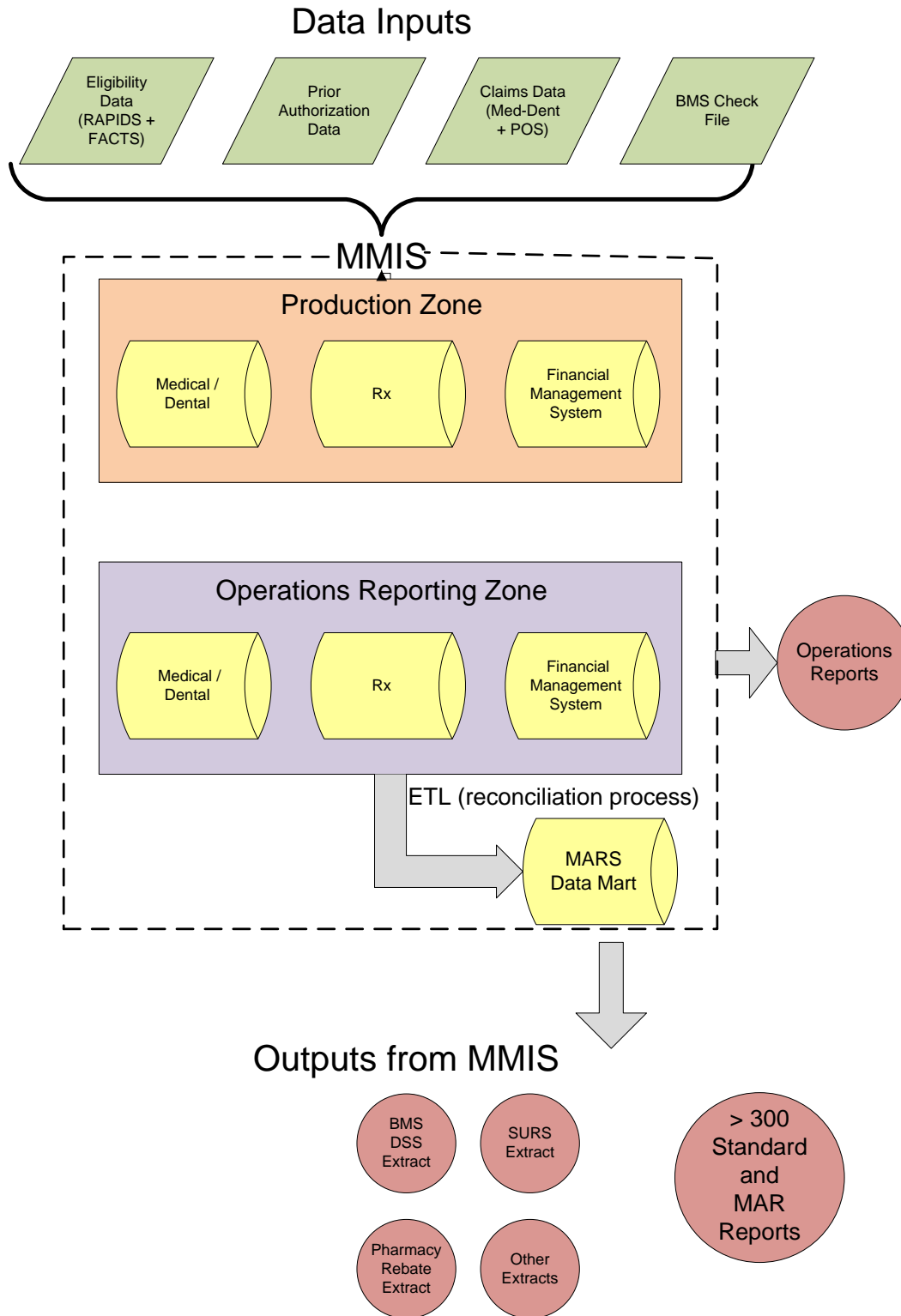
management of cases is currently supported by multiple applications that are not integrated (e.g., SUR, Word, Excel, Access). Data is pulled from multiple sources and has to be cross-checked against MMIS claims status.

- Data is stored in multiple locations and can be difficult to access. BMS program and operations staff do not always have direct access to desired data for program and operations management and decision-making.
- There is no DSS with automated capabilities; analysis capability is inadequate.

*Space intentionally blank.*



Figure 1. Current Reporting Environment





## **2.5 Technical Environment**

Many systems support West Virginia's Medicaid program enterprise. However, the core systems are those where eligibility is primarily determined or entered (RAPIDS and FACTS), and the MMIS medical/dental and pharmacy claims processing systems. General information about the technical environment is presented below to provide context and a high-level picture of the key systems. Each of these systems interfaces with numerous other systems, both gathering and sharing data essential to the performance of Medicaid business processes by numerous State and contractual partners, many of which were described in Section 2.3.

### **2.5.1 *Medicaid Management Information System (MMIS) including Pharmacy Point of Sale (POS) System***

BMS has an MMIS that is the core claims processing system and performs most of the MMIS related functions, as well as a pharmacy POS system. The MMIS and POS system are web-enabled solutions built on a foundation of integrated public domain and commercial-off-the-shelf (COTS) software products, loosely coupled together as sets of independent processes.

The MMIS system middleware layers are centered on Microsoft .NET™ COM and DCOM, set of libraries and services. The MMIS is installed on an n-tier client/server computing platform from a variety of locations, operates on a relational database, is parameter driven and employs post-SQLs (exit routines). The FA provides a local and wide area network (LAN/WAN) to support West Virginia's MMIS, its users, and the customer interfaces. The FA also provides secure internet service provider (ISP) services for West Virginia's MMIS Web users.

### **2.5.2 *Recipient Automated Payment and Information Data System (RAPIDS)***

RAPIDS is West Virginia's State-maintained mainframe eligibility determination and benefit calculation system. Eligibility for public assistance benefits is determined on-line in the 55 counties in West Virginia by over 898 workers and supervisors. RAPIDS supports approximately 2,350 active users whose access ranges from inquiry only to update capability. This system completes eligibility determination for most Medicaid and WV Children's Health Insurance Program (CHIP) members, a process which is managed by the Bureau for Children and Families. WVWorks (Temporary Assistance for Needy Families or TANF), Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) and other program determinations are also processed in RAPIDS. Additionally, the system performs financial eligibility for the AD and MR/DD waiver programs. Assignment of eligibility category(ies) occurs in RAPIDS which also creates a Personal Identification Number (PIN) for each member which is later used by the MMIS to generate the Medicaid number.

### **2.5.3 *Families and Children Tracking System (FACTS)***

FACTS is a large and comprehensive customized Statewide Automated Child Welfare Information System (SACWIS) established by DHHR for the administration of Title IV-E Child Welfare Programs (i.e., child protective services, foster care services, Adult Protective Service programs, independent living services, family preservation services, and adoption services). Assignment of eligibility category(ies) for these member groups occurs in FACTS which creates an individual Client Identification Number for each applicant that is later used by the MMIS to generate the Medicaid number.



#### **2.5.4 RAPIDS and FACTS Interface with the MMIS**

RAPIDS and FACTS send nightly interface files to the MMIS to update the member data store. The MMIS assigns members to specific Medicaid and/or State benefit programs depending on their eligibility category. When the daily eligibility data from RAPIDS and FACTS enters the MMIS, the MMIS generates a rate code for each member, which identifies the program/benefit plan they are enrolled in and the aid category they are counted in. When eligibility information is entered directly into the MMIS a BMS employee manually assigns the rate code. There are approximately 80 different rate codes. A complete reconciliation of RAPIDS data with the MMIS occurs once per month.

#### **2.5.5 State Environment Networks**

The State's network is operated by the Department of Administration's Office of Technology (OT). Its website address is: <http://www.state.wv.us/ot/>

## **2.6 Project Environment**

### **2.6.1 Alignment with Bureau Business Area Goals and Objectives**

The DW/DSS is seen as an essential component of restructuring and improving the efficiency of the West Virginia Medicaid Program. During its MITA SS-A, the Bureau leadership team identified several initiatives and established 15 goals and associated objectives for the program. The DW/DSS Initiative is mapped to six of the State's fifteen goals encompassing four MITA business areas plus one high-level administrative and management goal. They are:

- High-Level Administrative and Management Goal and Objectives (Gen)
  - Goal Gen 3.0: Leverage technology to enhance performance and decision-making.
    - Objective Gen 3.1: Enhance reporting capabilities to allow for more efficient and effective performance monitoring.
    - Objective Gen 3.2: Improve data access, analysis and reporting to support decision-making.
- Operations Management (OM)
  - Goal OM 2.0: Improve access to information necessary for operations management.
    - Objective OM 2.2: Establish integration with other entities, including other State payers, to further reduce the potential for redundancy of service and payment.
- Program Management (PG)
  - Goal PG 1.0: Enhance the Bureau's ability to analyze the effectiveness of potential and existing benefits and policies.
    - Objective PG 1.1: Integrate reconciled claims data with clinical data.
    - Objective PG 1.2: Improve tools and provide training for data analysis to help improve healthcare decision-making.
- Care Management (CM)
  - Goal CM 1.0: Improve healthcare outcomes for members.



- Objective CM 1.1: Establish access to data from other programs, agencies or entities.
- Goal CM 2.0: Increase use of evidence-based clinical and appropriate services.
  - Objective CM 2.1: Increase the use of appropriate and evidence-based clinical services, including preventive services.
  - Objective CM 2.2: Provide technical capability for Pay-for-Performance reimbursement model.
- Program Integrity Management (PI)
  - Goal PI 1.0: Improve effectiveness and efficiency of Program Integrity Management function.
    - Objective PI 1.2: Improve tools and provide training to automate and streamline investigations and case management.

#### 2.6.1.1 WV MITA Program Management (PG) Business Processes and Objectives

##### *Business Process – Manage Program Information*

The Bureau intends to use the DW/DSS for financial analysis including but not limited to budgeting and forecasting capabilities; defined and ad hoc reporting capabilities; clinical utilization and care management case analysis; and analytics such as trending and creating what-if scenarios. These capabilities are expected to enhance the Bureau's administration, policy development and management functions. The DW/DSS is expected to enhance the Bureau's ability to receive and incorporate data from new sources and should provide access to ten (10) years of historical claims data over the term of the contract.

Further information about associated CMS checklist criteria can be found at [http://www.cms.gov/MMIS/09\\_MECT.asp#TopOfPage](http://www.cms.gov/MMIS/09_MECT.asp#TopOfPage)

#### **2.6.2 MITA Technology Principles**

BMS expects a delivered DW/DSS system that aligns with MITA principles and employs service-oriented architecture. MITA's common business and technology vision emphasizes:

- Medicaid client-centric view free from organizational boundaries and constraints;
- Common standards with, but not limited to, Medicare and Medicaid,;
- Interoperability between state organizations providing services to Medicaid clients within and across states and other agencies involved in healthcare delivery;
- Web-based access and integration;
- Software reusability;
- Use of COTS software; and
- Integration of public health and lab result data.

#### **2.6.3 Possible Phase Two Enhancements**

To ensure that the scope and cost of the DW/DSS Project can be managed within the resources available, BMS has limited its expectations regarding business goals and objectives that can be completed in Phase One and the technologies that are feasible to implement. Vendors are, however, afforded the opportunity to highlight the potential of their proposed solution to offer features and functionality that could be implemented



later. For that reason, BMS is including information in the following sections that are under discussion for future implementation.

#### 2.6.3.1 MITA Business Process – Manage Medicaid Population Health

It is likely that a requested Phase Two enhancement may be the analytic capability to support BMS development of strategies for improving general population health based on multiple data sources. Vendors should maintain an awareness of the associated BMS goals and objectives, and the affiliated CMS checklists which can be found at [http://www.cms.gov/MMIS/09\\_MECT.asp#TopOfPage](http://www.cms.gov/MMIS/09_MECT.asp#TopOfPage)

#### 2.6.3.2 WV MITA Program Integrity (PI) Management

During Phase Two BMS expects to request that the DW/DSS be enhanced to become the system of record for Surveillance and Utilization Review (SUR) and to be certified as such by CMS. Vendors should maintain an awareness of the associated BMS goals and objectives, and the affiliated CMS checklists and criteria which can be found at [http://www.cms.gov/MMIS/09\\_MECT.asp#TopOfPage](http://www.cms.gov/MMIS/09_MECT.asp#TopOfPage)

#### 2.6.3.3 Master Data Management Solution

The West Virginia Department of Health and Human Resources has initiated the process of procuring a Master Data Management (MDM) solution. The Department has the vision to provide a single view of data across the breadth of the organization. Management of the Master Data includes clients, providers of services to clients, and many other business objects. In order to unite these business objects across the applications utilized by the Department, the business objects have to be consolidated, standardized, and cleansed. This requires one or two-way communications between the various applications and the MDM solution. The first three systems to be tied into the MDM would be RAPIDS (IV-A or TANF, SNAP, and Medicaid Eligibility), OSCAR (IV-D or Child Support Enforcement) and FACTS (IV-E or Foster Care). BMS' DW/DSS is expected to accommodate the additional fields of data that the MDM produces.

#### 2.6.3.4 All-payer Claims Database

The State of West Virginia is initiating a project to develop an All-payer Claims Database (APCD) by a coalition, of which BMS is a member, which desires aggregated information in support of overall West Virginia health policy. The data warehouse design should be flexible to accommodate enhancements/modifications allowing the potential for the design, development, and implementation of the APCD.

## 2.7 Regulatory Environment

The State of West Virginia is required to comply with numerous federal requirements related to this procurement. Vendors are expected to be aware of those requirements and work with the State to ensure compliance. These include but are not limited to:

#### 2.7.1 *Code of Federal Regulations (CFR)*

The applicable regulations governing Federal Financial Participation (FFP) for Medicaid are contained in 42 CFR 433.15, Subpart A.

[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr433\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr433_main_02.tpl)





#### 2.7.2 *State Medicaid Manual*

The State Medicaid Manual (SMM) is a guiding document used by states to design and manage their Medicaid program. Part 11 of the SMM relates specifically to the MMIS. The SMM can be found online at the URL below.

<http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021927>

#### 2.7.3 *Medicaid Information Technology Architecture (MITA)*

CMS' MITA initiative is intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program. The CMS Certification Toolkit discussed below is based on the MITA model.

<http://www.cms.hhs.gov/MedicaidInfoTechArch/>

#### 2.7.4 *CMS Certification*

CMS developed the Medicaid Enterprise Certification Toolkit (Toolkit for short) to assist states in all phases of the MMIS life cycle beginning with the preparation of an Advance Planning Document (APD) through the certification review process.

A main feature of the Toolkit is twenty (20) checklists that were developed for six (6) different business areas. The checklists contain the business area objectives and related systems review criteria necessary to meet the requirements specified in federal and state laws and regulations.

The West Virginia DW/DSS developed under this RFP is expected to achieve CMS certification during Phase Two. Further information can be found at:

[http://www.cms.hhs.gov/MMIS/09\\_MECT.asp#TopOfPage](http://www.cms.hhs.gov/MMIS/09_MECT.asp#TopOfPage)

#### 2.7.5 *Health Insurance Portability and Accountability Act (HIPAA)*

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II), the Department of Health and Human Services established national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. HIPAA also addressed the security and privacy of health data. Adoption of these standards and the enhanced use of electronic data interchange are improving the efficiency and effectiveness of the nation's health care system.

Further information about HIPAA and its relationship to CMS can be found at:

<http://www.cms.hhs.gov/HIPAAGenInfo/>

#### 2.7.6 *New Coding Standards*

The Vendor is expected to be aware of new coding standards and ensure that the West Virginia DW/DSS is current in its ability to accept and appropriately employ new standards and requirements as the changes occur. A current example is the planned implementation of ICD-10 on October 1, 2013.



**2.7.7 WV State Code**

The Vendor is expected to be aware of applicable reporting requirements associated with WVC § 9-2-9 (f) (2) which can be found at:

<http://www.legis.state.wv.us/WVCODE/09/code/WVC%20%209%20%20-%20%202%20%20-%20%20%209%20%20.htm>

*Space intentionally blank.*



## **PART 3 PROCUREMENT SPECIFICATIONS**

### **3.1 Mandatory Requirements**

The vendor will:

3.1.1 Host the DW/DSS and maintain a secure site and secure back-up site within the continental United States. The Vendor must be responsible for all costs associated with supporting the facilities and ensuring that the facilities comply with legal requirements.

3.1.2 Meet the requirements in Appendix 1 – Detailed Mandatory Requirements.

3.1.3 Employ a Relational Database Management System (RDBMS) or Object Oriented Database Management System (OODMS), a data infrastructure that is easily configurable, role-based with 24 X 7 access to data, and use best in class analysis tools.

3.1.4 Provide a detailed Reconciliation Plan within 45 calendar days of contract execution, which is reconciled to financial control totals, that includes processes to automatically maintain data integrity and verify/reconcile data against the source systems, including payment data, and accounts for discrepancies.

3.1.5 Demonstrate a process for ensuring that data is representative of all data elements used for claims processing and payment.

3.1.6 Agree that BMS retains ownership of all data, procedures, programs and all materials gathered or developed under the contract with West Virginia, that source code will be held in escrow with a third-party agent acceptable to the State and that BMS holds a perpetual license for all system components upon termination of the Vendor's contract.

3.1.7 Agree to incorporate all applicable current and future coding standards and legislated or program necessary data requirements to ensure that the DW/DSS is current in its ability to accept and appropriately employ new standards and requirements as they occur, including, but not limited to, ICD-10, HIPAA v5010, the Patient Protection and Access to Care Act (PPACA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).

3.1.8 Provide thirty (30) user licenses and allow for the purchase of additional licenses or user seats in minimum increments of one (1) to five (5).

3.1.9 Allocate onsite time at the WV BMS offices for their Project Manager and other Vendor staff, when requested to do so by BMS, to allow sufficient direct interaction with BMS; data warehouse users, publishers and subscribers; and the WV MMIS Fiscal Agent.

3.1.10 Provide an Initial Project Plan based on their understanding of the scope of work presented in this RFP within ten (10) calendar days of contract startup.

3.1.11 Perform the following activities on the DW/DSS: project startup, requirements



definition and analysis, detailed system design, system construction and testing, implementation readiness, operations, enhancement and user support.

3.1.12 Develop and deliver a Training Plan within ten (10) calendar days of contract execution.

3.1.13 Execute the training program in accordance with the Training Plan.

3.1.14 Request written authorization from BMS to commence operations. Operations will commence upon signatory approval from the Bureau.

3.1.15 Receive approval from BMS to begin operations.

3.1.16 Provide support to BMS during the CMS certification process.

3.1.17 Provide a system that meets all CMS certification requirements.

3.1.18 Provide to BMS, within thirty (30) days of being asked to do so, a Turnover Plan detailing the approach to transitioning systems and operational responsibilities to a successor.

3.1.19 Provide a help desk during state office hours, which are typically Monday through Friday, 8:00 am to 5:00 pm EST.

3.1.20 Utilize an industry standard Project Management Methodology to complete the work associated with this RFP.

3.1.21 Utilize a formal Configuration Management Methodology to complete the work associated with this RFP.

3.1.22 Utilize industry standard System Development and Change Management Methodologies to complete the work associated with this RFP.

3.1.23 Provide a formal Quality Management Plan within ten (10) calendar days of contract execution that includes a methodology and process for sampling, auditing and continuous quality improvement and which reflects that the Vendor is responsible for the quality of the data and the reports created from that data.

3.1.24 Provide a Security, Privacy and Confidentiality Plan within thirty (30) calendar days of contract execution.

3.1.25 Comply with all security policies and procedures of BMS and the WV Office of Technology.

3.1.26 Comply with the baseline security controls for moderate impact information systems as put forth in National Institute of Standards and Technology (NIST) Special Publication 800-53, Revision 3, as updated May 1, 2010.

3.1.27 Provide a Business Continuity Plan within thirty (30) calendar days of contract



execution.

3.1.28 Provide an Operations Management Manual within forty-five (45) calendar days of contract execution.

3.1.29 Agree to perform according to approved Service Level Agreements (SLA) and identified Key Performance Indicators (KPIs) with associated metrics in the areas of system availability, performance, data quality, and problem management. Vendor must consent to retainage of a percentage of payment if agreed-upon KPI metrics are not achieved.

3.1.30 Comply fully with all applicable state and federal requirements and regulations including but not limited to State Medicaid Manual, issued by the Centers for Medicare and Medicaid Services (CMS); West Virginia State Medicaid Plan; Section 1902 of the Social Security Act; Title 42, Code of Federal Regulations; Applicable West Virginia Code, Chapter 9, Human Services; and Section 508 of the Rehabilitation Act of 1973 as amended.

3.1.31 Participate in audit activities, such as attending meetings, running reports, providing documentation, and providing access to all system components and modules as requested to do so by BMS.

### **3.2 Scope of Work**

Vendor should describe in detail their approach to completing the Scope of Work as described below and to demonstrate a clear understanding of responsibilities.

The Bureau seeks to procure a Vendor to design, develop, implement, operate and enhance a WV BMS DW/DSS in the Vendor's facilities. The DW/DSS should meet the current business intelligence needs of the West Virginia State Medicaid Program and also be sufficiently flexible to meet future needs.

The DW/DSS is intended to support the business needs of several units within BMS and associated functions. The requirements of each are somewhat different as are the skill levels of the users. Some units benefit most from defined views that are easily accessed by users with limited expertise. Others require the ability for highly skilled staff to create complex queries based on a broad selection of data elements using sophisticated analytical tools, and to produce multiple views of the results.

Work units include:

- Finance
- Pharmacy
- MMIS Operations
- Office of Quality and Program Integrity (OQPI)
- Program Policy
- Medicaid Fraud Control Unit (MFCU)
- Technology and Reporting

Over time, other work units might use the DW/DSS and ongoing diversity of business needs and skill levels should be assumed.



The Bureau also requests the capability for any other State Agency, United States Territory or political subdivision to optionally “piggy back” on the data warehouse contract, and to establish partitioned data warehouse environments and separate secure DSS access.

The Procurement Library contains information which should be of use to the vendor in developing their proposed solution. The Procurement Library will be available upon request and provided to vendors on a password protected CD.

### **Overview of Phases**

The Data Warehouse/Decision Support System (DW/DSS) Project is comprised of a phased implementation that includes Phase One Design, Development and Implementation (DDI) of a DW/DSS solution and Phase Two: Operations and Phase Two: Enhancements of the DW/DSS.

#### **Phase One: DDI:**

This phase includes the design, development and implementation of the system that provides financial analysis; defined and ad hoc reporting capabilities; analytics such as trending and what-if scenarios; clinical utilization and care management case analysis; and a Surveillance and Utilization Review (SUR) product to support BMS’ Office of Quality and Program Integrity (OQPI). The SUR product developed and tested during Phase One is expected to become the CMS certified SUR system during Phase Two, in parallel with certification of the new BMS MMIS. During Phase One, the DW/DSS should be designed for possible use by a limited number of external entities. Phase One also includes the acquisition of current data, and historical data as available, from multiple sources, including lab result data and encounter data [from the State’s Managed Care Organizations (MCOs)], the expanded use of clinical values as available, the conversion, loading and reconciliation of that data; and implementation of decision support capabilities.

In this phase the Vendor works with the Bureau to conduct initial project planning. The Vendor executes startup and DDI activities. The Vendor prepares the facility for the BMS DW/DSS, designs and implements the DW/DSS system (includes Web portal, ETL, Metadata, and the Query and Report Repository); acquires current data, and historical data as available from multiple sources, including lab result data and encounter data (from the State’s Three MCOs); converts, loads and reconciles that data; implements decision support capabilities and executes comprehensive testing of the DW/DSS. The current FA continues to be responsible for existing MAR, SUR, MSIS, HCBS and Drug Rebate reporting based on this reconciled data, acquired through an extract from the DW/DSS, until such time as the new MMIS is implemented. This phase ends upon the Bureau’s signatory approval of the DW/DSS for production and thirty (30) days of successful operations.

#### **Phase Two: Operations:**

In this phase the Vendor performs all operations, maintenance, and change management activities for the DW/DSS.



**Phase Two: Enhancements:**

Enhancements are anticipated to include the transition of SUR, MAR and potentially other reports to the DW/DSS, the acquisition and reconciliation of additional data, potential use by additional external entities and other activities defined through WV Medicaid HIT and Health Care Reform planning. BMS intends to conduct certification activities for the DW/DSS concurrent with those for its replacement MMIS. The scope and timing of desired enhancements to the DW/DSS should be planned to accomplish this end. Enhancements are projected to occur throughout the life of the contract in successive sub-projects. At the sole discretion of the Bureau, the planning of the first round of enhancements might commence prior to the completion of Phase One: DDI and might be managed as a concurrent effort. The scope of each round of enhancements should be defined and requirements developed through a structured planning process and managed as a DDI effort. The processes and deliverables required should be scaled to the complexity and scope of the effort. Enhancements are complete upon the Bureau's signature approval.

**3.2.1 Vendor Hosting**

Vendor should propose a hosted BMS DW/DSS plan and should describe their approach to hosting and operating the system in a secure environment. The approach should include:

1. A description of the facilities that are proposed to house the system. This should include all facilities associated with support of the DW/DSS, whether production or back-up.
2. A description of the operating platform, including hardware, databases, system software, application software and telecommunications. The Vendor should indicate how the platform is shared and how BMS data is partitioned from other customers' data.
3. A description of the operational support of the DW/DSS, including disaster recovery and data/system back-up and staffing of data center, data loading, data validation and data cleansing offered by the Vendor.
4. How the Vendor provides for the physical security of the DW/DSS facilities including such topics as:
  - Designated responsible person,
  - Defined perimeter and protocols for secure access,
  - Security of the communication network and all components,
  - Administrative controls, and
  - A Physical Security Plan.
5. The plan for installing the technical infrastructure, making any facility alterations or upgrades and establishing all necessary telecommunications links.

**3.2.2 Proposed DW/DSS System**

The Vendor should propose a DW/DSS system solution that meets the mandatory, business and technical requirements put forth in this RFP. The Vendor should describe in detail how they are met, including those presented in Appendix 1 – Detailed Mandatory Requirements and Appendix 2 – Detailed Business (Section A) and





## Technical (Section B) Requirements.

The Vendor should describe the components of the technical and functional solution, which should include:

1. Infrastructure (Appendix 2 – Section B.1) including:
  - Environments,
  - Hardware/OS,
  - Network,
  - Software, and
  - Database Management System.
2. Data Acquisition (Appendix 2 – Section B.2) including:
  - ETL processes, and
  - Data quality processes.
3. Data Access (Appendix 2 – Section B.3)  
Including data access policies, procedures and software which should be compatible with the various levels of technical skill sets and business requirements for the data warehouse users. Major categories described should include:
  - Web portal, and
  - Business Intelligence.
4. Data Delivery (Appendix 2 – Section B.4)  
Describe how the proposed approach to scheduled extraction and delivery of data from the DW/DSS data is managed in a secure fashion in a variety of formats.
5. Managed Metadata Environment (MME) (Appendix 2 – Section B.5)  
Describe the proposed Managed Metadata (data which describes data file definitions and structure) Environment solution and how it accomplishes the following objectives:
  - Provide uniformity in the description and sharing of information,
  - Make reliable information available quickly,
  - Increase the visibility of information across the enterprise,
  - Increase accuracy of user analysis of the data,
  - Increase user confidence in the DW/DSS,
  - Reduce new employee training costs,
  - Reduce operational costs by eliminating redundant data,
  - Identify mistakes and problems with source systems,
  - Reduce time to perform change impact analysis, and
  - Shorten development times.
6. Data Model (Appendix 2 – Section B.6)  
Describe how the proposed data model technical component addresses:
  - The definition and management of logical and physical data models in support of the DW/DSS, MME, and corresponding ETL staging data structures,
  - Contains logical depictions or models of the DW/DSS, MME, and the ETL staging areas that support the business and technical requirements outlined in this RFP, and
  - Depicts the physical models relating to the DW/DSS, MME, and corresponding staging areas for each deployment environment (i.e.,



development, test, production, training, user acceptance testing).

In describing the proposed technical architecture design, the Vendor should address the scalability, capacity, extensibility, adaptability, performance, availability, stability and security. The Vendor should also describe its pricing model for the purchase of additional licenses or user seats as defined in Section 3.1.8.

### **3.2.3     *Project Staffing***

The Vendor should propose a staffing plan that includes highly skilled team members who bring a breadth and depth of data warehouse knowledge, skills and experience and a background in Medicaid. In their proposal the Vendor should describe how their staffing plan provides the array of skills needed to fulfill the requirements and Scope of Work in this RFP, and the proposed onsite schedule which should be designed to allow sufficient direct interaction with BMS; data warehouse users, publishers and subscribers; and the WV MMIS Fiscal Agent.

The Vendor's proposed staffing plan should include, but not necessarily be limited to, the following components:

1. Organization chart;
2. A description of the roles, responsibilities and skill sets associated with each position on the organization chart;
3. A full-time Project Manager (key staff position) role filled by a named, dedicated person;
4. Identified other key staff positions filled with named individuals;
5. A training resource, located onsite at BMS, estimated at 1.00 FTE, to provide six (6) months of initial training during DDI to BMS, WVDHHR and designee staff in the use of the DW/DSS; and
6. A process for transitioning essential knowledge to BMS' technical staff.

BMS retains the right to approve or disapprove the Vendor's proposed staffing.

### **3.2.4     *Initial Project Plan***

Vendors should propose an Initial Project Plan that describes how they intend to complete Phase One: DDI within nine (9) to twelve (12) months of project initiation.

Components of this plan should include:

1. Project organization chart,
2. Description of project roles and responsibilities,
3. Staffing plan,
4. Hosting plan,
5. Project schedule (including a Work Breakdown Structure),
6. Training plan,
7. Testing plan, and
8. Project management processes for:
  - Project scope management,
  - Project integration management,
  - Project schedule management,



- Project resource management,
- Project communications management,
- Project risk management, and
- Project quality management.

The Initial Project Plan provided by the Vendor serves as an input to project planning. Post-award the Vendor and BMS agree to jointly develop the Project Charter and amend the Initial Project Plan to integrate with the overarching BMS Project Management Plan.

The proposed plan should address how the Vendor intends to incorporate the following milestones into the project schedule:

1. Completion of Project and Administrative Plans,
2. Completion of System Design Activities,
3. Completion of System Construction and Testing Activities,
4. Completion of Implementation Readiness Activities, and
5. Commencement of Operations.

#### **Deliverable**

3.2.4.1 An Initial Project Plan within ten (10) calendar days of contract startup.

### **3.2.5 *Project Startup Activities***

The Vendor should propose an approach to project startup activities that is designed to educate and enlist the combined project team in a successful, collaborative effort. Vendor should describe in their proposal the goals to be achieved from proposed startup activities and the methodologies to be used to achieve those goals. Project startup activities should include:

- A kickoff meeting onsite at BMS offices that includes Vendor key staff members,
- Assembling the project team,
- Documentation review, and
- Project staff orientation.

### **3.2.6 *Requirements Definition and Analysis Activities***

The Vendor should propose a methodology and approach for eliciting, validating and documenting DW/DSS requirements to ensure that BMS goals and objectives are met. The proposal should address how the DW/DSS:

- Contains validated:
  - finalized claims data that is reconciled by payment detail,
  - eligibility data,
  - provider data,
  - reference data,
  - encounter data, and
  - lab results data to include the expansion of clinical values as available;
- Uses the MMIS as the source for any data available through that system;
- Makes available in one place reconciled MMIS claims data, eligibility data, provider data, reference data, encounter data, and lab result data that is easy for BMS staff to access for program and operations management and decision-



- making;
- Runs new management and administrative or other analytical reports as specified by the Bureau, that leverage the link between the lab result data available in this phase with claims and payment detail;
- Is designed and engineered to enable other State Agency, United States Territory or political subdivision to “piggy back” on the data warehouse contract, and to establish partitioned data warehouse environments and separate secure DSS access;
- Has the capability to add national trending data (e.g., US Census, CMS national statistics);
- Meets all component level business and technical requirements in this RFP;
- Is certifiable by CMS;
- Assists with budgeting and forecasting; and
- Is expandable to accept additional clinical values.

The proposed approach should also describe how requirements are managed and maintained in a Requirements Traceability Matrix in accordance with a version control and change management process approved by the Bureau.

### **Deliverables**

3.2.6.1 A DW/DSS Requirements Definition Document (RDD) at the end of the Requirements Definition and Analysis Activities.

3.2.6.2 A DW/DSS Conceptual Data Model at the end of the Requirements Definition and Analysis Activities.

3.2.6.3 A DW/DSS Requirements Traceability Matrix at the end of the Requirements Definition and Analysis Activities.

### **3.2.7 Detailed System Design Activities**

The Vendor should propose a methodology and approach for developing a detailed, technical design deliverable, based on the approved requirements and conceptual design.

Components of the detailed design should include:

1. Data model, metadata, data acquisition, data access and data delivery modules,
2. Database tables,
3. Programs,
4. ETL processes,
5. Data validation and reconciliation,
6. Reports (including release notes and sample formats for each report), and,
7. All other artifacts necessary to implement and operate the DW/DSS in the Vendor's facilities.

### **Deliverable**

3.2.7.1 A Detailed Technical Design Document upon completion of detailed system design activities.

### **3.2.8 System Construction and Testing Activities**

The Vendor should propose a methodology and approach for constructing and testing



the DW/DSS in accordance with the test plan approved as part of the Project Plan that includes:

1. Constructing the system,
2. A testing system that meets the detailed requirements presented in Appendix 2 – Detailed Business and Technical Requirements, Section B.7,
3. Developing test cases and scripts,
4. Developing and maintaining a dedicated test environment, and
5. Developing a Test Summary.

Vendor should describe in detail in their proposal their testing approach, which should include:

- Unit Testing,
- System Integration Testing,
- Regression Testing,
- Volume Testing,
- Operations Readiness Testing,
- Validation Testing, and
- User Acceptance Testing (UAT).

Vendor's proposed approach should describe the methodology to be used for measuring the successful execution of all testing, including the approach to retesting in situations where initial tests fail, and how the system is tested and monitored through the equivalent of at least three (3) consecutive months of successful load, validation and reconciliation cycles. Vendor's approach should include how the results are jointly reviewed between Vendor and BMS, how the criticality of defects is ranked, and how the Vendor plans to support BMS during UAT.

Vendor's proposed approach should also describe the Test Summary that is provided to BMS prior to UAT. Components of the Test Summary should include:

1. Confirmation that all earlier testing has been performed in accordance with the approved Test Plan,
2. The outcome of those tests,
3. Documentation that the test environment has been loaded with test data,
4. Confirmation that all defects discovered in previous testing and ranked as critical are resolved to the best of the Vendor's knowledge,
5. The methodology for documenting and ranking defects and deficiencies discovered during UAT in relationship to implementation readiness, and
6. The process for updating and finalizing the Test Summary prior to implementation.

### **Deliverables**

- 3.2.8.1 A test system and environment ready to be used for testing prior to commencement of system construction.
- 3.2.8.2 A comprehensive Test Plan prior to commencement of testing.
- 3.2.8.3 Test scripts and cases prior to commencement of testing.
- 3.2.8.4 An initial Test Summary prior to commencement of UAT.
- 3.2.8.5 A Final Test Summary prior to commencement of implementation readiness activities.



### **3.2.9 Training Program**

The Vendor should propose a comprehensive training program, to include needs assessment, training plan and training materials, to be carried out prior to system implementation and post implementation training for new employees and refresher training for existing users. Up to 30 data warehouse users, at various skill levels and with varying business requirements, need to understand and use the DW/DSS.

In their proposal the Vendor should describe their approach and methodology, as well as the documentation, materials and media, including all user and instructor manuals, to be employed. The program proposed could include:

- Classroom training,
- Self-paced computer-based training (CBT),
- Self-paced web-based training (WBT),
- Manuals(electronic and/or hard copy),
- Train the Trainer,
- Proficiency testing, and
- Quality control reviews.

### **3.2.10 Implementation Readiness Activities**

The Vendor should propose an approach to ensure that the DW/DSS and its users are ready for implementation and for acquiring BMS approval to move the DW/DSS into production and to commence operations. In their approach the Vendor should propose the delivery of DW/DSS User Documentation and As-Delivered System Documentation, as well as an Implementation Readiness Report documenting readiness for operations, and should describe the content of those deliverables.

#### **Deliverables**

3.2.10.1 DW/DSS User Documentation to BMS prior to requesting approval to commence operations.

3.2.10.2 As-Delivered System Documentation prior to requesting approval to commence operations.

3.2.10.3 An Implementation Readiness Report at the time that it requests from BMS approval to commence operations.

### **3.2.11 Operations**

The Vendor should propose operating the DW/DSS for the period commencing with the completion of DDI and concluding at the end of the contract period or any renewal periods executed.

The Vendor should describe the proposed approach to maintaining adequate staff and infrastructure to manage and support ongoing operations. The proposed approach should include how the Vendor exercises operational controls and conducts monitoring and reporting activities in accordance with the Operations Management Manual approved early in the contract period (see Section 3.2.20). The Vendor should describe how they propose to:





- Operate the DW/DSS with minimal disruption,
- Operate the DW/DSS within the service levels defined in this RFP,
- Maintain a facility that is conducive to a productive environment,
- Be proactive with regard to the performance of the DW/DSS,
- Employ a competent staff that interacts professionally and cooperatively with BMS staff,
- Analyze operations reports and respond to any issues, and
- Provide a dedicated .50 FTE Training/Data Analyst onsite at BMS to supply ongoing training to BMS staff and data analysis.

During Phase Two the DW/DSS should undergo certification by CMS concurrent with certification of WV's replacement MMIS. The Vendor should describe the support that they plan to provide BMS during the CMS certification process and how they plan to provide a system that meets all CMS certification requirements. This includes creating and reviewing documents, attending meetings, assisting in the development of presentations, answering questions, facilitating system review and access and other activities needed to support the certification process.

The Vendor should propose a Turnover Plan to be made available to BMS within 30 days of being requested to do so. The Vendor should describe how they plan to prepare for transitioning systems and operational responsibilities beginning four (4) months prior to the end of the operations period. Vendor should clearly explain how they plan to:

- Work cooperatively with the fiscal agent, other vendors and BMS to create and carry out a plan that is designed to ensure a smooth and orderly transition to a successor,
- Train the successor, and
- Continue providing full operational support services to BMS during the transition period.

#### **Deliverable**

3.2.11.1 A Turnover Plan within thirty (30) days of being asked to do so.

#### **3.2.12 Enhancements and Modifications**

The Vendor should propose an approach for managing and staffing enhancements and modifications that includes a pool of eight thousand (8,000) hours annually for system modifications and enhancements at an all-inclusive hourly rate, to be reimbursed as approved by BMS. Hours expended by the Training/Data Analyst mentioned in Section 3.2.11 do not count toward the pool of hours expended for modifications.

For purposes of this contract, modifications and enhancements are defined as follows:

Modification. Change arising from normal business operations including, but not limited to: system maintenance, changes required to remain compliant with federal regulations and standards, and correction of system deficiencies.

Enhancement. Change initiated by the Bureau to achieve strategic objectives, implement new programs, and mature business capabilities.



The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the Enhancements and Modifications Phase, including the Vendor's proposed:

1. Methodology and approach to:

- a. Change Request process to provide a framework for submitting, reviewing, approving, prioritizing, and monitoring all enhancements and modifications,
- b. Managing development and implementation of enhancements and modifications, including methodologies for project management and application development,
- c. Implementing enhancements and modifications with minimal disruption to users,
- d. Monitoring and reporting on the development and implementation of enhancements and modifications to the new West Virginia DW/DSS, and
- e. Tracking, reviewing and reporting.

The Vendor should also describe their ability to offer and deliver enhancements which should be of benefit to BMS but which BMS has not specifically mentioned.

### **3.2.13 Help Desk Activities**

The Vendor should propose a Help Desk to provide DW/DSS user support and should describe the support that is offered, including specifying the hours of availability, and how 24 hour on-call support will be provided. Normal Bureau hours are Monday through Friday, 8:00a m – 5:00p m EST.

Proposed support should respond to user questions, direct problems to the proper resolution entity and provide technical support to users (e.g., interpret query error messages, help with simple query creation, verify system availability, etc.). Vendors should also propose support that helps users retrieve desired data; selectively view and present data; format and save reports; develop specialized reports; develop alternative ways to group and present; or other services that enhance the understanding of reports and query results.

The Vendor should propose a COTS product to track, classify and report back to BMS on help desk contacts. If the Vendor proposes such a system, the Vendor should describe the data that would be captured and the reports that could be made available to BMS.

### **3.2.14 Project Management Methodology**

The Vendor should propose the use of an industry standard project management methodology and should describe in detail how the Vendor plans to apply that methodology to the completion of DW/DSS DDI, and how components of the methodology are applied to the operations and enhancement period. In their description, the Vendor should include the controls, tasks, procedures and communication mechanisms that are used to manage the numerous tasks identified in this RFP, and the Vendor's approach to practicing the project management disciplines



necessary to achieve project goals. The Vendor should recognize in writing that their methodology and approach should interact effectively with the overarching BMS Project Plan and that the Vendor should work cooperatively with BMS' Project Management Office.

In their proposal, the Vendor should describe their methodology within the major project stages of:

1. Project Initiation and Planning,
2. Project Execution and Control, and
3. Project Closeout.

The methodology should incorporate:

- Weekly status reports,
- Monthly summary reports,
- Status meetings, and
- Process for acquiring BMS acceptance of a deliverable.

The Vendor's proposed process for acquiring deliverable acceptance by BMS should include, but not necessarily be limited to, discussion of the process for agreeing upon measurable acceptance criteria for each deliverable and documenting that those criteria have been met, adequate time for BMS review of deliverables (typically at least 10 business days), the timeline (typically 10 business days) and process for remediating deficiencies and the format to be used for BMS signatory approval.

The Vendor should include sample reports, forms and deliverable formats in a separate section at the back of their proposal.

### **3.2.15 Configuration Management Methodology**

The Vendor should propose a configuration management methodology and describe the processes, configuration management tools and procedures the Vendor uses to control the migration of any hardware or software (system and application) to the production environment. The description should include the configuration management system and the use of proven promotion and version control procedures for the implementation of modified system modules; COTS products; system software (e.g. Operating Systems (OS)); network; files (including documents); databases; and hardware.

The Vendor should also provide in their proposal:

- A description of how the Vendor controls multiple activities occurring simultaneously across multiple environments (e.g., development, test, UAT, training, production and business continuity);
- A description of tools and business processes to control software development, including check in/checkout procedures and a responsibility audit trail;
- A description of business processes and procedures for controlling the migration of code from design through coding, testing phases (e.g., unit, integration, acceptance) and promotion into production; and
- A description of the organizational structure to control all system development



and maintenance.

### **3.2.16 System Development and Change Management Methodologies**

The Vendor should propose an industry standard System Development Methodology (SDM) and an industry standard Change Management Methodology, including a tracking system and process for assessing changes on other standard deliverables, such as Disaster Recovery Plan, existing processes, and other relevant documentation.

The Vendor should describe their proposed SDM, including any differences between its application to a large project and small project, software changes, database changes or metadata changes. The Vendor should describe their standards and methodology for developing and maintaining project and system documentation, including documentation of data source systems.

The Vendor should describe their proposed System Change Management Methodology which would be applied to enhancements, added functions or new requirements, how the change is carried through to existing file structures, data sets, processing logic and reports, and how those changes are validated and documented.

### **3.2.17 Quality Management Plan**

The Vendor should propose a Quality Management Plan which demonstrates a proactive mind-set towards analyzing and assessing the quality and accuracy of data and performance and which incorporates a formal quality management methodology. The Vendor should describe in detail their quality assurance process of checking to ensure that the warehouse, their related services, and deliverables are developed to meet all specified RFP requirements, and that data is accurate at implementation and on an ongoing basis.

The plan and methodology should include checklists, metrics and tools the Vendor plans to use to measure and assess the quality and accuracy of their performance of day-to-day operations responsibilities and how the Vendor plans to correct any deficiencies. The quality measurement process applies to plans and documents, programs, operational functions, and data and reports.

Content of the Quality Management Plan should address:

1. Requirements adherence,
2. SLA and KPI adherence, with a comprehensive section focused on Data Quality,
3. Data warehouse project documentation,
4. Source systems documentation,
5. Business intelligence and data warehouse documentation,
6. End-user training,
7. End-user support,
8. Performance monitoring, and
9. Change control management.





### **Deliverable**

3.2.17.1 A Quality Management Plan within ten (10) calendar days of contract startup.

### **3.2.18 Security, Privacy and Confidentiality Plan**

The Vendor should propose a Security, Privacy and Confidentiality Plan which addresses potential security issues and the steps to be taken to ensure these issues do not compromise the operation of the DW/DSS and the data stored therein. Data should only be viewable by those who are explicitly permitted to view or receive it. The security model developed to support the DW/DSS should be one that is based upon security access roles and organizational affiliation. It is critical that BMS have a method for tracking access to, use of and changes to data. Data should be physically safe and adequately protected at all times. In their proposal the Vendor should describe how the detailed security requirements presented in Appendix 1 – Detailed Mandatory Requirements, Section B and Appendix 2-Detailed Business and Technical Requirements, Section B.8 should be met.

The Security, Privacy and Confidentiality plan should be an overarching plan for all levels of security, including but not limited to:

- Data Security,
- Security Audit,
- Network Security,
- Application Security, and
- Physical Security.

Components of the plan should include:

1. A description of all security tools, hardware and software the Vendor is using and how they integrate to form a comprehensive security architecture,
2. The approach to monitoring attempted security violations and the actions that are taken when attempts are made at violating security,
3. Education and training for vendor and BMS staff and users,
4. Policies, procedures and protocols,
5. Designated responsible persons,
6. Policies and Procedures for Access Controls (Physical access and electronic access), and
7. Policies and Procedures related to security breaches.

### **Vendor Deliverables**

3.2.18.1 A Security, Privacy and Confidentiality Plan within thirty (30) calendar days of contract startup.

### **3.2.19 Business Continuity Plan**

The Vendor should propose a comprehensive Business Continuity Plan to include backup/recovery, failover and disaster recovery. In their proposal the Vendor should describe how the detailed requirements presented in Appendix 2 - Detailed Business and Technical Requirements, Section B.9 are met.





The proposed plan should include:

1. Testing and reporting of the DW/DSS business continuity plan to include:
  - Failover / Fallback functionality,
  - Back up / Recovery functionality, and
  - Business Continuity Plan.
2. All facility, technical, architectural (hardware, software security and network) requirements and applicable SLA requirements,
3. Transitioning the recovery site to become the primary site at BMS' discretion if the primary site cannot be restored, and
4. The process for amending the plan if business needs change.

#### **Deliverable**

3.2.19.1 A Business Continuity Plan within thirty (30) calendar days of contract startup.

#### **3.2.20 Operations Management Manual**

Vendors should propose an Operations Management Manual for the operational support of the DW/DSS.

Components of this manual should include:

1. Operations Plans – inclusive of, but not limited to:
  - Resource and Staffing Plan,
  - Configuration Management Plan,
  - Document Management Plan,
  - Data Retention and Archive Plan,
  - Quality Management Plan,
  - Security, Privacy and Confidentiality Plan,
  - Business Continuity Plan (including Failover, Backup/Recovery & Disaster Recovery), and
  - Data Reconciliation Plan.
2. Operations Management Plan, including plans associated with SLA compliance, and
3. Operations Controls, Monitoring and Reports.

The Operations Management Manual should include all standards (including Service Level Agreements and Key Performance Indicators), policies and procedures for operating the DW/DSS and all DW/DSS components.

#### **Deliverable**

3.2.20.1 An Operations Management Manual within forty-five (45) calendar days of contract startup.

#### **3.2.21 Service Level Agreements and Key Performance Indicators**

In their proposal the Vendor should describe their understanding of the role that SLAs and KPIs play during Operations through defining and managing the relationship between the Vendor and BMS. The Vendor should propose how it plans to meet the service level requirements presented in Appendix 7 – Service Level Agreements and Key Performance Indicators and describe the monthly report card which is submitted to



BMS.

The Vendor should also propose its approach to remediating performance by the following month's report card when KPI metrics have not been met.

### **3.3 Special Terms and Conditions**

#### **3.3.1 *Bid and Performance Bonds***

No bid bond is required for this procurement. The vendor agrees to provide a performance bond for 50% of the cost of DDI upon execution of the contract. The vendor also agrees to provide a performance bond, prior to commencement of operations, for 100% of the cost of annual operations, to be renewed annually at the then current cost.

#### **3.3.2 *Insurance Requirements***

The Vendor, as an independent contractor, is solely liable for the acts and omissions of its employees and agents. Proof of insurance shall be provided by the Vendor at the time the contract is awarded. The Vendor shall maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of the Vendor, its agents and employees in the following amounts:

- a) For bodily injury (including death): \$500,000.00 per person, up to \$1,000,000.00 per occurrence.
- b) For property damage and professional liability: Up to \$1,000,000.00 per occurrence.

#### **3.3.3 *License Requirements***

Provide certification that Vendor is registered with the Secretary of State's Office to do business in West Virginia; provide evidence that Vendor is in good standing with the State Agency of Employment Programs as to Unemployment Compensation coverage and Worker's Compensation coverage or exempt from such coverage.

#### **3.3.4 *Litigation Bond***

Non-applicable.

#### **3.3.5 *Debarment and Suspension***

Vendor will not be considered in proposal process if debarred or suspended. Vendor must certify that they are not debarred or suspended. Successful Vendor must certify that no entity, agency or person associated with the Vendor is debarred or suspended.



## **PART 4 PROPOSAL FORMAT AND RESPONSE REQUIREMENTS**

### **4.1 Technical Proposal Format**

Only proposals meeting the Mandatory Proposal Requirements will have their Technical Proposals reviewed. This review includes:

- Project Approach and Solution
- Vendor Qualifications and Experience
- Project Staffing
- Solution Alignment with BMS' Business Needs
- Technology Solution

The Technical Proposal should be limited to two-hundred (200) pages, including all charts and attachments.

The proposal should be formatted in the same order shown here, providing the information specified as follows:

**4.1.1 Title page** Should state the RFP Subject and number, the name of the Vendor, Vendor's business address, telephone number, name of authorized contact person to speak on behalf of the Vendor, dated and signed by a person authorized to commit the vendor. Such authorization to commit will be included in writing, such as Board of Directors minutes, Delegation of Authority, etc.

**4.1.2 Transmittal Letter** A transmittal letter signed in blue ink by an official authorized to bind the Vendor to proposal provisions must accompany the proposal. The transmittal letter must be placed immediately behind the Title Page of the General Technical section. The letter must include a statement that the RFP terms are accepted. Vendors must also include a statement in the letter certifying that the price was arrived at without any conflict of interest.

**4.1.3 Table of Contents** Clearly identify the material by section and page number. RFP responses should follow the same order as the RFP and use the same titles.

**4.1.4 Executive Summary** Vendor should affirm their ability and capability to provide experienced personnel to accomplish each mandatory requirement of Part 3.1.1 through 3.1.31. The Executive Summary should not exceed three pages.

**4.1.5 Vendor's Organization.** The following items must be included in a document titled "Business Organization" and must accompany the Transmittal Letter.

(List any necessary vendor details here. Example of Vendor Organization detail include: business name, address, and licenses; subcontractor detail; and financial information, such as annual audited financial reports.)

**4.1.6 Location.** Indicate the site or sites from with the Vendor and subcontractors, if any, will perform the relevant tasks listed in the proposal.

**4.1.7 Project Approach and Solution.** The vendor should provide a "Statement of Understanding" (not to exceed 3 pages) that provides a high-level summary of the work



requested by the Bureau for Medical Services in this RFP. Additionally, the vendor is expected to provide a detailed proposal for providing the services as described in Part 3 Procurement Specifications which discusses their understanding of the Scope of Work and the project objectives and timeline. The vendor should describe the approach and methodologies for completing the work. The purpose of this information is to provide the Bureau with a thorough understanding of the vendor's proposed plan and approach. The vendor is expected to identify how they are able to commence providing services upon award of contract and continue to provide those services over the anticipated duration of the contract. The vendor is to provide a timeline or Gantt chart for the activities required and planned milestones. The vendor is to complete Attachment II RFP Requirements Checklist and submit with proposal to this RFP.

**4.1.8 Vendor Qualifications and Experience.** Proposals should provide a comprehensive profile of the organization that includes a description of the management structure and ownership. Proposals should include at least three (3) business references that demonstrate the Vendor's prior experience in administering Data Warehouse/Decision Support System programs. Each reference should include the contact name, address, telephone number and email address of the client, organization, and the responsible project administrator familiar with the organizations performance, and brief description of services that are provided to the reference. The Bureau reserves the right to request additional references.

**4.1.9 Project Staffing.** The Vendor is responsible for providing all resources necessary to fulfill the requirements as specified in this RFP. Vendor is expected to provide a project staffing chart that demonstrates the vendor's ability and capability to provide knowledgeable, skilled and experienced personnel to accomplish the Scope of Work as described in Section 3. Key staff are to be identified and the percentage of time that each individual is to be dedicated to this project. Resumes are to be provided for the key staff members assigned to this project, including their licenses, credentials and experience.

If proposed staff are not employed by the vendor, the vendor is to provide a signed letter of intent from the individual indicating they are to accept employment if the vendor is awarded the contract. BMS reserves the right to reject any staff proposed or later assigned to the project, and require the successful vendor to remove them from the project.

**4.1.10 Solution Alignment with BMS' Business Needs.** Vendor should describe in detail how the solution proposed provides the functionality identified in this RFP as necessary to meet BMS' current business needs and the work of the work units listed. Vendor should also describe how the proposed solution provides the foundation that enables BMS to move toward its vision for its future MITA-oriented Medicaid Enterprise. Vendor should demonstrate in its proposal how the solution provides BMS the ability to perform more sophisticated analyses to make better decisions, improve health outcomes, and make best use of state and federal financial resources through financial analysis; defined and ad hoc reporting capabilities; clinical utilization and care management case analysis; and analytics such as trending and what-if scenarios. The vendor can include additional materials, in a separately labeled section at the back of the proposal, which describes company offerings that should be of value to BMS, but this



section would not be reviewed as a formal section of the RFP. The vendor should complete the checklist columns of Appendix 2 – Detailed Business and Technical Requirements, Section A.

**4.1.11 Technology Solution.** Vendor should describe in detail how the proposed technical solution addresses the technical/architectural criteria as defined in this RFP. Vendor should demonstrate how the proposed components integrate to support operations, workflow and achievement of specified service levels, and are maintainable and supportable. Vendor should describe their development and operating environments and facilities, and how support services are provided. Services described should include data center/operations support, help desk/customer support, facility security, training and ongoing education, systems analysis/architecture/design, system development and testing, and ongoing data reconciliation. The vendor should complete the checklist columns of Appendix 2 – Detailed Business and Technical Requirements, Section B.

**4.1.12 Subcontracting.** Identify the required services that you intend to subcontract, if any.

**4.1.13 Special Terms and Conditions.** Describe any special terms and conditions required to fulfill this contract. The Bureau must be informed of any terms, conditions, and/or limitations of the Vendor prior to entering into contract negotiations.

**4.1.14 Signed Forms.** Complete and sign all necessary forms, such as the MED-96 and Purchasing Affidavit forms. The successful vendor shall be required to comply with the HIPAA Business Associate Addendum (BAA). If applicable, sign and submit a Resident Vendor Preference Certificate with the proposal.

#### **4.1.15 Cost Summary**

The Vendor must complete the attached Cost Summary Bid Sheet (Attachment I). Vendors should not alter the Cost Summary Bid Sheet in any way without explicit acceptance by the Bureau. The cost summary, with the bidder's name, title, date and signature, must be in a separately sealed envelope and be included with the technical proposal or attached there to and shall contain:

The total amount proposed, including a not to exceed figure. The total not to exceed cost is to contain all direct and indirect costs including administrative, travel, training and out of pocket expenses necessary to perform all services within Part 3.2 of this RFP.

All amendments, modifications, alterations or changes to the scope of work in the contract shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made without the express written approval of the Bureau for Medical Services Project Sponsor or his/her designee.



## **FIRM PRICING ONLY WILL BE ACCEPTED**

Each cost proposal cost will be evaluated by use of the following formula for all vendors who attained the Minimum acceptable score only:

$$\frac{\text{Lowest price of all proposals}}{\text{Price of Proposal being evaluated}} \times 30 = \text{Price Score}$$

**4.1.16 RFP Requirements Checklist (Attachment II)** The Vendor is to crosswalk each RFP requirement to the site where it is addressed in its proposal (Columns B and C).

### **4.1.17 Payment and Retainage**

Under the contract resulting from this RFP, the vendor is to be paid as follows:

- For Phase One: DDI the vendor is to be paid a percentage of total DDI cost per milestone achieved and approved by BMS (including approval of all associated deliverables) as allocated in Table 4.1.17: DDI Payment Allocation Table below. From each payment a holdback percentage of 10% will be retained until the final deliverable of the Phase One: DDI period is accepted by BMS.
- For Phase Two: Operations the vendor is to be paid an annual flat administrative fee in twelve equal installments.
- For Phase Two: Enhancements the vendor is to be paid an all-inclusive hourly rate times the number of hours approved by BMS.
- In addition to the all-inclusive hourly rate for system modifications and enhancements, alternative pricing methodologies may be developed and used to accommodate services that are technology driven, but inextricably linked to the system modifications or enhancements. Such alternative methodologies shall be considered within the annual pool of hours and when combined with the expenditures for modifications and enhancements may not increase the cost for the existing contract.

Table 4.1.17: DDI Payment Allocation Table

Milestone #	Milestone Name	Associated Deliverables	% of Total Cost of DDI
1.	Completion of Project and Administrative Plans	<ul style="list-style-type: none"> <li>• Initial Project Plan</li> <li>• Quality Management Plan</li> <li>• Security, Privacy and Confidentiality Plan</li> <li>• Business Continuity Plan</li> <li>• Operations Management Manual</li> </ul>	10%
2.	Completion of System Design Activities	<ul style="list-style-type: none"> <li>• DW/DSS Requirements Definition Document (RDD)</li> <li>• DW/DSS Conceptual Data Model</li> <li>• DW/DSS Requirements Traceability Matrix</li> <li>• Detailed Technical Design</li> </ul>	30%





West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
**v10.0 – DW/DSS Procurement RFP MED11015**

Milestone #	Milestone Name	Associated Deliverables	% of Total Cost of DDI
		Document	
3.	Completion of System Construction and Testing Activities	<ul style="list-style-type: none"><li>• Test system and environment</li><li>• Test Plan</li><li>• Test scripts and cases</li><li>• Initial Test Summary</li><li>• Final Test Summary</li></ul>	30%
4.	Completion of Implementation Readiness Activities	<ul style="list-style-type: none"><li>• DW/DSS User Documentation</li><li>• As-Delivered System Documentation</li><li>• Implementation Readiness Report</li></ul>	20%
5.	Commencement of Operations	<ul style="list-style-type: none"><li>• Request authorization to Commence Operations and approval by BMS</li></ul>	10%

*Space intentionally blank.*



## ATTACHMENT I - Cost Summary Bid Sheet

Phase One: DDI Cost		
Item	Cost	Totals
Total DDI Costs (see Table 4.1.17: DDI Payment Allocation Table)		
Phase Two: Operations Cost		
Item	Cost	Totals
Year One Flat Administrative Fee		
Year Two Flat Administrative Fee		
Year Three Flat Administrative Fee		
Year Four Flat Administrative Fee		
Year Five Flat Administrative Fee		
Year Six Flat Administrative Fee		
Year Seven Flat Administrative Fee		
Year Eight Flat Administrative Fee		
Total Operations Costs		
All Inclusive Hourly Rate		
Period	Hourly Rate	Totals
Year One Cost (Rate X 8,000 hours)		
Year Two Cost (Rate X 8,000 hours)		
Year Three Cost (Rate X 8,000 hours)		
Year Four Cost (Rate X 8,000 hours)		
Supplemental Year One Cost (Rate X 8,000 hrs)		
Supplemental Year Two Cost (Rate X 8,000 hrs)		
Supplemental Year Three Cost (Rate X 8,000 hrs)		
Supplemental Year Four Cost (Rate X 8,000 hrs)		
Total Cost of Hourly Rate Services		
Additional Costs		
Additional License or User Seats (Refer to Section 3.1.8 and 3.2.2)	Cost per increment	
License or User Seat (Increments of <u>1</u> )		
License or User Seat (Increments of <u>2</u> )		
License or User Seat (Increments of <u>3</u> )		
License or User Seat (Increments of <u>4</u> )		
License or User Seat (Increments of <u>5</u> )		
Total Cost of DDI, Operations and Hourly Rate Services		



West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
**v10.0 – DW/DSS Procurement RFP MED11015**

---

---

Vendor

---

Signature

---

Date



## ATTACHMENT II - RFP Requirements Checklist

RFP Requirements Checklist:

The RFP Requirements Checklist is a detailed listing of every general, technical, functional, staffing, and performance requirement.

- The Vendor is to crosswalk each RFP requirement (A) to the site where it is addressed in its proposal (Columns B and C).

A		B	C
DW/DSS RFP Requirements		Proposal Section	Proposal Page No.
3.1	Mandatory Requirements		
3.1.1			
3.1.2			
3.1.3			
3.1.4			
3.1.5			
3.1.6			
3.1.7			
3.1.8			
3.1.9			
3.1.10			
3.1.11			
3.1.12			
3.1.13			
3.1.14			
3.1.15			
3.1.16			
3.1.17			
3.1.18			
3.1.19			
3.1.20			
3.1.21			
3.1.22			
3.1.23			
3.1.24			
3.1.25			
3.1.26			
3.1.27			
3.1.28			
3.1.29			
3.1.30			
3.1.31			
3.2	Scope of Work		
3.2.1			
3.2.2			
3.2.3			



West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
**v10.0 – DW/DSS Procurement RFP MED11015**

<b>A</b>		<b>B</b>	<b>C</b>
<b>DW/DSS RFP Requirements</b>		<b>Proposal Section</b>	<b>Proposal Page No.</b>
<b>3.2.4</b>			
<b>3.2.4.1</b>			
<b>3.2.5</b>			
<b>3.2.6</b>			
<b>3.2.6.1</b>			
<b>3.2.6.2</b>			
<b>3.2.6.3</b>			
<b>3.2.7</b>			
<b>3.2.7.1</b>			
<b>3.2.8</b>			
<b>3.2.8.1</b>			
<b>3.2.8.2</b>			
<b>3.2.8.3</b>			
<b>3.2.8.4</b>			
<b>3.2.8.5</b>			
<b>3.2.9</b>			
<b>3.2.10</b>			
<b>3.2.10.1</b>			
<b>3.2.10.2</b>			
<b>3.2.10.3</b>			
<b>3.2.11</b>			
<b>3.2.11.1</b>			
<b>3.2.12</b>			
<b>3.2.13</b>			
<b>3.2.14</b>			
<b>3.2.15</b>			
<b>3.2.16</b>			
<b>3.2.17</b>			
<b>3.2.17.1</b>			
<b>3.2.18</b>			
<b>3.2.18.1</b>			
<b>3.2.19</b>			
<b>3.2.19.1</b>			
<b>3.2.20</b>			
<b>3.2.20.1</b>			
<b>3.2.21</b>			
<b>3.3</b>			
<b>3.3.1</b>			
<b>3.3.2</b>			
<b>3.3.3</b>			
<b>3.3.5</b>			
<b>4.1</b>	<b>Technical Proposal Format</b>		
<b>4.1.1</b>			



West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
**v10.0 – DW/DSS Procurement RFP MED11015**

<b>A</b>		<b>B</b>	<b>C</b>
<b>DW/DSS RFP Requirements</b>		<b>Proposal Section</b>	<b>Proposal Page No.</b>
<b>4.1.2</b>			
<b>4.1.3</b>			
<b>4.1.4</b>			
<b>4.1.5</b>			
<b>4.1.6</b>			
<b>4.1.7</b>			
<b>4.1.8</b>			
<b>4.1.9</b>			
<b>4.1.10</b>			
<b>4.1.11</b>			
<b>4.1.12</b>			
<b>4.1.13</b>			
<b>4.1.14</b>			
<b>4.1.15</b>			
<b>4.1.16</b>			
<b>4.1.17</b>			





## Appendix 1 - Detailed Mandatory Requirements

Req #	Description of Requirement
<b>Section A - Business Requirements</b>	
<b>PROGRAM MANAGEMENT</b>	
<b>MITA 5.6.1 Manage Program Information</b>	
MDT DSS1.1	Identifies relationships between key entities in the Medicaid enterprise.
MDT DSS1.2	At a minimum, transfers data from MMIS claims history, recipient enrollment, provider enrollment, and primary reference data (e.g., diagnosis, procedure, National Drug Code (NDC), and pricing) information.
MDT DSS1.3	Accepts data in a variety of formats from a variety of additional sources, e.g., Vital Statistics, MCO encounter data, Benefit Manager encounter data (pharmacy, dental, mental health), Waiver program data, Census Bureau, other agencies or entities.
MDT DSS1.4	Refreshes or replaces all historical claim data, recipient enrollment, provider enrollment, and other primary reference data on a scheduled basis.
MDT DSS1.5	Maintains synchronization of claims and encounter record dates with provider and Beneficiary record dates (i.e., a claim or encounter is always linked to the provider status and Beneficiary status segments associated with the date of service).
MDT DSS1.6	Supports simple queries and preformatted reports that are easy to access, follow a user-friendly protocol, and produce responses immediately.
MDT DSS1.7	Provides ad hoc reporting capability that presents summarized information on key factors (e.g., number of enrollees, total dollars paid) upon request.
MDT DSS1.8	Provides ad hoc query capability for retrieval of data relevant to specific operational units, e.g., claims resolution, prior authorization, and medical necessity review.
MDT DSS1.9	Supports Federal reporting requirements when these requirements are met through the DSS.
MDT DSS1.10	Extends system flexibility by adding enhanced reporting above and beyond what is available through other MMIS functions.
MDT DSS1.11	Supports a variety of formats and output options (e.g., Word, Excel, HTML, Access database, PDF or GUI format).
MDT DSS1.12	Provides online assistance to users to support effective use of data query, data analysis, and report formatting capabilities.
MDT DSS1.13	Maintains easy access to data relevant to the needs of staff as anticipated in the APD and/or RFP, e.g., claims adjudication, prior approval, medical review, utilization review, and analysis of specific payment areas (pharmacy, dental, inpatient, etc.).
MDT DSS1.14	Supports a range of analysis actions including: benefit modeling, clinical review, utilization management, provider-Beneficiary-MCO profiling, program planning, forecasting, program assessment, provider or contractor performance, quality assurance, fraud detection, comparison of fee-for-service and managed care, and other functions as described in the APD and/or RFP.
MDT DSS1.15	Supports analytical staff through sophisticated analytical tools that perform specific analytical functions, e.g., statistical analysis, comparative analysis, financial trends, case-mix adjustments within time ranges specified in the APD and/or RFP.
MDT DSS1.16	Collects and summarizes data for specific user communities (e.g., data marts or cubes) such as program analysis staff, research group, and financial management unit.



West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
**v10.0 – DW/DSS Procurement RFP MED11015**

<b>Req #</b>	<b>Description of Requirement</b>
MDT PM1.1	Provides information to assist management in fiscal planning and control.
MDT PM1.2	Provides information required in the review and development of medical assistance policy and regulations.
MDT PM1.3	Prepares information to support the preparation of budget allocations for the fiscal year.
MDT PM1.4	Supports the projection of the cost of program services for future periods.
MDT PM1.5	Compares current cost with previous period cost to establish a frame of reference for analyzing current cash flow.
MDT PM1.6	Compares actual expenditures with budget to determine and support control of current and projected financial position.
MDT PM1.7	Analyzes various areas of expenditure to determine areas of greatest cost.
MDT PM1.8	Maintains provider, recipient, claims processing, and other data to support agency management reports and analyses.
MDT PM1.9	Tracks claims processing financial activities and provides reports on current status of payments.
MDT PM1.10	Analyzes break-even point between Medicare and Medicaid payments.
MDT PM1.11	Tracks impact of Medicare drug program.
MDT PM1.12	Reviews errors in claim and payment processing to determine areas for increased claims processing training and provider billing training.
MDT PM1.13	Provides claims processing and payment information by service category or provider type to analyze timely processing of provider claims according to requirements (standards) contained at 42 CFR 447.45.
MDT PM1.14	Monitors third-party avoidance and collections per State plan.
MDT PM1.15	Retains all information necessary to support State and Federal initiative reporting requirements.
MDT PM1.16	Provides access to information such as, but not limited to, paid amounts, outstanding amounts and adjustment amounts to be used for an analysis of timely reimbursement.
MDT PM1.17	Displays information on claims at any status or location such as, but not limited to, claims backlog, key entry backlog, file status, and other performance items.
MDT PM1.18	Develops third-party payment profiles to determine where program cost reductions might be achieved.
MDT PM1.19	Reviews provider performance to determine the adequacy and extent of participation and service delivery.
MDT PM1.20	Reviews provider participation and analyzes provider service capacity in terms of Beneficiary access to health care.
MDT PM1.21	Analyzes timing of claims filing by provider to ensure good fiscal controls and statistical data.
MDT PM1.22	Reviews the utilization of services by various Beneficiary categories to determine the extent of participation and related cost.
MDT PM1.23	Analyzes progress in accreting eligible Medicare buy-in Beneficiaries.
MDT PM1.24	Supports analyses of data on individual drug usage.
MDT PM1.25	Presents geographic analysis of expenditures and Beneficiary/Provider participation.
MDT PM1.26	Provides Beneficiary enrollment and participation analysis and summary, showing utilization rates, payments and number of beneficiaries by eligibility category.



West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
**v10.0 – DW/DSS Procurement RFP MED11015**

Req #	Description of Requirement
MDT PM1.27	Reports on dual eligibles.
MDT PM1.28	Meets State defined time frames and priorities for processing user requests.
<b>Section B - Security Management</b>	
<b>MITA 5.6.1 Manage Program Information</b>	
MDT SP1.1	Verifies identity of all users, denies access to invalid users. For example: <ul style="list-style-type: none"> <li>Requires unique sign-on (ID and password)</li> <li>Requires authentication of the receiving entity prior to a system-initiated session, such as transmitting responses to eligibility inquiries</li> </ul>
MDT SP1.2	Enforces password policies for length, character requirements, and updates.
MDT SP1.3	Supports a user security profile that controls user access rights to data categories and system functions.
MDT SP1.4	Permits supervisors or other designated officials to set and modify user security access profile.
MDT SP1.5	Includes procedures for accessing necessary electronic Protected Health Information (ePHI) in the event of an emergency; continue protection of ePHI during emergency operations.
MDT SP1.6	Supports workforce security awareness through such methods as security reminders (at log on or screen access), training reminders, online training capabilities, and/or training tracking.
MDT SP1.7	Alerts appropriate staff authorities of potential violations of privacy safeguards, such as inappropriate access to confidential information.
MDT SP1.8	Contains a data definition for the Designated Record Set (DRS) that allows it to be included in responses to inquiries and report requests.
MDT SP1.9	Contains verification mechanisms that are capable of authenticating authority (as well as identity) for the use or disclosure requested. For example: <ul style="list-style-type: none"> <li>Denies general practitioner inquiry for recipient eligibility for mental health services</li> <li>Permits inquiries on claim status only for claims submitted by the inquiring provider</li> </ul>
MDT SP1.10	Supports encryption and decryption of stored ePHI or an equivalent alternative protection mechanism.
MDT SP1.11	Supports encryption of ePHI that is being transmitted, as appropriate.
MDT SP1.12	Supports integrity controls to guarantee that transmitted ePHI is not improperly modified without detection (e.g., provide secure claims transmission).
MDT SP1.13	Provides data integrity of ePHI by preventing and detecting improper alteration or destruction (e.g., double keying, message authentication, digital signature, check sums etc).
MDT SP1.14	Generates alerts for conditions that violate security rules, for example: <ul style="list-style-type: none"> <li>Attempts to access unauthorized data and system functions</li> <li>Logon attempts that exceed the maximum allowed</li> <li>Termination of authorized sessions after a specified time of no activity</li> </ul>
MDT SP1.15	Logs and examines system activity in accordance with audit policies and procedures adopted by the Medicaid agency.
MDT SP1.16	Provides security incident reporting and mitigation mechanisms, such as: <ul style="list-style-type: none"> <li>Generate warning or report on system activity based on security parameters</li> <li>Terminate access and/or generate report when potential security violation detected</li> <li>Preserve and report specified audit data when potential security violation detected</li> </ul>



West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
**v10.0 – DW/DSS Procurement RFP MED11015**

<b>Req #</b>	<b>Description of Requirement</b>
MDT SP1.17	Supports procedures for guarding, monitoring, and detecting malicious software (e.g., viruses, worms, malicious code, etc.).
MDT SP1.18	Has the capability to respond to an authorized request to provide a report containing the DRS for a given individual.
MDT SP1.19	Contains indicators that can be set to restrict distribution of ePHI in situations where it would normally be distributed.
MDT SP1.20	Tracks disclosures of ePHI; provides authorized users access to and reports on the disclosures.
MDT SP1.21	Has the capability to identify and note amendments to the DRS for a given individual.



## Appendix 2 - Detailed Business and Technical Requirements

Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
<b>Section A - Business Requirements</b>					
<b>Section A.1 - PROGRAM MANAGEMENT</b>					
<b>MITA 5.6.1 Manage Program Information</b>					
BSR PG1.1	Associates clinical data (e.g., claims attachment) with the claim record.				
BSR PG1.2	Supports retrieval and presentation of data associated with geographic indicators such as by state, by county, and by zip code.				
BSR PG1.3	Provides reports that allow users to drill down from summarized data to detailed data.				
BSR PG1.4	Demonstrates support for standard summarized data to be accessed by agency executives (e.g., Executive Information System or dashboards).				
BSR PG1.5	Provides counts of services based on meaningful units such as but not limited to:- Service category (e.g., days, visits, units, prescriptions)- Unduplicated claims- Unduplicated beneficiaries- Unduplicated providers				
BSR PG1.6	Provides the capability to produce unduplicated counts within a type of service and in total by month.				
BSR PG1.7	Reports the utilization and cost of services against benefit limitations.				
BSR PG1.8	Assists in determining reimbursement methodologies by providing expenditure data through service codes including:- Healthcare Common Procedure Coding System (HCPCS), current version- International Classification of Diseases (ICD), Clinical Modifier, current version- National Drug Code (NDC), current version.				
BSR PG1.9	Analyzes cost-effectiveness of managed care programs versus fee-for-service.				
BSR PG1.10	Reports on any change from baseline for any program or policy change.				
BSR PG1.11	Identifies payments by type such as, but not limited to, abortions and sterilizations.				
BSR PG1.12	Maintains information on per diem rates, Diagnosis Related Groups (DRG), Resource Utilization Groups (RUG), and other prospective payment methodologies according to				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	the State plan.				
BSR PG1.13	Automatically alerts administration when significant change occurs in daily, weekly, or other time period payments.				
BSR PG1.14	Provides access to information for each provider on payments to monitor trends in accounts payable such as, but not limited to, showing increases/decreases and cumulative year-to-date figures after each claims processing cycle.				
BSR PG1.15	Produces provider participation analyses and summaries by different select criteria such as, but not limited to:- Payments- Services- Types of services- Beneficiary eligibility categories.				
BSR PG1.16	Provides information to assist auditors in reviewing provider costs and establishing a basis for cost settlements.				
BSR PG1.17	Monitors individual provider payments.				
BSR PG1.18	Summarizes expenditures, based on type of Federal expenditure and the eligibility and program of the Beneficiary.				
BSR PG1.19	Provides eligibility and Beneficiary counts and trends by selected data elements such as, but not limited to, aid category, type of service, age and county.				
BSR PG1.20	Provides the ability to request information online and to properly categorize services based on benefit plan structure.				
BSR PG1.21	Supports report balancing and verification procedures.				
BSR PG1.22	Maintains comprehensive list of standard PM reports and their intended use (business area supported).				
BSR PG1.23	Maintains a list of users of each standard PM report.				
BSR PG1.24	Produces a hospice report, based on a BMS defined period, showing a comparison of hospice days versus inpatient days for each enrolled hospice Beneficiary and for all hospice providers.				
BSR PG1.25	Maintains online access to selected management reports and annual reports for the period of time specified by BMS, with the ability for BMS to alter the length of the retention period.				
BSR PG1.26	Ability to produce the current volume of BMS standard and operational reports or a number agreed upon in DDI. BMS works with the successful Vendor during DDI to				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	analyze and define each report to ensure the reporting component meets overall business needs.				
BSR PG1.27	Ability to provide authorized users direct access to MARS, SURS, and ad hoc functionality on their local workstations.				
BSR PG1.28	Data fields to be included in the Data Warehouse are to be defined and agreed upon during DDI and a process is to be developed to address the addition of new fields to the data warehouse.				
BSR PG1.29	Ability to access new data fields populated with historical data where available.				
BSR PG1.30	Ability to integrate all reports with the EDMS component.				
BSR PG1.31	Ability to use common names as defined by the BMS for displaying reports to end-users.				
BSR PG1.32	Ability to enable users to produce highly flexible visual presentations of information in tabular, graphic, and chart form.				
BSR PG1.33	Ability to meet all requirements and specifications identified by CMS and the BMS for report content, storage, maintenance, and file transfers.				
BSR PG1.34	Ability to produce outputs and data file extractions in accordance with the BMS's prioritization schedule, format, media, and distribution schedule.				
BSR PG1.35	Provides a DSS that is a reconciled analytically-ready database that supports rapid and efficient population-based reporting across all systems and programs.				
BSR PG1.36	Integrates data, at a minimum, from the following sources:				
BSR PG1.37	Eligibility sources				
BSR PG1.38	Capitation sources				
BSR PG1.39	Claims systems (paid/denied claims and claim adjustments, in bulk and in detail)				
BSR PG1.40	Managed care encounter data from the State's MCOs.				
BSR PG1.41	Contractors, such as but not limited to, pharmacy benefit managers, behavioral health plans, CHIP contractors				
BSR PG1.42	Other as defined by BMS				
BSR PG1.43	Providers				
BSR PG1.44	Reference File				





Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR PG1.45	Ability to use "open system" data warehousing such that query-capable applications external to the data warehouse can access data in the data warehouse.				
BSR PG1.46	Ability to manage offline storage and retrieval of archived data.				
BSR PG1.47	Ability to access (easily look-up) DSS information such as subsets, norms, benchmarks, query creation and all other objects and functions.				
BSR PG1.48	Ability to allow the user to perform prospective and retrospective policy modeling (what-if analysis) and analysis on changes listed below and others as later defined by BMS:				
BSR PG1.49	Claims edit checking and adjudication rules, claims parameters and payment rules, Provider payment rules or amounts, or claims sequencing				
BSR PG1.50	Changes in Provider profile(s) such as Provider type, Provider location, Provider networks				
BSR PG1.51	Changes in Member(s) profile such as demographic groups, claim types				
BSR PG1.52	Changes in benefit plans such as the addition and removal of allowable services, service limits, Providers(s), and Member(s)				
BSR PG1.53	Patterns in relationships between disparate data				
BSR PG1.54	Ability to use or develop built-in standards and benchmarks relevant to Medicaid and other health care programs for Utilization, Cost, Quality of Care, Outcomes, Prevention, Access to Care, Eligibility and Administrative Performance for reporting purposes.				
BSR PG1.55	Ability to produce quality measurement reports, as defined by BMS.				
BSR PG1.56	Ability to provide the data needed to support all State reporting requirements and produces all State reports.				
BSR PG1.57	Ability to perform retrospective reviews, including:				
BSR PG1.58	Identify claims that appear to have been inappropriately paid such as excessive units, duplicate services, coding errors, or other errors				
BSR PG1.59	Determine if the services and billings were a medically necessary exception to usual practice				
BSR PG1.60	Reports are developed in accordance with the process defined by the BMS.				
BSR PG1.61	BMS owns the reports and no changes are to be made to reports without the prior approval of the BMS report owner(s).				
BSR PG1.62	Ability to compare encounter data claims and capitation fees vs. fee-for-service				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	payment data to determine best utilization and payment scenarios.				
BSR PG1.63	Ability to produce multi-dimensional, flexible, ad hoc reports across business functions which meet reporting needs, such as:				
BSR PG1.64	Financial reporting				
BSR PG1.65	Budget forecasting				
BSR PG1.66	Fiscal planning and control				
BSR PG1.67	Claims payment accuracy				
BSR PG1.68	Cash flow				
BSR PG1.69	Timely reimbursement analysis				
BSR PG1.70	Recipient cost and user of services				
BSR PG1.71	Cost/benefit analysis				
BSR PG1.72	Third party recovery				
BSR PG1.73	Estate recovery				
BSR PG1.74	Prescription drug policy				
BSR PG1.75	Cost and user of prescription drugs				
BSR PG1.76	Recipient participation				
BSR PG1.77	Eligibility and benefit design				
BSR PG1.78	Geographical analysis				
BSR PG1.79	Program planning				
BSR PG1.80	Policy analysis				
BSR PG1.81	Federal waiver program evaluation				
BSR PG1.82	Program performance monitoring				
BSR PG1.83	Provider reimbursement policy				
BSR PG1.84	Institutional rate-setting				
BSR PG1.85	Medical assistance policy development				
BSR PG1.86	Provider participation				
BSR PG1.87	Service delivery patterns				
BSR PG1.88	Adequacy of and access to care				
BSR PG1.89	Quality of care				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR PG1.90	Outcomes assessment				
BSR PG1.91	Disease management				
BSR PG1.92	External reporting				
BSR PG1.93	Public information				
BSR PG1.94	Managed Care Plan (MCP) planning and analysis.				
BSR PG1.95	Ability to allow users the ability, with help screens, to extract data, manipulate the extracted data, and specify the desired format and media of the output.				
BSR PG1.96	Ability and flexibility for multiple simultaneous users to create and run in near real-time, ad hoc and canned reports without going through a formal change control process.				
BSR PG1.97	Ability to ensure that data is retained, archived, purged and protected from destruction according to State and Federal requirements and in accordance with BMS policy.				
<b>MITA 5.6.2 Formulate Budget</b>					
BSR PG1.98	Ability to create a monthly extract of selected claims, Member, Provider and reference data fields and forward it to the data warehouse/DSS for use in financial forecasting. Fields as defined by BMS during DDI.				
BSR PG1.99	Able to concurrently support budgeting process for multiple fiscal years.				
BSR PG1.100	Ability to allow users to modify specific budget numbers and not have to change the entire budget.				
BSR PG1.101	The system has the ability to track the original budget, including amendments made during the year, and distinguish between the two.				
BSR PG1.102	Ability to provide a budget model or framework for forecasting purposes.				
BSR PG1.103	Ability to provide budgetary control to control spending based on user-defined criteria.				
<b>MITA 5.6.3 Generate Financial and Program Analysis/Report</b>					
BSR PG2.1	Provides and maintains encounter data in appropriate claim(s) file.				
BSR PG2.2	Produces the CMS-416 report in accordance with CMS requirements. The report includes:- The number of children provided child health screening services,- The number of children referred for corrective treatment,- The number of children receiving dental services, and the State's results in attaining goals set for the state under section 1905(r) of the Act provided according to a State's screening periodicity schedule.				
BSR PG2.3	Produces the CMS-372 Annual reports on Home and Community Based Waiver				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
	Reports, for any HCBS Waivers that exist in accordance with CMS requirements.				
BSR PG2.4	Provides, maintains and updates a database to support MARS extract functions. Updates to the database should occur, at a minimum, monthly.				
BSR PG2.5	Ability to accommodate reporting across all Medicaid services and Social Service payments regardless of service delivery method and financing mechanism, such as through the use of a master data management system or function.				
BSR PG2.6	Ability to schedule any report to be run at varying levels of immediacy, frequency, or user-defined condition.				
BSR PG2.7	Ability to produce all reports as defined by the BMS Master Reports List (see Procurement Library).				
BSR PG2.8	Ability for BMS authorized users to create ad hoc reports.				
BSR PG2.9	Ability to report according to current and future HEDIS administrative reporting guidelines.				
BSR PG2.10	Provides the ability to report on unduplicated counts such as Members, Providers, and services.				
BSR PG2.11	Provides the ability to report based on a member enrollment hierarchy established by the BMS.				
BSR PG2.12	Ability to display to the user the number of pages that are to be printed before the user proceeds with printing a report.				
BSR PG2.13	Ability to monitor the progress of claims processing activity and provide summary reports which reflect the current status of payments.				
BSR PG2.14	Ability to present claims processing and payment information that demonstrates compliance with Federal prompt payment rules.				
BSR PG2.15	Ability to analyze areas of program expenditure to determine relative cost benefit.				
BSR PG2.16	Ability to analyze the frequency, extent, and type of provider and other claims processing errors.				
BSR PG2.17	For reporting purposes, assigns to all claim line details line categories and subline categories that correspond to the CMS 64.				
BSR PG2.18	Ability to analyze provider claim filing for timeliness, fiscal controls and ranking.				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR PG2.19	Maintains comprehensive list of standard reports and their intended use (business area supported).				
BSR PG2.20	Maintains a list of users of each standard report.				
BSR PG2.21	Retains and maintains access to reports for the period of time specified by the BMS report owner.				
BSR PG2.22	Ability to provide staff with access to reports on changes and modifications made to benefit plans and/or related components by beginning and end dates.				
BSR PG2.23	Ability to generate reports on service limitations and exclusions for each benefit plan and/or related component.				
BSR PG2.24	Ability to generate expenditure, eligibility and utilization data by benefit plan(s) and/or any of its components to support budget forecasts, monitoring and health care program modeling.				
BSR PG2.25	Able to provide a means of obtaining various listings of the Procedure, Diagnosis, and Formulary File.				
BSR PG2.26	Provides the Statistical Report on Medical Care: Eligibles, Members, Payments and Services (Form CMS-2082).				
<b>MITA 5.1.2 Manage Rate Setting</b>					
BSR PG3.1	Ability to compare encounter data claims and capitation fees vs. fee-for-service payment data to determine best utilization and payment scenarios.				
BSR PG3.2	Is able to incorporate the Medicare fee schedule into rate calculations and comparisons				
BSR PG3.3	Is able to compute rates for rate-based reimbursement based on user-defined calculations.				
BSR PG3.4	Ability to calculate rates for any rate-setting methodology based on a constraint of budget neutrality.				
BSR PG3.5	Ability to test rates against previously paid claims to support analysis activities such as impact analysis or fair market rate analysis.				
BSR PG3.6	Ability to utilize multiple rate-setting methodologies for long-term care facilities (i.e., NF and ICF-MR, short-term and long-term stay, traditional Medicaid and selective contracting).				
<b>MITA 5.3.2 Formulate Budget</b>					



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR PG4.1	Provides a budget data repository (budget module) organized to support budgetary functions (e.g., financial forecasting, tracking, reporting, development) and populated with the data necessary to perform those functions.				
BSR PG4.2	The system's budget module is to minimally be populated with the following data:				
BSR PG4.3	State agency (i.e., the agency that has or is to make the payment)				
BSR PG4.4	Date of service				
BSR PG4.5	Date of payment				
BSR PG4.6	Paid Amount				
BSR PG4.7	Provider type				
BSR PG4.8	Category of service				
BSR PG4.9	Geographical location				
BSR PG4.10	Eligibility groups (including waiver programs)				
BSR PG4.11	Age (according to cohorts defined by the State)				
BSR PG4.12	Other as defined by BMS during DDI				
BSR PG4.13	Is able to automatically update data in the budget module on a monthly basis, and is capable of performing updates according to any other schedule established by BMS and upon demand.				
BSR PG4.14	Is able to forecast expenditure estimates based on actual claim data.				
BSR PG4.15	Ability to export budget data to Microsoft Excel.				
BSR PG4.16	Ability to import budget data from Microsoft Excel.				
BSR PG4.17	Ability to provide a customizable Microsoft Excel export.				
BSR PG4.18	Ability to add attachments at the detail level of the budget such as Microsoft Word, Microsoft Excel, and Adobe PDF documents.				
<b>Section A.2 - CARE MANAGEMENT</b>					
<b>MITA 6.1 Manage Medicaid Population Health</b>					
BSR CM1.1	Captures information on contracted MCOs, including geographic locations, capitation rates, and organization type.				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
BSR CM1.2	Captures information identifying physicians who have agreed to provide gatekeeper services, number of Beneficiaries assigned, and capacity to accept additional patients.				
BSR CM1.3	Accepts and processes update information as changes are reported.				
BSR CM1.4	Captures termination information when an MCO contract is canceled.				
BSR CM1.5	Provides information to support assessment of adequacy of provider network. This includes identifying and collecting data on the number and types of providers and provider locations.				
BSR CM1.6	Provides information to support review of new enrollments and to prohibit affiliations with individuals debarred by Federal Agencies.				
BSR CM1.7	Accesses and reports on encounter data for the purpose of monitoring appropriateness of care.				
BSR CM1.8	Accesses and reports on encounter data for use in the determination of re-insurance to calculate true out-of-pocket costs.				
BSR CM1.9	Accesses and reports on encounter data for use in profiling MCOs and comparing utilization statistics.				
BSR CM1.10	Collects and sorts encounter data for use in completing MSIS reports.				
BSR CM1.11	Collects and sorts encounter data for use in determining capitation rates.				
BSR CM1.12	Processes encounter data to detect under-utilization of services by enrollees of the MCO.				
BSR CM1.13	Compares FFS claims statistics and encounter data, re: cost of care, timeliness of care, quality of care, outcomes.				
BSR CM1.14	Accesses encounter data to identify persons with special health care needs, as specified by the State.				
BSR CM1.15	Is able to produce managed care program reports by category of service, category of eligibility, and by provider type.				
BSR CM1.16	Generates reports of capitation payment by various categories (e.g., by eligibility group, rate cell, etc.).				
BSR CM1.17	Generates fee-for-service (FFS) claims reporting for services furnished outside of a capitation agreement (i.e., for services "carved-out" of the managed care program).				





Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
BSR CM1.18	Collects basic administrative information, for instance: <ul style="list-style-type: none"> <li>- the identification of an MCO</li> <li>- contract start and end dates</li> <li>- contract period/year</li> <li>- capitation effective date</li> <li>- maximum enrollment threshold</li> <li>- enrollee count</li> <li>- member month</li> <li>- re-insurance threshold</li> </ul>				
BSR CM1.19	Identifies Beneficiaries who are eligible for a State's Medicaid program by qualifying under a Section 1115 waiver eligibility expansion group. Distinguishes the "1115 expansion eligibles" from other groups of Medicaid-eligibles. (Currently WV does not have 1115 Waivers)				
BSR CM1.20	Collects and maintains the data necessary to support the budget neutrality reporting requirements as specified in the State's 1115 Waiver (including the ability to identify those Beneficiaries who would be ineligible for Medicaid in the absence of the State's 1115 Waiver). (Currently WV does not have 1115 Waivers)				
BSR CM1.21	Gathers data and produces a variety of financial reports to facilitate cost reporting and financial monitoring of waiver programs.				
BSR CM1.22	Gathers data and produces utilization reports for monitoring cost neutrality of waiver services to a target population. The average cost of waiver services cannot be more than the cost of alternative institutional care. State may define average either in aggregate or for each participant.				
BSR CM1.23	Accesses individual Beneficiary claims and/or encounter histories to extract data needed to produce annual report to CMS on cost neutrality and amount of services.				
BSR CM1.24	Collects and stores data needed to produce reports consistent with data collection plan to assess quality and appropriateness of care furnished to participants of the waiver program.				
BSR CM1.25	Monitors provider capacity and capabilities to provide waiver services to enrolled participants.				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR CM1.26	Ability to use MMIS data to support population health analyses.				
BSR CM1.27	Ability to receive population health data from various external entities. Data should include:				
BSR CM1.28	Census data				
BSR CM1.29	Vital statistics				
BSR CM1.30	Immigration data				
BSR CM1.31	Public health data				
BSR CM1.32	Other as defined by BMS during DDI				
BSR CM1.33	Ability to analyze population health data to support the development of health improvement communication materials, including the following:				
BSR CM1.34	Campaigns to enroll new members in existing programs				
BSR CM1.35	New program areas, services, etc.				
BSR CM1.36	Updated benefits/reference information				
BSR CM1.37	Other as defined by BMS during DDI				
BSR CM1.38	Ability to track and maintain detail for population health initiatives, including:				
BSR CM1.39	Originator/source of inquiry				
BSR CM1.40	Data source/s used				
BSR CM1.41	Strategy (or strategies) developed in response to data analysis				
BSR CM1.42	Changes to benefits				
BSR CM1.43	Changes to reference data				
BSR CM1.44	Record of communication materials				
BSR CM1.45	Time period/case schedule of review				
BSR CM1.46	Other as defined by BMS during DDI				
BSR CM1.47	Ability to identify FFS claims covered under MCO benefit enrollees.				
<b>Section A.3 - PROGRAM INTEGRITY MANAGEMENT</b>					
<b>MITA 7.1 Identify Candidate Case</b>					



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR PI1.1	Produces comprehensive statistical profiles of provider health care practices by peer groups for all categories of service(s) authorized under the Medicaid program (CMS).				
BSR PI1.2	Automatically identifies deficiencies and generates reports on levels of care and quality of care by provider type (CMS).				
BSR PI1.3	Automatically reports on the details of the practice of providers identified as exceptions or outliers (CMS).				
BSR PI1.4	Provides the capability to profile provider groups and individual providers within group practices (CMS).				
BSR PI1.5	Automatically identifies exceptions to norms of practice established by the agency for any type of provider covered by the State plan (CMS).				
BSR PI1.6	Displays all data by National Provider Identifier (NPI) or by a subset of the provider's practice (CMS).				
BSR PI1.7	Performs analysis of rendering, ordering, and billing practices to generate reports of aberrant utilization and/or billing patterns (CMS).				
BSR PI1.8	Applies clinically approved guidelines against episodes of care to identify instances of treatment inconsistent with guidelines (CMS).				
BSR PI1.9	Generates early warning reports of high-cost services and service misutilization based on current payment data to quickly identify high volume practices (CMS).				
BSR PI1.10	Automatically identifies exceptions to norms of utilization or quality of care standards established by the agency for any type of Beneficiary covered by the State plan (CMS).				
BSR PI1.11	Tracks Federally-assisted program participants separately from other categories of assistance (CMS).				
BSR PI1.12	Identifies Beneficiaries who exceed program norms, ranked in order of severity (CMS).				
BSR PI1.13	Identifies services received by Beneficiaries who are enrolled in selected programs (CMS).				
BSR PI1.14	Identifies services received by Beneficiaries who have specified diagnoses (CMS).				
BSR PI1.15	Links all services to a single Beneficiary regardless of the number of historical changes in Beneficiary ID (CMS).				
BSR PI1.16	Profiles all services provided to a Beneficiary during a single episode of care (CMS).				
BSR PI1.17	Has the capability to generate reports of individual Beneficiaries by peer group (CMS).				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR PI1.18	Utilizes a minimum level of manual clerical effort in providing information that reveals potential defects in level of care and quality of service (CMS).				
BSR PI1.19	Provides ability to perform analyses and produce reports responsive to requests from title XIX managers, QIO and State Medicaid fraud control units by means of computerized exception processing techniques (CMS).				
BSR PI1.20	Selects claims and encounter data dating back to whatever time period is appropriate for the specific research (CMS).				
BSR PI1.21	Supports the capability to produce claim and encounter detail and special reports by provider-type and Beneficiary classification (e.g., category of service—COS) and other key variables (e.g., Group Practice, Case) (CMS).				
BSR PI1.22	Supports capability to perform focused review and to generate reports of all reviews undertaken (CMS).				
BSR PI1.23	Has the capability to suppress processing on an individual within specified categories on a run-to-run basis (CMS).				
BSR PI1.24	Provides access to all data elements outlined in the SMM Part 11, section 11335 and all additional data required for appropriate analysis of the program (CMS).				
BSR PI1.25	Generates reports as needed (CMS).				
BSR PI1.26	Facilitates export of claims-based class groupings such that data can be used by spreadsheet or database software (CMS).				
BSR PI1.27	Supports fraud and abuse investigations (CMS).				
BSR PI1.28	Supports pattern recognition and provides an automated fraud and abuse profiling system for the ongoing monitoring of provider and Beneficiary claims to detect patterns of potential fraud, abuse and excessive billing (CMS).				
BSR PI1.29	Provides and stores all utilization reports in the medium designated by the State (CMS).				
BSR PI1.30	Provides the flexibility to vary time periods for reporting purposes and to produce reports on daily, monthly, quarterly basis, or other frequency specified by the State (CMS).				
BSR PI1.31	Maintains a process to apply weighting and ranking of exception report items to facilitate identifying the highest deviators (CMS).				
BSR PI1.32	Provides for development and implementation of technical and user training programs				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
	(CMS).				
BSR PI1.33	Investigates and reveals misutilization of the state's Medicaid program services by individual participants and promotes corrective action (CMS).				
BSR PI1.34	Develops provider, physician, and patient profiles sufficient to provide specific information as to the use of covered types of services and items, including prescribed drugs (CMS).				
BSR PI1.35	Ability to develop Provider and Member profiles sufficient to provide specific information as to the use of covered types of services and items, including prescribed drugs.				
BSR PI1.36	Ability to provide standard BMS and CMS program integrity reports in accordance with BMS reporting standards.				
BSR PI1.37	Ability to provide a mechanism to classify Members into peer groups for the purpose of developing peer group statistical profiles for comparative analysis using criteria such as:				
BSR PI1.38	Age				
BSR PI1.39	Gender				
BSR PI1.40	Race				
BSR PI1.41	Geographic region				
BSR PI1.42	Aid category				
BSR PI1.43	Special programs code				
BSR PI1.44	Claims data elements				
BSR PI1.45	Other as defined by BMS during DDI				
BSR PI1.46	Ability to suppress (i.e., not generate or print) processing on individuals within a category of service or class group on a run-to-run basis.				
BSR PI1.47	Ability to provide a mechanism to classify Providers into peer groups for the purpose of developing peer group statistical profiles for comparative analysis using criteria such as:				
BSR PI1.48	Category of service				
BSR PI1.49	Provider type				
BSR PI1.50	Specialty				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR PI1.51	Type of practice				
BSR PI1.52	Enrollment status				
BSR PI1.53	Facility type				
BSR PI1.54	Geographic region				
BSR PI1.55	Billing versus servicing Provider				
BSR PI1.56	Number of beds				
BSR PI1.57	Claim data elements				
BSR PI1.58	Provider Ownership				
BSR PI1.59	Referring Provider				
BSR PI1.60	Other as defined by BMS during DDI				
BSR PI1.61	Ability to develop Provider and Member profiles sufficient to provide specific information as to the use of covered types of services and items, including prescribed drugs.				
BSR PI1.62	Ability to provide a mechanism to classify treatment for the purpose of developing statistical profiles by diagnosis codes or range.				
BSR PI1.63	Ability to provide information which reveals and facilitates investigation of potential defects in the level of care and quality of service provided under the Medicaid program.				
BSR PI1.64	Ability to track hospital readmissions for Members readmitted to the same or different hospitals.				
BSR PI1.65	Ability to interface with the claims processing system.				
BSR PI1.66	Ability to maintain appropriate controls and audit trails to ensure that the most current SUR data is used in all processes relying on the SUR data repository.				
BSR PI1.67	Ability to conduct SUR across all Medicaid services and Social Service payments regardless of service delivery method and financing mechanism.				
BSR PI1.68	Ability to provide SUR functions, produce management summary reports and to edit control file for inactive service codes, including procedure and revenue codes.				
BSR PI1.69	Ability to generate statistical profiles for capitated plans, including the distinct profiling of Members associated with the capitated arrangement(s).				
BSR PI1.70	Ability to maintain random sampling techniques to extract data to support Provider audits, Member utilization analysis, and recoupment of funds.				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR PI1.71	Ability to perform analysis of service and billing practices to detect utilization and billing problems to include but not be limited to:				
BSR PI1.72	Incidental procedures				
BSR PI1.73	Mutually exclusive procedures				
BSR PI1.74	Unbundling of procedure codes				
BSR PI1.75	Bill splitting				
BSR PI1.76	Ability to create random sample reports that include appropriate universe and sample totals to support analysis at varying levels of confidence.				
BSR PI1.77	Ability to maintain a date driven parameter control file, with online real-time edit and update capability, which allows BMS staff to specify criteria, such as:				
BSR PI1.78	Data extraction criteria				
BSR PI1.79	Report content				
BSR PI1.80	Date parameters				
BSR PI1.81	Exception parameters				
BSR PI1.82	Weighting factors necessary to properly identify aberrant situations.				
BSR PI1.83	Ability to generate frequency distributions and rankings for user-selected report and statistical items.				
BSR PI1.84	Ability to review paid claims in order to:				
BSR PI1.85	Ensure that they are paid within BMS policy guidelines, and State and Federal rules				
BSR PI1.86	Ensure accuracy				
BSR PI1.87	Identify excessive quantities and duplicate billings for the same procedure				
BSR PI1.88	Identify excessive use of unlisted procedure codes and appropriateness of the use				
BSR PI1.89	Identify claims paid above their limitation				
BSR PI1.90	Ability to use historical data to support the following types of investigations:				
BSR PI1.91	Provider utilization review				
BSR PI1.92	Provider compliance review				
BSR PI1.93	Member utilization review				





Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
BSR PI1.94	Drug utilization review				
BSR PI1.95	Other as defined by BMS during DDI				
<b>Section B - Technical Requirements</b>					
<b>Section B.1 - Infrastructure</b>					
<b>Environments</b>					
TEC IF1.1	The Vendor implements and supports the following deployment and support environments: Production, Unit Test, Development, UAT, Training, Failover, Backup/Recovery, and Disaster Recovery.				
TEC IF1.2	All environments have a similar look and feel.				
TEC IF1.3	The Vendor provides a production environment that is used to deploy the DW/DSS production solution.				
TEC IF1.4	The production environment is capable of supporting BMS's current production capabilities with the ability to expand in order to support the technical and business requirements in this RFP.				
TEC IF1.5	The production environment has the capacity to support data acquisition, data access, and data delivery components.				
TEC IF1.6	The Vendor provides a unit test environment used to perform full-scale system integration testing for the integrated DW/DSS solution.				
TEC IF1.7	The unit test environment mirrors production in hardware, software stack and data volumes.				
TEC IF1.8	The unit test environment exists for data acquisition.				
TEC IF 1.9	The unit test environment exists for data access.				
TEC IF1.10	The unit test environment exists for data delivery.				
TEC IF1.11	The unit test environment has the ability to handle scheduled or on demand requests to refresh the data from the production environment with a full or referentially intact subset of data.				
TEC IF1.12	The unit test environment handles requests for data refresh from production within two				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	(2) business days.				
TEC IF1.13	The Vendor provides a development environment used to develop and unit test all software contained within the integrated DW/DSS solution.				
TEC IF1.14	The development environment has the capacity to support the data acquisition component.				
TEC IF1.15	The development environment has the capacity to support the data access component.				
TEC IF1.16	The development environment has the capacity to support the data delivery component.				
TEC IF1.17	The development environment has the ability to handle scheduled or on demand requests to refresh data with a referentially intact subset of data.				
TEC IF1.18	The development environment handles requests for data refresh in a timely manner.				
TEC IF1.19	The Vendor provides a UAT environment used by BMS to test the applications and data provided within the integrated DW/DSS solution.				
TEC IF1.20	The UAT environment has the capacity to support the data acquisition component.				
TEC IF1.21	The UAT environment has the capacity to support the data access component.				
TEC IF1.22	The UAT environment has the capacity to support the data delivery component.				
TEC IF1.23	The UAT environment has the ability to handle scheduled or on demand requests to refresh data with a referentially intact subset of data.				
TEC IF1.24	The UAT environment handles requests for data refresh in a timely manner.				
TEC IF1.25	The Vendor provides a training environment used to support user training of applications within the integrated DW/DSS solution.				
TEC IF1.26	The training environment has the capacity to support the data access component.				
TEC IF1.27	The training environment has the capacity to support the data delivery component.				
TEC IF1.28	The training environment has the ability to handle scheduled or on demand requests to refresh data with a referentially intact subset of data that contains a representative set of data required for the training classes.				
TEC IF1.29	The training environment handles requests for data refresh in a timely manner.				
TEC IF1.30	The Vendor provides a failover environment user to support business continuity failover requirements.				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC IF1.31	The Vendor provides a backup/recovery environment used to support business continuity backup/recovery capabilities.				
TEC IF1.32	The Vendor provides a disaster recovery environment used to support business continuity disaster recovery capabilities.				
<b>Hardware/OS Component</b>					
TEC IF2.1	The Vendor provides a site that fully supports all physical needs of the WV DW/DSS system, to include hardware, electrical, cabling, location at data center, and all other physical needs of the system.				
TEC IF2.2	The Vendor provides BMS with an inventory of all DW/DSS hardware and software.				
TEC IF2.3	The Vendor coordinates delivery, installation, repair and maintenance of hardware, including all updates and patches.				
TEC IF2.4	Storage of data takes place on an open storage platform.				
TEC IF2.5	Processing of data takes place on an open server platform.				
TEC IF2.6	Server and storage hardware used have a proven ability to support the processor, memory, I/O subsystem bandwidth and storage.				
TEC IF2.7	Server and storage hardware have the capability to handle the capacities in the RFP.				
TEC IF2.8	Server and storage hardware have the capability to handle a highly varied workload.				
TEC IF2.9	Component hardware supporting the data acquisition platform includes a proven record of efficiency for computationally intensive operations.				
TEC IF2.10	Component hardware supporting the DW/DSS database structures supports a large number of parallel threads, which are less computationally intensive and more memory intensive.				
TEC IF2.11	Bandwidth between data acquisition and DW/DSS database servers supports fast refreshes of the DW/DSS database with minimal disruption.				
TEC IF2.12	Components to be installed on the desktops by Vendor are compatible with BMS currently supported versions of Microsoft Operations Systems, Microsoft Office Suite and Internet Explorer (IE 7 or greater).				
TEC IF2.13	Vendor's client desktop software updates and works with the then current and future versions of the State's desktop operating system and internet browser, prior to release.				
TEC IF2.14	Vendor's Client desktop software works with new desktop operating system patches				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	and upgrades based upon BMS patch management policies.				
TEC IF2.15	Hardware and operating systems are certified with recent major versions of the database management, data acquisition, data access, data delivery, and business continuity software.				
TEC IF2.16	The Vendor maintains compatibility with hardware and/or software throughout the term of the contract.				
TEC IF2.17	The Vendor maintains hardware and/or software to meet stated performance and availability requirements and to ensure continued support, at no additional cost to BMS.				
TEC IF2.18	All hardware purchased for dedicated use by the BMS DW/DSS is new equipment not previously used.				
<b>Network Component</b>					
TEC IF3.1	The Vendor installs, configures, enhances, and maintains all hardware and software and provides services for the Vendor's LAN up to the point of connection with the BMS WAN/LAN.				
TEC IF3.2	The Vendor installs and maintains data lines for required access to the BMS network from the Vendor's project site.				
TEC IF3.3	The Vendor terminates lines from the project site to the BMS network at the point of demarcation on the BMS network.				
TEC IF3.4	The Vendor provides back-up network connectivity.				
TEC IF3.5	The Vendor allows State staff access into the facilities.				
TEC IF3.6	The Vendor provides network support for the DW/DSS that handles:				
TEC IF3.7	60 users				
TEC IF3.8	30 users accessing the system concurrently				
TEC IF3.9	10% growth per year in the total number of users and concurrent users.				
TEC IF3.10	The Vendor establishes agreements with telecommunications network Vendors to install secure data lines to its data center.				
TEC IF3.11	The Vendor provides and maintains:				
TEC IF3.12	Servers;				
TEC IF3.13	Switches;				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC IF3.14	Hardware;				
TEC IF3.15	Racks for mounting hardware;				
TEC IF3.16	Power cabling inside of racks;				
TEC IF3.17	Keyboard, video and mouse (KVM) switches and/or terminal servers for access to server consoles;				
TEC IF3.18	Monitors for KVM switches;				
TEC IF3.19	Applications/web pages/secure socket layer devices to support https; and				
TEC IF3.20	Encrypted network connections.				
TEC IF3.22	The Vendor submits to BMS, prior to installation, plans for all connections to the network, which are reviewed and approved by BMS, DHHR MIS and WV Office of Technology.				
TEC IF3.23	The Vendor ensures that BMS or any authorized third-party is able to directly access the network and any equipment located in the Vendor's data center.				
TEC IF3.24	The Vendor ensures that the Vendor, BMS staff, and any authorized third-party have remote access capability to access any of the DW/DSS environments.				
TEC IF3.25	The Vendor puts in place a firewall and proxies between its private network and the connection to the State's network.				
TEC IF3.26	The Vendor assigns and configures addresses to support the ever-changing PC and printer environments.				
TEC IF3.27	The Vendor develops software as needed to support new telecommunication features, configurations and devices.				
TEC IF3.28	The Vendor provides operations staff to assist with correcting problems associated with telecommunications hardware or software.				
TEC IF3.29	The Vendor tests and troubleshoots interfaces with other Vendors for information exchange.				
<b>Software Component</b>					
TEC IF4.1	The Vendor reviews, configures, generates, customizes, installs and maintains operations system software, network software, tool software, and other system software in all environments of the DW/DSS.				
TEC IF4.2	The Vendor diagnoses problems related to the software.				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
TEC IF4.3	The Vendor manages versions, acquires associated software patches and fixes, applies fixes and tests all applied fixes.				
TEC IF4.4	The Vendor develops and maintains relationships with software Vendors to keep up-to-date on new products.				
TEC IF4.5	The Vendor assists with analysis of BMS requests for new software for appropriateness to the overall architecture.				
TEC IF4.6	The Vendor develops and maintains an inventory of software including active versions, licensing requirements, and interdependencies to assist with overall management of software upgrades.				
TEC IF4.7	The Vendor develops and implements standards for software installation such as data set names, architecture and volume names to streamline installation and maintenance of software.				
TEC IF4.8	The Vendor manages scheduling of operating system upgrades to accommodate processing schedules and system availability needs of BMS.				
<b>Database Management Component</b>					
TEC IF5.1	The Vendor provides a Database Management System component and support services that meet the following requirements:				
TEC IF5.2	Supports efficient access and management for data;				
TEC IF5.3	Supports efficient storage and provides features to enable consistent data access benchmark queries for data volumes sufficient to manage the volume based on the system description put forth in this RFP and documentation provided in the Procurement Library;				
TEC IF5.4	Runs on open systems platforms;				
TEC IF5.5	Includes advanced technology critical to high performance in a large data warehouse environment such as high speed load utilities, high performing sort capabilities, efficient summary management features, and advanced indexing;				
TEC IF5.6	Affords open client access application program interfaces (APIs) including Java based, open database connectivity (ODBC) and native drivers;				
TEC IF5.7	Has tight affinity and a significant installed base with data acquisition, data access and data delivery components;				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
TEC IF5.8	Possesses a significant installed base and efficient support for chosen application servers;				
TEC IF5.9	Employs a system which provides support for XML;				
TEC IF5.10	Supports physical database administration;				
TEC IF5.11	Maintains all databases used in the proposed solution including installation, configuration, upgrades and patch, fixes; and				
TEC IF5.12	Provides day-to-day database operational support, including:				
TEC IF5.13	Problem/issue identification and resolution;				
TEC IF5.14	Definition and activation of new environments; and				
TEC IF5.15	Monitor and tune to ensure that all environments operate efficiently, and that data quality and validation is ensured.				
<b>Section B.2 - Data Acquisition</b>					
<b>ETL</b>					
TEC AQ1.1	The Vendor provides a DW/DSS ETL data acquisition component that:				
TEC AQ1.2	Is a mature, intuitive, easy-to-use COTS repository-based tool that addresses the requirements in this RFP;				
TEC AQ1.3	Performs a one-time load of data from sources outlined in the Procurement Library for each development environment indicated using the proposed ETL tool;				
TEC AQ1.4	Performs a timely refresh of data from sources outlined in the Procurement Library for each development phase indicated using the proposed ETL tool;				
TEC AQ1.5	Supports the population of summarized, aggregated structures based on detail data changes in the timeframe of the detail refresh window using both set-based and procedural constructs using the proposed ETL tool;				
TEC AQ1.6	Supports the population of internal analytic applications that are specifically required or proposed as part of the solution;				
TEC AQ1.7	Supports the ability for multiple developers to work on the project concurrently;				
TEC AQ1.8	Supports ease in promotion of code from one environment to another;				





Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC AQ1.9	Provides the capability to perform high-speed movement of data between source and target systems located on the network;				
TEC AQ1.10	Provides the capability to efficiently acquire, transform, and load very large data volumes to obtain the current volume of source data;				
TEC AQ1.11	Provides a development environment with the capability to quickly build and deploy new source/target combinations within the DW/DSS;				
TEC AQ1.12	Supports automated impact analysis capabilities against the ETL code base;				
TEC AQ1.13	Supports the versioning of ETL modules;				
TEC AQ1.14	Provides the capability to create ETL functions using pre-packaged transformation objects;				
TEC AQ1.15	Provides the capability to design, develop and implement reusable ETL processes for transformation, exception/error handling, audit and control, and balancing;				
TEC AQ1.16	Supports the ability to enter documentation from system level down to individual code line and includes a run-time debugger; and				
TEC AQ1.17	Provides automatic and manual control of caching to balance quick response with scalability.				
TEC AQ1.18	The ETL tool has extraction functionalities that:				
TEC AQ1.19	Provide service to deliver transparent, cross-platform access to remote data sources;				
TEC AQ1.20	Support the receipt of data from a variety of source systems and formats of source data;				
TEC AQ1.21	Efficiently process varying arrays and repeating groups; and				
TEC AQ1.22	Provide the capability to efficiently unload/select or filter data from source systems including the application of remote filters against the source.				
TEC AQ1.23	The ETL tool has cleansing/standardization functionalities that:				
TEC AQ1.24	Include data cleansing procedures that are the result of the identification of data quality issues discovered in the source systems that feed the DW/DSS and the internal analytic applications;				
TEC AQ1.25	Perform both set-based and procedural cleansing routines based on the data				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	quality objectives identified;				
TEC AQ1.26	Efficiently integrate third-party data cleaning tool(s) within the natural flow of the ETL process; and				
TEC AQ1.27	Perform address and name cleansing routines.				
TEC AQ1.28	The ETL tool has transformation functionalities that:				
TEC AQ1.29	Provide the capability to apply complex data mapping and domain value conversions against source data;				
TEC AQ1.30	Provide the capability to perform structural transformations against source data including summarization, partitioning, normalization, consolidation, filtering, derivation and other structural transformations;				
TEC AQ1.31	Provide geocoding capabilities for subject area addresses via tool or third-party plug-in;				
TEC AQ1.32	Provide fast, flexible lookup capabilities; and				
TEC AQ1.33	Provide a development environment in which logic for type 1, type 2, and type 3 slowly changing dimensions can be quickly and accurately written.				
TEC AQ1.34	The ETL tool has loading functionalities that:				
TEC AQ1.35	Provide the capability to perform high-speed movement of data between source and target systems located on the network; and				
TEC AQ1.36	Provide the capability to efficiently load very large data volumes.				
TEC AQ1.37	The ETL tool has overall process control functionalities that:				
TEC AQ1.38	Provide the capability to schedule and monitor transformation jobs/sessions that are used to populate DW/DSS internal analytic applications;				
TEC AQ1.39	Provide the capability to create complex job streams with interdependencies, create complex job schedules that have both serial and parallel streams, initiate jobs based on time or occurrence of events, and create log files that are detailed enough to debug issues;				
TEC AQ1.40	Provide audit and control procedures that balance elements that are both additive and non-additive used to compare the data populated in the source systems to the target DW/DSS and from the source DW/DSS to any data marts;				
TEC AQ1.41	Provide the capability to re-route error or exception records to a separate target				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	for future interrogation;				
TEC AQ1.42	Provide the ability to correct data and subsequently re-submit corrected data to the ETL process;				
TEC AQ1.43	Provide reporting of results of an ETL session, including automatic notification of normal processing and failures of the ETL process, description and counts of exceptions;				
TEC AQ1.44	Supports the ability to generate and manage notifications and alerts, including how the alerts are registered, logged, and to whom they are posted;				
TEC AQ1.45	Supports the ability to tune ETL process steps;				
TEC AQ1.46	Supports the ability to load-balance ETL jobs or process steps; and				
TEC AQ1.47	Supports the ability to recover from the abnormal ending of a job and restart or rollback.				
TEC AQ1.48	The ETL tool has metadata functionalities that:				
TEC AQ1.49	Support the generation, storage, searching, reporting, importing, exporting and documentation of ETL generated metadata including:				
TEC AQ1.50	Source definitions;				
TEC AQ1.51	Mappings;				
TEC AQ1.52	Transformations;				
TEC AQ1.53	Target definitions;				
TEC AQ1.54	Data lineage;				
TEC AQ1.55	Data dependency analysis;				
TEC AQ1.56	Process flows; and				
TEC AQ1.57	Operational statistics.				
TEC AQ1.58	Stores its metadata in an open, accessible format including an open application program interface (API) which allows ease of acceptance and transport of metadata from modeling tools and to user tools.				
<b>Data Quality Process</b>					
TEC AQ2.1	The Vendor provides a tool that supplies data profiling capabilities that obtain comprehensive and accurate information about the content, quality and structure of				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
	data in the source systems as an on-going process.				
TEC AQ2.2	The Vendor provides a tool that provides the data profiling metrics such as completeness, consistency, conformity, integrity, duplication and accuracy in easy-to-understand reports, charts, graphs, etc.				
TEC AQ2.3	The Vendor provides a tool that continually monitors the data quality within the DW/DSS and internal analytic applications;				
TEC AQ2.4	The Vendor provides a tool that includes audit and control processes that identify, report, and summarize errors/defects in the data residing in the DW/DSS and the internal analytic applications.				
TEC AQ2.5	The Vendor provides a tool that includes error/exception handling processes that identify/isolate the errant data.				
TEC AQ2.6	The Vendor provides a tool that includes audit and control processes that prove that the target DW/DSS and internal analytic applications were populated accurately and completely, to include old claim data.				
<b>Section B.3 - Data Access</b>					
<b>Web Portal</b>					
TEC AC1.1	The Vendor provides a web portal access component to the DW/DSS that:				
TEC AC1.2	Supports the seamless integration of data warehouse components providing a central access point for the user to all DW/DSS data access and data delivery functionality;				
TEC AC1.3	Is compatible with the Vendor's proposed data access and data delivery components;				
TEC AC1.4	Supports the current levels of usage of:				
TEC AC1.5	60 active users;				
TEC AC1.6	30 concurrent users; and				
TEC AC1.7	A yearly growth rate of 10% in active and concurrent users.				
TEC AC1.8	Is integrated into the proposed monitoring system in order to quantify and qualify uptime, accessibility, and monitoring of system logs for preventative purposes;				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
	and				
TEC AC1.10	Satisfies the Priority 1 Checkpoints from the Web Content Accessibility Guidelines 1.0 developed by the World Wide Web Consortium (W3C).				
TEC AC1.11	Conforms to any State standards regarding the look and feel of the web.				
<b>Business Intelligence</b>					
<b>General</b>					
TEC AC2.1	The Vendor provides a mature, intuitive, easy-to-use Web-based COTS tool that addresses the data access requirements in this RFP with one comprehensive tool suite.				
TEC AC2.2	The Vendor provides a DW/DSS that supports the current levels of usage of:				
TEC AC2.3	60 active users;				
TEC AC2.4	30 concurrent users; and				
TEC AC2.5	A yearly growth rate of 10% in active and concurrent users.				
TEC AC2.7	The Vendor provides a data access component that continues to create reports for common and repeated needs over the lifetime of this contract.				
TEC AC2.8	The Vendor maintains a library of reports organized in a manner that facilitates the use and secure access of these reports.				
TEC AC2.9	The Vendor provides a secure interface path to data accessed via this toolset.				
TEC AC2.10	The Vendor provides a data access component that includes software that supports the needs of:				
TEC AC2.11	Executive users to execute basic canned queries and canned reports via a dashboard;				
TEC AC2.12	Power users to develop complex queries executed against the data warehouse using a tool or direct structured query language (SQL) constructs;				
TEC AC2.13	Casual users to perform simple queries based on point and click technology; and				
TEC AC2.14	Business analysts to perform simple and moderate queries.				
TEC AC2.15	The Vendor provides a space that data warehouse users can use to exchange useful queries and reports that can be modified and used by other data warehouse analysts.				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC AC2.16	The Vendor provides a summary level dashboard that is interactive without the need for user programming or extensive training.				
TEC AC2.17	The Vendor provides and administers web-enabled access for external users.				
TEC AC2.18	The Vendor provides a suite of high-level and/or general-level reports designed to provide indicators and general trends within and across the Medicaid population to fulfill the executive information system needs.				
TEC AC2.19	The Vendor provides a data access component that meets performance and availability requirements and that is kept current with upgrades and patches.				
TEC AC2.20	The Vendor provides a data access component that stores and makes available to BMS the SQL used to create any and all reports regardless of type.				
<b>Ease of Use</b>					
TEC AC3.1	The Vendor provides a data access component that:				
TEC AC3.2	Provides the capability to allow casual users with limited knowledge of SQL to develop queries through point-and-click functionality;				
TEC AC3.3	Provides the ability to add measures to or delete measures from any report available and allow the user to develop measures without needing knowledge of SQL or other complex query language and without having to do manual table joins even if the data is stored in multiple tables;				
TEC AC3.4	Provides a menu of summary level reports, charts, maps and graphs that are available in a view-ready and print-ready format;				
TEC AC3.5	Provides an application menu that utilizes point-and-click functionality without the need for specific commands; and				
TEC AC3.6	Requires minimal training.				
<b>Sources</b>					
TEC AC4.1	The Vendor provides a data access component that:				
TEC AC4.2	Provides the capability to connect to an industry standard compliant data source (i.e. Open Data Base Connectivity (ODBC))				
TEC AC4.3	Provides users with the capability to import a list of user-defined values or other driver data to use in order to include or exclude results for query/reporting;				
TEC AC4.4	Provides the capability to import/save user-defined data that can be used as part				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	of the filtering criteria against published DW/DSS data;				
TEC AC4.5	Has adaptors for the access of data in external sources in their native form;				
TEC AC4.6	Provides users with the ability to use data that has been stored in user-defined tables as a parameter that is used to join to the data warehouse to drive queries;				
TEC AC4.7	Can import a list of user-defined values into the user library;				
TEC AC4.8	Provides the capability of creating lists including lists of members, provider groups, individual-line servicing providers, procedure codes, and diagnostic codes; and				
TEC AC4.9	Allows importing of external data into user tables.				
<b>Outputs</b>					
TEC AC5.1	The Vendor provides a data access component that:				
TEC AC5.2	Supports the creation of delimited or fixed positional format data extracts;				
TEC AC5.3	Supports the export of data to .xls, .xlsx, .csv, .txt, .doc, .docx, .mdb, .xml, .pdf, .html;				
TEC AC5.4	Provides users with the ability to select the delimiter to be used in a delimited output data set;				
TEC AC5.5	Provides the ability to export reports to multiple data sheets within an Excel workbook;				
TEC AC5.6	Provides the capability to print and print preview query results;				
TEC AC5.7	Presents data in a variety of outputs;				
TEC AC5.8	Supports geocoding technology either as an inherent feature or through an interface with geocoding software;				
TEC AC5.9	Has the integrated capability to graph reports and make the reports presentation-ready without the need to export the data to a third-party software;				
TEC AC5.10	Delivers reports by fax, email or intranet posting;				
TEC AC5.11	Provides a library of canned reports that can be accessed and executed by users that have been granted access to the reports;				
TEC AC5.12	Includes descriptive names for canned reports that are organized within the library in a way that facilitates ease of use;				





Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC AC5.13	Contains a library to store query/report multiple control files;				
TEC AC5.14	Allows the user to store data subsets, lists, user-developed tables, custom reports, and customized norms in user online libraries;				
TEC AC5.15	Includes mapping software with the capability of GIS functionality;				
TEC AC5.16	Includes the ability for a user to create large data objects to support complex data analysis;				
TEC AC5.17	Allows the creation of standard format reports, charts, graphs and GIS displays which are printable on all Vendor BMS supplied local and network printers;				
TEC AC5.18	Allows the creation of standard format reports, charts, graphs and GIS displays to be transferrable to other applications;				
TEC AC5.19	Provides the ability to display Medicaid demographic data by type of delivery system on geographical maps at various levels;				
TEC AC5.20	Provides the ability for BMS-approved users to automatically publish, save and send reports, charts, graphs and other static type documents.				
TEC AC5.21	Provides the ability to print reports, text, tables, maps and charts/graphs in hard copy form, on all BMS local and network printers.				
<b>Query</b>					
TEC AC6.1	The Vendor provides a data access component that:				
TEC AC6.2	Provides the ability to create, save, modify, publish and share queries;				
TEC AC6.3	Provides pre-defined templates;				
TEC AC6.4	Supports parameter based queries;				
TEC AC6.5	Supports query prediction;				
TEC AC6.6	Supports outer joins, unions, intersections, minus operations of multiple datasets;				
TEC AC6.7	Supports correlated sub-queries;				
TEC AC6.8	Supports current American National Standards Institute (ANSI) SQL standards;				
TEC AC6.9	Supports the capability to hand-code, cut/copy & paste or import SQL;				
TEC AC6.10	Provides the user the capability to create flexible reporting formats and flexibility in selecting data items to be included in the report;				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC AC6.11	Allows for independent analysis and study by providing drill-down capabilities to the level of individual member, provider, or claim line;				
TEC AC6.12	Provides the ability for power users who understand the complex data model to create their own dynamic joins between tables;				
TEC AC6.13	Provides query editing capabilities to support user query development and modification;				
TEC AC6.14	Provides the capability to sort, filter and find data in query results;				
TEC AC6.15	Includes a graphical interface showing table structure, relationships and built-in expression builders or a natural-language interface where the user can type in a question and the system converts the entry into SQL or other code;				
TEC AC6.16	Provides flexible filtering or "sub-setting" to specify the selection criteria for reports;				
TEC AC6.17	Provides ready-to-use subsets that are appropriate for Medicaid;				
TEC AC6.18	Provides a subset that supports complex "and/or" logic;				
TEC AC6.19	Provides user ability to re-sort or re-group the data returned from a query, without issuing a new query to the database repository; and				
TEC AC6.20	Provides the ability to perform unduplicated counts, including unduplicated counts of members, providers, claims, claim lines and services.				
<b>Analysis</b>					
TEC AC7.1	The Vendor provides a data access component that:				
TEC AC7.2	Provides multi-dimensional reporting capabilities that would include slice and dice, drill-down, drill-up, drill across and pivot result;				
TEC AC7.3	Provides the ability to select measures, dimension, subsets and time period from a menu and apply selections as flexible objects that can be inserted through drag-and-drop technology to make cross-tabular and multi-tabular reports and allow flexible pivoting of rows to columns and vice versa;				
TEC AC7.4	Provides pre-defined logical drill paths so the user can move quickly up or down in levels without defining a new query and allow the user to skip levels in the drill path or modify the drill path in real-time;				
TEC AC7.5	Performs summarization grouping functions;				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC AC7.6	Supports stratified random sampling with appropriate statistics and generation of random sampling with associated statistics;				
TEC AC7.7	Provides the capability to build custom formulas and derivations;				
TEC AC7.8	Supports what-if and reverse analysis;				
TEC AC7.9	Provides aggregation or summarization rules based on the existing reports and data filters that are pre-defined and static;				
TEC AC7.10	Provides analytic slicing and drilling capabilities to ensure a fast response;				
TEC AC7.11	Provides the following summary level information:				
TEC AC7.12	Financial indicators;				
TEC AC7.13	Eligibility indicators;				
TEC AC7.14	Utilization indicators; and				
TEC AC7.15	Access to care indicators.				
TEC AC7.16	Allows weighting and ranking to be applied in analysis;				
TEC AC7.17	Provides linear programming capabilities;				
TEC AC7.18	Provides predictive modeling capabilities; and				
TEC AC7.19	Supports random number assignment of members, providers, and stratified random sample with appropriate statistics and generation of a random sample with associated statistics, including national trend data, such as US Census.				
<b>Presentation</b>					
TEC AC8.1	The Vendor provides a data access component that:				
TEC AC8.2	Allows for online maintenance of reports to include addition, deletion, editing, copying and pasting actions;				
TEC AC8.3	Integrates data visualization techniques useful for exception reporting;				
TEC AC8.4	Provides exception highlighting where thresholds have been met and notifies the user when certain user-defined criteria have been met; and				
TEC AC8.5	Includes a menu with the ability to review reports, graphs, charts and other related documents in multiple formats and levels utilizing latest data.				
<b>Scheduling</b>					
TEC AC9.1	The Vendor provides a data access component that:				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
TEC AC9.2	Accommodates the scheduling of reports to be run immediately or scheduled in the future, based on time or event trigger; and				
TEC AC9.3	Provides the capability to schedule reports for execution and route the result sets automatically to select addresses through email.				
<b>Help Functions</b>					
TEC AC10.1	The Vendor provides a data access component that:				
TEC AC10.2	Provides user-friendly online help features including but not limited to:				
TEC AC10.3	How-to examples;				
TEC AC10.4	A comprehensive index;				
TEC AC10.5	A comprehensive glossary;				
TEC AC10.6	User manuals; and				
TEC AC10.7	Command instructions.				
<b>Metadata</b>					
TEC AC11.1	The Vendor provides a data access component that:				
TEC AC11.2	Supports an online/contextual help function;				
TEC AC11.3	Supports descriptive text and search capabilities for elements, derivations, and reports;				
TEC AC11.4	Provides the capability to import metadata from the database catalog and other external products;				
TEC AC11.5	Provides the capability to export metadata to other external products; and				
TEC AC11.6	Provides an ease of maintenance of metadata updates.				
<b>Administrative Functions</b>					
TEC AC12.1	The Vendor provides a data access component that:				
TEC AC12.2	Provides the capability to generate alerts when business thresholds have been exceeded;				
TEC AC12.3	Notifies the user when certain user-defined criteria have been met;				
TEC AC12.4	Provides detailed alert systems to notify managers of emerging trends, detection of excessive costs, and achievement of goals;				
TEC AC12.5	Provides the ability to terminate runaway queries;				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC AC12.6	Provides the capability to version reports and queries;				
TEC AC12.7	Provides a method to perform impact analysis due to proposed changes;				
TEC AC12.8	Performs load balancing;				
TEC AC12.9	Allows for query optimization;				
TEC AC12.10	Provides the ability to index user created tables in user libraries to drive queries;				
TEC AC12.11	Provides space that data warehouse users can use to exchange useful queries and reports that can be modified and used by other data warehouse analysts; and				
TEC AC12.12	Provides an interactive, adjustable time-out feature for inactivity where the user is notified and timed-out after a specified period of inactivity based on BMS policies.				
<b>Architecture</b>					
TEC AC13.1	The Vendor provides a data access component that:				
TEC AC13.2	Includes a Web-based browser interface with a seamless integration with the standard ODBC Microsoft Windows operating environment; and				
TEC AC13.3	Works efficiently in a Web portal environment.				
TEC AC 13.4	Data has to be accessible using Cognos which is already in use by BMS and DHHR staff.				
<b>Section B.4 - Data Delivery</b>					
TEC DE1.1	The Vendor provides a data delivery component that:				
TEC DE1.2	Provides a uniform Web-based interface to extract large volumes of data maintained in the DW/DSS based on selection criteria submitted;				
TEC DE1.3	Provides an integrated, intuitive, and user friendly Web-based portal interface to request and schedule dataset creation and to monitor the status of requests;				
TEC DE1.4	Maintains the following information related to the requestor:				
TEC DE1.5	Date and time of request;				
TEC DE1.6	Date and time of initiation of execution;				
TEC DE1.7	Date and time of completion of execution;				
TEC DE1.8	Duration of execution;				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC DE1.9	Volume of data extracted;				
TEC DE1.10	Acknowledgement of data extraction;				
TEC DE1.11	Receipt of data;				
TEC DE1.12	Data elements requested; and				
TEC DE1.13	Selection criteria for extraction.				
TEC DE1.14	Provides the capability to extract the data in a number of formats;				
TEC DE1.15	Publishes data to a final location destination or to an intermediate location destination where the requestor can then retrieve the data;				
TEC DE1.16	Provides secure access to this data delivery functionality and to the data elements received;				
TEC DE1.17	Schedules the data extraction based on time or on the occurrence of events;				
TEC DE1.18	Provides the administrative functions of:				
TEC DE1.19	Deletion/cleanup of extracted datasets;				
TEC DE1.20	Monitoring and control of jobs that contain data extraction requests;				
TEC DE1.21	Creation of automatic alerts sent to operators when errors occur during the process; and				
TEC DE1.22	Notifications sent to requestor concerning the details of the extract, such as duration of execution, size of extract;				
TEC DE1.23	Generates administrative reports that detail and summarize the data delivery requests and executions.				
<b>Section B.5 - Managed Metadata Environment</b>					
TEC MM1.1	The Vendor provides a DW/DSS ETL MME data content component solution that:				
TEC MM1.2	Provides the ability to capture and synchronize metadata from data mappings, ETL tools and processes, data modeling tools, relational database data dictionaries and catalogs, data quality tools, multiple reporting/query tools, data extraction tools, messaging and transactions, static documentation libraries, external (non DW/DSS sources) and application run-time environments in a timely fashion;				
TEC MM1.3	Provides the ability to extend and/or customize the capabilities to capture metadata from sources not currently defined or anticipated, but discovered and				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	required in later phases of the project;				
TEC MM1.4	Provides an integrated, intuitive, user friendly Web-based portal interface to view and report the metadata;				
TEC MM1.5	Provides keyword and attribute based search capabilities to locate the required metadata;				
TEC MM1.6	Provides a central interface that would be used to manage/maintain the MME;				
TEC MM1.7	Provides an extraction capability to allow metadata to be exported and distributed in open and non-proprietary formats by users;				
TEC MM1.8	Provides an automated method to extract business metadata into the proposed BI Pull Down reporting tool repository;				
TEC MM1.9	Provides a relational database repository for persistent storage of metadata content (if centralized approach) and for registry (if decentralized approach);				
TEC MM1.10	Is able to version the metadata content stored;				
TEC MM1.11	Includes the technical infrastructure to capture, store, and report the various forms of metadata described in the metadata content section and run natively in an open systems environment;				
TEC MM1.12	Maintains a secure interface that would allow users with varying roles the ability to maintain and/or view the metadata that they are authorized to maintain and/or view;				
TEC MM1.13	Accommodates a sufficient volume of metadata content for the proposed solution; and				
TEC MM1.14	Accommodates up to 60 active users, 30 concurrent users and allow for 10 percent growth per year in the total number of users and concurrent users.				
<b>Section B.6 - Data Model</b>					
TEC DM1.1	The Vendor provides a DW/DSS data model component that is be maintained in an open systems modeling tool that has the capability to support:				
TEC DM1.2	Syntax of proposed relational database management system;				
TEC DM1.3	Import and export of metadata;				
TEC DM1.4	Logical and physical data models;				
TEC DM1.5	Version control of logical and physical models;				





Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
TEC DM1.6	Forward engineering capabilities;				
TEC DM1.7	Reverse engineering capabilities;				
TEC DM1.8	Volumetric calculation capabilities;				
TEC DM1.9	Comparison capabilities for different logical and physical data model versions;				
TEC DM1.10	Report generation capabilities; and				
TEC DM1.11	Capability to enforce object naming standards.				
<b>Section B.7 - Testing System Requirements</b>					
TEC TS1.1	The Vendor should:				
TEC TS1.2	Provide a DW/DSS test system that can be refreshed as requested by BMS. This BMS approval is needed to prevent instances where a refresh may inadvertently wipe out any current testing efforts and results;				
TEC TS1.3	Provide a test system that mirrors the production system with all current releases, patches and fixes installed for the DW/DSS;				
TEC TS1.4	Install the same database management tools and utilities for the test system that are installed on the production servers for the DW/DSS;				
TEC TS1.5	Develop and implement, upon acceptance by BMS, a configuration management system to control the migration of tested hardware and software (system and application) to the production environment;				
TEC TS1.6	Include access to the UAT test system as an option on the DW/DSS Web portal;				
TEC TS1.7	Provide access to the DW/DSS test system to allow for BMS review, testing and acceptance;				
TEC TS1.8	Provide a test system to support the following activities:				
TEC TS1.9	Production problem research and resolution;				
TEC TS1.10	Test area to validate software vendor patches and fixes before promoting in production;				
TEC TS1.11	Test area to validate edits and updates to the following components: Metadata information, user tools and the Web portal;				
TEC TS1.12	System and user acceptance testing;				
TEC TS1.13	User area to test new queries and reports prior to execution in production;				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
TEC TS1.14	Data conversion as needed to seed the DW/DSS; and				
TEC TS1.15	DW/DSS ETL process;				
TEC TS1.16	Provide a DW/DSS test system that addresses the functionality provided by the following functions:				
TEC TS1.17	Data Acquisition;				
TEC TS1.18	Data Delivery;				
TEC TS1.19	Data Access;				
TEC TS1.20	Metadata; and				
TEC TS1.21	Business Continuity;				
TEC TS1.22	The test system should:				
TEC TS1.23	Use the same hardware, operating system (OS), and RDBMS that is being used in production.				
TEC TS1.24	Have the same make and model of servers (database, application and ETL) to mirror those that are being used in the production data warehouse environment				
TEC TS1.25	Provide the same database capacity and structure for the test system as is available for the production data warehouse database.				
<b>Section B.8 - Security Management</b>					
<b>MITA 5.6.1 Manage Program Information</b>					
TEC SP1.1	Contains a data classification schema with data items flagged to link them to a classification category and has an access privilege scheme for each user that limits the user's access to one or more data classification categories.				
TEC SP1.2	Supports data integrity through system controls for software program changes and promotion to production.				
TEC SP1.3	Provides the capability that all system activity can be traced to a specific user.				
<b>Security, Privacy and Confidentiality Plan</b>					
TEC SP2.1	The Vendor:				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC SP2.2	Delivers a Security, Privacy and Confidentiality Plan within thirty (30) calendar days of contract startup;				
TEC SP2.3	Revises the Security, Privacy and Confidentiality Plan annually and submits for BMS review and approval				
TEC SP2.4	Submits an updated Security, Privacy and Confidentiality Plan to BMS for review and approval thirty (30) business days prior to the start of DW/DSS Operations.				
TEC SP2.5	The Security Plan is compliant with:				
TEC SP2.6	All policies issued by the OT and found at <a href="http://www.technology.wv.gov/about-wvot/Pages/policies-issued-by-the-cto.aspx">http://www.technology.wv.gov/about-wvot/Pages/policies-issued-by-the-cto.aspx</a> ;				
TEC SP2.7	National Institute of Standards and Technology Special Publication 800-53, revision 3, as updated May 1, 2010;				
TEC SP2.8	Applicable requirements under the Office of the National Coordinator certification criteria for electronic health record technology, and				
TEC SP2.9	HIPAA Security and Privacy requirements.				
<b>Data Security</b>					
TEC SP3.1	The Vendor provides a DW/DSS security solution that:				
TEC SP3.2	Permits supervisors or other designated officials to set and modify user security access profiles at a fine grain level.				
TEC SP3.3	Allows BMS to require user password changes by a specified frequency with user notice prior to expiration.				
TEC SP3.4	Allows BMS to require strong passwords.				
TEC SP3.5	Stores passwords in encrypted form.				
TEC SP3.6	Supports file, record, and field level security.				
TEC SP3.7	Provides document security.				
TEC SP3.8	Permits the system administrator to re-set user passwords.				
TEC SP3.9	Prohibits display of passwords on the sign-on screen when entered by the user.				
TEC SP3.10	Allows system lock-out after a specified period of user inactivity.				
TEC SP3.11	Supports the easy and flexible addition or deletion of user roles.				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
TEC SP3.12	Makes it easy for Security Administrators to add or remove individuals from established roles.				
TEC SP3.13	Is able to establish different roles for the metadata database.				
TEC SP3.14	Prevents unauthorized access and safeguards the confidentiality of person/consumer data in compliance with applicable State and Federal law.				
<b>Security Audit</b>					
TEC SP4.1	The Vendor provides a DW/DSS security solution that:				
TEC SP4.2	Provides an audit trail of record changes, including user and date of change.				
TEC SP4.3	Has the ability to implement audit trails to allow information on source documents to be traced through the processing stages to the point where the information is finally recorded.				
TEC SP4.4	Has the ability to trace data from the final place of recording back to its source of entry.				
TEC SP4.5	Tracks user logon and logoffs into the data warehouse system by user identifiers so that a history of valid and non-valid logon requests by user can be available for investigative purposes.				
<b>Network</b>					
TEC SP5.1	The Vendor provides a DW/DSS security solution that:				
TEC SP5.2	Provides a DW/DSS network infrastructure solution that is self-contained in its own security perimeter				
TEC SP5.3	Secures the perimeter of the Vendor's network through the use of International Computer Security Association (ICSA) compliant firewalls.				
TEC SP5.4	Only connects to the State's internal computer network with prior, written consent of the State, which the State reasonably provides if necessary or appropriate for support purposes.				
TEC SP5.5	Secures the Vendor's own connected systems in a manner consistent with the State's then-current security policies, which the State provides to the Vendor on request.				
TEC SP5.6	Provides Internet security functionality to include the use of firewalls, intrusion				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	detection, HTTPS, encrypted network/secure socket layer, and security provisioning protocols such as secure sockets layer, and Internet protocol security (IPSEC).				
TEC SP5.7	Includes mechanisms to safeguard data integrity and confidentiality of data passing over public networks.				
TEC SP5.8	Places firewalls between the private network and the connection to the State's network.				
TEC SP5.9	Keeps any information passing through networks confidential.				
TEC SP5.10	Contains measures to mitigate any new network security risks created by connecting the DW/DSS network to a third-party network.				
TEC SP5.11	Establishes responsibilities and procedures for remote use in compliance with WV requirements.				
TEC SP5.12	The Vendor's Network Architecture and all proposed network hardware and software are compliant with:				
TEC SP5.13	All policies issued by the OT and found at <a href="http://www.technology.wv.gov/about-wvot/Pages/policies-issued-by-the-cto.aspx">http://www.technology.wv.gov/about-wvot/Pages/policies-issued-by-the-cto.aspx</a>				
TEC SP5.14	National Institute of Standards and Technology Special Publication 800-53, revision 3, as updated May 1, 2010; and				
TEC SP5.15	Applicable requirements under the Office of the National Coordinator certification criteria for electronic health record technology.				
<b>Application</b>					
TEC SP6.1	The Vendor provides a DW/DSS security solution that:				
TEC SP6.2	Applies a consistent security policy across all applications.				
TEC SP6.3	Ensures all applications are protected.				
TEC SP6.4	Provides an easy and consistent mechanism for configuring operational rules and security policies				
TEC SP6.5	Provides a structure in which applications can be developed without needing to understand the specifics of security implementation.				
TEC SP6.6	Ensures that all applications comply and are compatible with existing State and				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	Federal guidelines preventing unauthorized access.				
TEC SP6.7	Employs export and import capabilities that provide user-level security options to control access to sensitive information.				
<b>Section B.9 - Business Continuity</b>					
<b>Backup/Recovery</b>					
TEC BC1.1	The Vendor backs up all data files and transaction logs that reside on the multiple environments.				
TEC BC1.2	Any data set or transaction log is restorable from the backup medium within ten hours of the notification that a restoration is needed.				
TEC BC1.3	The Vendor backs up all databases on a weekly basis.				
TEC BC1.4	The Vendor stores weekly backups at a secure off-site location approximately 12-15 miles from the primary site.				
TEC BC1.5	The Vendor provides a backup/recovery component comprised of a high capacity backup and recovery infrastructure for all required component data within the data acquisition, data access and data delivery components.				
TEC BC1.6	Secure backups include but are not limited to the following datasets:				
TEC BC1.7	Database data;				
TEC BC1.8	Files;				
TEC BC1.9	Operating System Software;				
TEC BC1.10	RDBMS Software;				
TEC BC1.11	Documentation;				
TEC BC1.12	Program Code; and				
TEC BC1.13	User libraries of reports, queries, etc.				
TEC BC1.14	Frequency, speed, and flexibility provide the capacity to meet BMS warehouse service levels detailed in this RFP.				
TEC BC1.15	The Vendor stores all back-up copies in a BMS approved back-up storage location for 3 months.				
TEC BC1.16	The Vendor covers the cost associated with the back-up storage process and the back-				



Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	up storage location.				
TEC BC1.17	The Vendor turns over all back-ups to the successor Vendor as described in the BMS approved Turnover Plan.				
TEC BC1.18	The Vendor maintains an onsite copy of the most current backup version.				
TEC BC1.19	The Vendor develops and maintains an automated scheduling system for running the back-up processes for all environments.				
TEC BC1.20	The Vendor develops and maintains the process to verify that back-ups were run appropriately.				
<b>Failover</b>					
TEC BC2.1	The Vendor provides a failover component designed to minimize business outages due to hardware or network malfunctions.				
TEC BC2.2	The Vendor provides a failover component with immediate failover capability.				
TEC BC2.3	The Vendor has the capability to switch operations from the production environment to the failover environment.				
TEC BC2.4	The Vendor establishes a hierarchy of critical services and infrastructure to determine the order that services are restored.				
<b>Disaster Recovery</b>					
TEC BC3.1	The Vendor has another computer site at a separate location to be designated as the disaster recovery site.				
TEC BC3.2	The Vendor has in place a Disaster Recovery Plan (DRP) that addresses recovery of data warehouse functions, human resources, and technology infrastructure.				
TEC BC3.3	The Vendor develops and maintains the DRP.				
TEC BC3.4	The Vendor ensures the DRP is available and present at the BMS site.				
TEC BC3.5	The Vendor ensures a copy of the DRP is available at an offsite location approved by BMS.				
TEC BC3.6	The Vendor maintains a DRP that provides for the recovery of critical data warehouse services during a service disruption, the declaration of a disaster, or upon a production site becoming unsafe or inoperable.				
TEC BC3.7	The Vendor maintains a DRP that provides for critical services and then full functionality to be restored according to the recovery point objectives and recovery time				





Req #	Description of Requirement	YES Without Customization	YES With Customization	Proposal Reference #	NO Unable to Provide
	objectives as presented in the BMS approved DRP.				
TEC BC3.8	The Vendor maintains a DRP that details procedures to address the following potential events:				
TEC BC3.9	Natural disasters;				
TEC BC3.10	Terrorist acts;				
TEC BC3.11	Power disruptions or power failures;				
TEC BC3.12	Computer software or hardware failures;				
TEC BC3.13	Computer shutdowns due to hackers or viruses;				
TEC BC3.14	Significant compromise/degradation of data warehouse performance;				
TEC BC3.15	Processing shutdowns; and				
TEC BC3.16	Labor strife.				
TEC BC3.17	The Vendor develops, maintains, and submits to BMS, all proposed off-site procedures, locations and protocols, which are reviewed and approved by BMS, DHHR MIS and WV Office of Technology.				
TEC BC3.18	The Vendor ensures that each aspect of the DRP is detailed as to both Vendor and BMS responsibilities.				
TEC BC3.19	The Vendor ensures that each aspect of the DRP satisfies all requirements for Federal certification.				
TEC BC3.20	The Vendor ensures that the DRP is available to State auditors at all times.				
TEC BC3.21	The Vendor modifies the DRP and procedures as needed to reflect any changes in disaster recovery capability.				
TEC BC3.22	The Vendor provides BMS with up-to-date copies of the DRP in an electronic and printed version semi-annually or when substantive changes are made.				
TEC BC3.23	The Vendor publishes the DRP in the metadata repository.				
TEC BC3.24	The Vendor executes a test of the DRP as part of Acceptance Testing.				
TEC BC3.25	The Vendor performs an annual review of the disaster recovery back-up site, procedures for all off-site storage and validation of security procedures.				
TEC BC3.26	The Vendor submits a report of the annual back-up review annually to BMS.				
TEC BC3.27	The Vendor provides two independent power sources for the primary site, both capable				



Req #	Description of Requirement	YES Without Customi- zation	YES With Customi- zation	Proposal Reference #	NO Unable to Provide
	of sustaining operation of the system and its components, and all environmental controls.				
TEC BC3.28	The Vendor provides an uninterruptible power source (UPS) at both primary and alternate sites and informs BMS of how long it should support the system.				
TEC BC3.29	The Vendor provides back-up network connectivity.				



**Appendix 3 - MED 96 Agreement Addendum**

This agreement addendum becomes part of any contract resulting from this RFP.



West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
v10.0 – DW/DSS Procurement RFP MED11015

**MED-96**

**AGREEMENT ADDENDUM**

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.
2. **HOLD HARMLESS** - Any clause requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.
3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other state's governing law.
4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.
5. **PAYMENT** - Any references to prepayment are deleted. Payment will be in arrears.
6. **INTEREST** - Should the agreement include a provision for interest on late payments, the Agency agrees to pay the maximum legal rate under West Virginia law. All other references to interest or late charges are deleted.
7. **RECoupMENT** - Any language in the agreement waiving the Agency's right to set-off, counterclaim, recoupment, or other defense is hereby deleted.
8. **FISCAL YEAR FUNDING** - Services performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.
9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.
10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.
11. **ATTORNEY FEES** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.
13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.
14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.
15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.
16. **RENEWAL** - Any reference to automatic renewal is hereby deleted. The agreement may be renewed only upon mutual written agreement of the parties.
17. **INSURANCE** - Any provision requiring the Agency to insure equipment or property of any kind and name the Vendor as beneficiary or as an additional insured is hereby deleted.
18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.
19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.
20. **CONFIDENTIALITY** - Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.
21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

**ACCEPTED BY DHHR OFFICE OF PURCHASING:**

**VENDOR**

Spending Unit: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signat: \_\_\_\_\_

Signat: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**Appendix 4 – Purchasing Affidavit**

This form must be signed by the vendor and returned with the proposal.



BUREAU FOR MEDICAL SERVICES

**MED PURCHASING AFFIDAVIT**

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, Limited Liability Company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code* §81-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

**WITNESS THE FOLLOWING SIGNATURE**

Vendor's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

Taken, subscribed, and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires \_\_\_\_\_, 20\_\_.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** \_\_\_\_\_



**Appendix 5 - HIPAA Business Associate Addendum**

This addendum becomes part of any contract resulting from this RFP.





**WV STATE GOVERNMENT**

**HIPAA BUSINESS ASSOCIATE ADDENDUM**

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective on the date of execution of a binding Agreement with the Agency.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

**1. Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy and Security Rules, including the HITECH Act.

**a. Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.

**b. Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.

**c. Electronic Health Record** shall mean an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

**d. Electronic Protected Health Information** means Protected Health Information that is transmitted by Electronic Media (as defined in the Security and Privacy Rule) or maintained in Electronic Media.

**e. Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and Part 164, Subparts A and E, as amended.



**f. Personal Health Record** shall mean an electronic record of identifiable health information on an individual that can be drawn from multiple sources and that is managed, shared and controlled by or primarily for the individual.

**g. Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 164.501, limited to the information created or received by Associate from or on behalf of Agency.

**h. Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information.

**i. Security Rule** means the Standards for the security of Electronic Protected Health Information found at 45 CFR Parts 160 and 162, and Part 164, Subparts A and C. The application of Security provisions Sections 164.308; 164.310, 164.312, and 164.316 of title 45, Code of Federal Regulations shall apply to Associate of Agency in the same manner that such sections apply to the Agency.

**j. Unsecured PHR Identifiable Health Information** is information that is not protected through the use of a technology or methodology specified by the Secretary in the guidance issued under Section 13402(h)(2) of the HITECH Act.

**k. Vendor of Personal Health Records** shall mean an entity, other than a covered entity, that offers or maintains a personal health record.

## **2. PHI Disclosures; Permitted Uses.**

**a. PHI Described.** PHI disclosed by the Agency to the Associate, PHI created by the Associate on behalf of the Agency, and PHI received by the Associate from a third party on behalf of the Agency are disclosable under this Addendum. The disclosable PHI is limited to the minimum necessary to complete the tasks, or to provide the services, associated with the terms of the original Agreement.

**b. Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency.

## **3. Obligations of Associate.**

**a. Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than stated in this Addendum or as required or permitted by law.

**b. Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate will refrain from receiving any remuneration in exchange for any individual's PHI, unless Agency gives written approval, and the exchange is pursuant to a valid authorization (that includes a specification of whether the PHI can be further exchanged for remuneration by the entity receiving PHI of that Individual), or satisfies one of the exceptions enumerated in Section 13405(e)(2) of the HITECH Act. Associate will refrain from marketing activities that would violate HIPAA, specifically Section 13406 of the HITECH Act. Associate will report to Agency



any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.

**c. Safeguards.** The Associate will use appropriate safeguards to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:

(i) Limitation of the groups of its employees or agents, otherwise known as workforce members, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary;

(ii) Appropriate notification and training of its employees or agents to whom the PHI will be disclosed in order to protect the PHI from unauthorized disclosure;

(iii) Maintenance of a comprehensive written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations.

**d. Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.

**e. Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

**f. Support of Individual Rights.**

(i) **Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.

(ii) **Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.

(iii) **Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR §§ 164.528 and 164.316. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:

- the date of disclosure;
- the name of the entity or person who received the PHI, and if known, the address of the entity or person;





- a brief description of the PHI disclosed; and
- a brief statement of purposes of the disclosure that reasonably informs the Individual of the basis for the disclosure, or a copy of the Individual's authorization, or a copy of the written request for disclosure.

**(iv) Request for Restriction.** Under the direction of the Agency, abide by any Individual's request to restrict the disclosure of PHI consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522.

**g. Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.

**h. Agents, Subcontractors Compliance.** The Associate will ensure that any of its agents, including any subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder.

**i. Amendments.** The Associate shall make available to the specific Individual to whom it applies any PHI; make such PHI available for amendment; and make available the PHI required to provide an accounting of disclosures, all to the extent required by 45 CFR §§ 164.524, 164.526, and 164.528 respectively.

**j. Federal Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504.

**k. Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required. Except with respect to Associate owned devices or equipment, if Associate chooses not to adopt such methodologies as defined in 74 FR 19006 based on its Security Risk Analysis, Associate shall document such rationale and submit it to the Agency.

**l. Notification of Breach.** During the term of this Agreement, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the Office of Technology immediately by telephone call plus e-mail, web form or fax upon the discovery of Breach of security of PHI, where the use or disclosure is not provided for by this Addendum of which it becomes aware, if the PHI was, or is reasonably believed to have been, acquired by an unauthorized person; or within 24 hours by e-mail or fax of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency contract manager at [www.state.wv.us/admin/purchase/vrc/agencyli.htm](http://www.state.wv.us/admin/purchase/vrc/agencyli.htm) and, unless otherwise directed by the Agency in writing, the Office of Technology at <mailto:incident@wv.gov>.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency contract manager, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) What data elements were involved and the extent of the data



involved in the Breach; (b) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (c) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (d) A description of the probable causes of the improper use or disclosure; and (e) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

**m. Assistance in Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, employees or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, employee or agent is a named as an adverse party.

#### **4. Addendum Administration.**

**a. Duties at Termination.** Upon any termination of the underlying Agreement, if feasible, the Associate shall return or destroy all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

**b. Termination for Cause.** Agency may terminate the underlying Agreement if at any time it determines that the Associate has violated a material term of the Agreement or this Addendum. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material Breach before termination.

**c. Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.

**d. Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

#### **5. General Provisions/Ownership of PHI.**

**a. Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option.



West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
v10.0 – DW/DSS Procurement RFP MED11015

**b. Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an Individual must be held confidential and is also the property of Agency.

**c. Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an Individual must not be transmitted to another party by electronic or other means for additional uses not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.

**d. No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected Individual's written consent.

**e. No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

**f. Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.

**g. Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.

**h. Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

Form - WVBAA-012004  
Amended 07-2010

APPROVED AS TO FORM THIS 2nd  
DAY OF August, 2010  
DARRELL V. MCGRAW, JR.  
ATTORNEY GENERAL  
By: Dawn E. Wayfield  
DEPUTY ATTORNEY GENERAL



## **Appendix 6 – Acronyms List**

<b>AHS</b>	Automated Health Systems
<b>APD</b>	Advance Planning Document
<b>AD or ADW</b>	Aging and Disabilities Waiver
<b>ADAP</b>	Aids Drug Assistance Program
<b>BAA</b>	Business Associate Addendum
<b>BI Pull Down</b>	Benefits Issuance Pull Down
<b>BMS</b>	Bureau for Medical Services
<b>CBT</b>	Computer Based Training
<b>CD</b>	Compact Disk
<b>CFR</b>	Code of Federal Regulations
<b>CHIP</b>	Children's Health Insurance Program
<b>COTS</b>	Commercial Off The Shelf
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>COM</b>	Component Object Model
<b>CSHCN</b>	Children with Special Health Care Needs
<b>DCOM</b>	Distributed Component Object Model
<b>DDI</b>	Design, Development and Implementation
<b>DHHR</b>	Department of Health & Human Resources
<b>DOA</b>	Department of Administration
<b>DTS</b>	Data Transformation Services
<b>DW/DSS</b>	Data Warehouse/Decision Support System
<b>ERP</b>	Enterprise Resource Planning
<b>EQRO</b>	External Quality Review Organization
<b>ETL</b>	Extract, Transform, and Load
<b>FACTS</b>	Families and Children Tracking System
<b>FIMS</b>	Financial Information Management System
<b>FFP</b>	Federal Financial Participation
<b>FOIA</b>	Freedom of Information Act
<b>GHS</b>	Goold Health Services
<b>HCBS</b>	Home and Community Based Services
<b>HID</b>	Health Information Designs
<b>HIPAA</b>	Health Insurance Portability and Accountability Act of 1996
<b>HIPP</b>	Health Insurance Premium Payment
<b>HIT</b>	Health Information Technology
<b>HITECH</b>	Health Information Technology for Economic and Clinical Health Act
<b>HMS</b>	Health Management Systems, Inc.
<b>ICD</b>	International Classification of Diseases
<b>IRG</b>	Innovative Resource Group





<b>ISP</b>	Internet Service Provider
<b>LAN</b>	Local Area Network
<b>LLC</b>	Limited Liability Corporation
<b>MAPP</b>	Medicare Automated Premium Payment
<b>MAR</b>	Management and Administrative Reports
<b>MAS</b>	Minimum Acceptable Score
<b>MCO</b>	Managed Care Organization
<b>MDM</b>	Master Data Management
<b>MFCU</b>	Medicaid Fraud Control Unit
<b>MITA</b>	Medicaid Information Technology Architecture
<b>MME</b>	Managed Metadata Environment
<b>MMIS</b>	Medicaid Management Information System
<b>MR/DD</b>	Mental Retardation/Developmental Disabilities
<b>MSIS</b>	Medicaid Statistical Information System
<b>M-WIN</b>	Medicaid-Work Incentive
<b>NDC</b>	National Drug Code
<b>NIST</b>	National Institute of Standards and Technology
<b>OODMS</b>	Object Oriented Database Management System
<b>OQPI</b>	Office of Quality and Program Integrity
<b>OS</b>	Operating System
<b>OT</b>	Office of Technology
<b>PAAS</b>	Physician Assured Access System
<b>PIN</b>	Personal Identification Number
<b>PCP</b>	Primary Care Provider
<b>PDL</b>	Preferred Drug List
<b>POS</b>	Point of Sale
<b>PPACA</b>	Patient Protection and Affordable Care Act
<b>PRIMS</b>	Pharmacy Rebate Information Management System
<b>RAPIDS</b>	Recipient Automated Payment and Information Data System
<b>RDBMS</b>	Relational Database Management System
<b>RDD</b>	Requirements Definition Document
<b>RDTP</b>	Rational Drug Therapy Program
<b>RFP</b>	Request for Proposal
<b>SACWIS</b>	State Automated Child Welfare Information System
<b>SDM</b>	System Development Methodology
<b>SLA</b>	Service Level Agreement
<b>SQL</b>	Structured Query Language
<b>SME</b>	Subject Matter Experts
<b>SMM</b>	State Medicaid Manual
<b>SNAP</b>	Supplemental Nutrition Assistance Program (formerly food stamps)
<b>SUR</b>	Surveillance and Utilization Review





<b>TANF</b>	Temporary Assistance to Needy Families
<b>TPA</b>	Third Party Administrator
<b>TPL</b>	Third Party Liability
<b>UAT</b>	User Acceptance Training
<b>UM</b>	Utilization Management
<b>WAN</b>	Wide Area Network
<b>WBT</b>	Web Based Training
<b>WV</b>	West Virginia
<b>WVDHHR</b>	West Virginia Department of Health & Human Resources

*Space intentionally blank.*



## **Appendix 7 - Service Level Agreements and Key Performance Indicators**

Each Service Level Agreement (SLA) presented in Appendix 7 establishes the performance level expected by the Bureau in a particular area. These documents become part of the contract resulting from this RFP. Key Performance Indicators (KPIs) are identified within each SLA that are to be measured and reported each month by the vendor.

Agreements found in this appendix are:

1. System Availability
2. Performance
3. Data Quality
4. Problem Management

### **Monthly Reporting**

The Vendor is expected to monitor performance against the BMS-specified KPIs in this document, and is to develop operations reports to demonstrate compliance with applicable KPIs. The vendor is to submit a performance report card monthly on all KPIs, regarding the prior month's performance, no later than the 10<sup>th</sup> of the month. The vendor may include additional information regarding SLA compliance in its report. The vendor is to also make available to the BMS upon request all reports or data used in the determination of SLA compliance and calculation of KPI metrics.

### **Corrective Action**

When a KPI is not met, the vendor is expected to provide BMS with a written detailed Corrective Action Report which describes:

1. The missed KPI,
2. Full description of the issue,
3. Cause of the problem,
4. Risks related to the issue,
5. The resolution, and
6. Proposed corrective action to avoid missing the KPI in the future.

Upon receipt of the report, BMS may request a meeting to further discuss related issues.

### **Periodic Reviews**

No later than six months after commencement of Operations, BMS and the vendor are to review all SLAs and KPIs to determine if revisions are needed, and similar reviews are to be held at least annually thereafter or upon the implementation of a change that impacts existing metrics. BMS reserves the right to amend SLAs and associated KPIs as business needs evolve.

### **Right to Retainage**

BMS and the Vendor agree that failure by the Vendor to perform in accordance with established Key Performance Indicators results in a loss to BMS. If the Vendor fails to meet the Key Performance Indicators identified in the Service Level Agreements located in Appendix 7, BMS may retain a percentage of the total monthly administrative fee as identified in each SLA and deduct said amounts from the fees due to the Vendor for services satisfactorily performed.



## 1. Service Level Agreement – DW/DSS Availability

### Definitions

- **Availability:** The percentage of possible uptime in a month that the DW/DSS system environments are available to users or to perform in a back-up capacity, including all weekends and holidays.
- **Downtime:** Downtime is to be defined as the time during which the DW/DSS is not functioning/available due to hardware, operating system or application program failure. Outages during planned downtime approved by BMS do not count towards downtime.

### The vendor agrees to:

- Submit for BMS approval a schedule of all system maintenance that results in slowed response time or system outages at least 10 days in advance of the event.
- Schedule and complete maintenance during the hours of 1:00 am and 6:00 am EST 7 days a week or submit justification, in advance when possible, to BMS for approval for utilizing a different time period.
- Provide technical support services during normal BMS business hours Monday through Friday, (8:00 am to 5:00 pm EST) with on-call emergency capabilities 24 hours a day, 7 days a week.
- Provide a solution that allows switchover to the failover environment in no more than 10 minutes in the case of a production environment failure.
- Perform all ETL processes within the agreed upon maintenance windows as put forth in the schedule presented to BMS.
- Track downtime, using minutes as the unit of measure, based on the following performance metrics:

Key Performance Indicator - Availability	
Environment	KPI Metric
Production – Normal Business Hours	Downtime less than or equal to .5%
Production - Other	Downtime less than or equal to 1%
Failover	Downtime less than or equal to 1%
Test	Downtime less than or equal to 5%
Vendor Network Connectivity	Downtime less than or equal to 1%

- Report monthly as described below.

### Key Performance Indicator - Reporting

By the 10<sup>th</sup> of each month the vendor is to report the following on this Key Performance Indicator:

1. The previous month's availability to include:
  - Daily accounting of downtime minutes during the scheduled availability period,
  - A total accounting of downtime minutes per month during the scheduled availability period, and
  - Percentage of downtime as measured against the Key Performance Indicator metric.
2. Corrective Action Report if the Key Performance Indicator metric is not achieved.



Retainage

Up to **3%** of the monthly operating fee, as follows:

• Any 1 of 5 not met:	<b>0.5%</b>
• Any 2 of 5 not met	<b>1%</b>
• Any 3 of 5 not met:	<b>2%</b>
4 or more of 5 not met:	<b>3%</b>

*Space intentionally blank.*



## 2. Service Level Agreement – Performance

### Definitions

- Performance: DW/DSS response time to user queries.

### The vendor agrees to:

- Present a plan to BMS for approval during DDI that establishes benchmark queries which can be used to measure DW/DSS performance. The plan:
  - Addresses multiple subject areas within the data warehouse,
  - Reflects the type of query that is commonly executed by the data warehouse user community,
  - Accesses critical tables, such as claims and recipient eligibility,
  - Counts time outages, poor performance time, degraded throughput or other performance related service level breaches as unacceptable performance,
  - Puts forth expected completion times for the benchmark queries,
  - Describes how system performance is maintained at the agreed upon level as data and users are added to the system and the production system evolves, and
  - Describes the process for updating/modifying benchmarks as needed to reflect changes in the DW/DSS environment as the data warehouse matures or upon the request of BMS.
- Schedule running of the benchmark queries twice daily in the production DW/DSS environment during normal business hours (Monday through Friday 8:00 am to 5:00 pm EST), once during peak usage hours and once during low usage hours, and
- Track performance using seconds as the unit of measure based on the following performance metric.

Key Performance Indicator - Performance
KPI metric: 95% or more of benchmark query run times are within expected completion times.

- Report monthly as described below.

### Key Performance Indicator - Reporting

By the 10<sup>th</sup> of each month the vendor is to report the following on this Key Performance Indicator:

1. The previous month's performance, to include
  - System responsiveness as measured against the KPI metric, and
  - System usage statistics.
2. Corrective Action Report if the Key Performance Indicator metric is not achieved.

### Retainage

Up to 3% of the monthly administrative fee may be deducted for failure to achieve the Performance Key Performance Indicator metric.



### 3. Service Level Agreement – Data Quality

#### Definitions

- Data quality: The data in the DW/DSS is validated and reconciled to control totals.
- Data defect: A data element does not conform to business and data validation rules.

#### The vendor agrees to:

- Reconcile all DW/DSS data to control totals, and resolve any and all discrepancies within 10 calendar days of the transfer of the monthly automated DW/DSS tables,
- Notify BMS within 24 hours of discovery of data defects,
- Apply all corrections to the database within 24 hours of receipt of instruction from the Bureau, and
- Track data quality based on the following performance metrics:

<b>Key Performance Indicators - Data Quality</b>
KPI metric: DW/DSS data is reconciled 100% to control totals. Any and all discrepancies are resolved within 10 calendar days of the transfer of the monthly automated DW/DSS tables.
KPI metric: BMS is notified of data quality defects within twenty-four (24) hours of discovery.
KPI metric: Corrections to the database are applied within 24 hours of receipt of instruction from the Bureau.

- Report monthly as described below.

#### Key Performance Indicators - Data Quality

By the 10<sup>th</sup> of each month, the vendor is to report the following on these Key Performance Indicators:

1. A comparison of the monthly control totals used to complete the Quarterly Expenditure Report as executed in the DW/DSS to the control totals produced from the weekly and monthly files produced through the MMIS,
2. Identified discrepancies, the time period for resolving those discrepancies, and an accounting of any discrepancies not resolved within 10 calendar days of the transfer of the monthly automated DW/DSS tables,
3. The time period for notifying the Bureau of identified data quality defects, and an accounting of any instances when notification did not occur within 24 hours,
4. An accounting of the corrections applied to the database, the time period for applying those corrections, and an explanation of any instances when those corrections were not applied within 24 hours of receipt of instruction from the Bureau, and
5. Corrective Action Report if the Key Performance Indicator metrics are not achieved.



Retainage

Up to **5%** of the monthly operating fee, as follows:

- |                       |           |
|-----------------------|-----------|
| • Any 1 of 3 not met: | <b>1%</b> |
| • Any 2 of 3 not met  | <b>3%</b> |
| • Any 3 of 3 not met: | <b>5%</b> |

*Space intentionally blank.*



## 4. Service Level Agreement – Problem Management

### Definitions

- Problem Management: The approach, policies and protocols used by the vendor to manage DW/DSS problems as they occur.

### The vendor agrees to:

- Present a plan to BMS for approval during DDI that establishes an approach to problem management. The plan:
  - Defines a minimum of three levels of severity, such as Catastrophic, Major and Ordinary,
  - Establishes response times by severity level, including required timeframes for resolution, and
  - Institutes a communication plan, including timeframes, for notifying and updating BMS.
- Maintain an automated error log which:
  - Catalogs all problems,
  - Allows designated BMS staff to view, filter, sort and search the error log, and
  - Allows a designated user to configure an alert message upon the occurrence of an error.
- Notify BMS of each problem occurrence within time period defined by BMS,
- Submit an Incident Report for each occurrence that describes the problem, its impact, associated communication, its resolution and planned corrective action, and
- Track problem management based on the following performance metrics:

Key Performance Indicators – Problem Management
KPI metric: 95% of problems are resolved within the established timeframes.
KPI metric: BMS is notified of 100% of problems within the established timeframes.

- Report monthly as described below.

### Key Performance Indicators – Problem Management

By the 10<sup>th</sup> of each month the vendor is to report the following on these Key Performance Indicators:

1. The previous month's performance, to include
  - Problem resolution as measured against the KPI metric, and
  - Notification response as measured against the KPI metric.
2. Corrective Action Report if the Key Performance Indicator metrics are not achieved.

### Retainage

Up to **3%** of the monthly operating fee, as follows:

- Any 1 of 2 not met: **1%**
- Any 2 of 2 not met: **3%**