



DEPARTMENT OF HEALTH

AND HOSPITALS

Medicaid

REQUEST FOR PROPOSAL

**MEDICAID ELIGIBILITY DATA SYSTEMS
IT ARCHITECTURE UPGRADE**

MEDICAL VENDOR ADMINISTRATION
BUREAU OF HEALTH SERVICES FINANCING
ELIGIBILITY SYSTEMS SECTION
DEPARTMENT OF HEALTH AND HOSPITALS

RFP # 305PUR-DHHRFP-MEDS-UPGRADE-MVA
Proposal Due Date/Time: March 9, 2012
4:00 P. M. CST

Release Date: February 2, 2012

Table of Contents

GLOSSARY	5
1. GENERAL INFORMATION	11
1.1. Background	11
1.2. Purpose of RFP	11
1.3. Invitation to Propose	15
1.4. RFP Coordinator	16
1.5. Proposer Inquiries	16
1.6. Pre-Proposal Conference	16
1.7. Schedule of Events	17
1.8. RFP Addenda	17
2. SCOPE OF WORK	18
2.1. Project Overview	18
2.2. Deliverables	21
2.2.1. Global Project Deliverables	22
2.2.2. Phase 1 Deliverables	24
2.2.3. Phase 2 Deliverables	30
2.2.4. General Requirements	31
2.2.5. Programmatic Requirements	32
2.2.6. Operations Requirements	32
2.2.7. Staffing Requirements/Qualifications	32
2.2.8. Record keeping requirements	35
2.2.9. Reporting Requirements	35
2.2.10. Contract Initiation	35
2.2.11. Transition Requirements	37
2.3. Retainage	38
2.4. Fraud and Abuse	39
2.5. Technical Requirements	39
2.6. Subcontracting	42
2.7. Insurance Requirements	42
2.8. Resources Available To Contractor	43
2.9. Contact Personnel	44
2.10. Payment	44
3. PROPOSALS	45

3.1. General Information	45
3.2. Contact After Solicitation Deadline.....	45
3.3. Code of Ethics	45
3.4. Rejection and Cancellation.....	45
3.5. Award Without Discussion	45
3.6. Assignments.....	45
3.7. Proposal Cost.....	46
3.8. Ownership of Proposal	46
3.9. Procurement Library/Resources Available to Proposer	46
3.10. Proposal Submission	46
3.11. Proprietary and/or Confidential Information.....	47
3.12. Proposal Format.....	47
3.13. Requested Proposal Outline:.....	47
3.14. Proposal Content	47
3.15. Evaluation Criteria	54
3.16. On-Site Presentations/Demonstrations	54
3.17. Announcement of Award.....	55
4. CONTRACTUAL INFORMATION	55
ATTACHMENTS:.....	57
I. HUDSON/ VETERAN INITIATIVE.....	57
II. CERTIFICATION STATEMENT	57
III. DHH STANDARD CONTRACT FORM (CF-1).....	57
IV. HIPAA	57
V. SAMPLE COST BREAKDOWN TEMPLATE	57
VI. DCFS TECHNICAL ENVIRONMENT.....	57
VII. PROPOSED SOLUTION TECHNICAL REQUIREMENTS	57
VIII. MINIMUM QUALIFICATIONS REQUIREMENTS	57

GLOSSARY

ADABAS- Adaptable Database System is Software AG's primary database management system.

Affordable Care Act (ACA)- Legislation from 2009 which calls for the creation of a Health Insurance Exchange in each state, which will offer both private and state-subsidized health insurance.

Application Programming Interfaces (APIs) - A standardized means of making data and methods available as modular units, allowing multiple vendors to leverage software code without necessarily having a sophisticated understanding of its design principles.

Application Suite- The DHH Application Suite is designed to be a single access point for information related to the work of staff and through which new enterprise solutions will be delivered. It is a smart client application designed to host WinForm and Web solutions. It hosts a collection of applications within modules which are made available based on a role and rule based security system.

BENDEX- Beneficiary and Earnings Data Exchange: An automated data exchange system between the Social Security Administration (SSA) and certain state agencies which provides an accurate and economical means of timely informing the states about the SSA entitlement for Medicaid, Financial Assistance and SNAP recipients. This system serves as a data repository and inquiry system for Medicare information.

Business Rules Engine (BRE)- An externalized repository of business logic, often written in natural syntax, that can be pointed to by numerous software programs operating in the same common environment for programmatic decisions. Allows program logic to be updated by business users without the need for editing and troubleshooting software code.

Centers for Medicare and Medicaid Services (CMS) - Federal agency within the Department of Health and Human Services providing oversight of the Medicare and Medicaid programs nationally.

Child Support/Support Enforcement Services (SES)- A program administered by The Department of Children and Family Services which places the primary responsibility for support of children on their non-custodial parent(s) in an attempt to reduce the children's dependence on public assistance.

Chief Information Officer (CIO)-Senior executive providing leadership and insight regarding Information Technology.

Customer Information Control System (CICS) - IBM's transaction manager software designed for rapid, high-volume online processing.

CLIENT- A system managed by the Department of Children and Family Services used to determine whether an individual is known to a public assistance program administered by the Department of Children and Family Services or the Department of Health and Hospitals.

Commercial off the Shelf (COTS) - An item that is commercially available, leased, licensed, or sold to the general public and which requires no special modification or maintenance over its life cycle.

Department of Children and Family Services (DCFS)- The Louisiana state executive branch agency whose vision is to keep children safe, help individuals and families become self-sufficient and provide a safe refuge during disasters.

Department of Defense (DOD) - United States Executive Department whose mission is to provide military forces needed to deter war and to protect the security of the United States.

Department of Health and Hospitals (DHH)- The Louisiana state executive branch agency whose mission is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana.

Department of Health and Human Services(DHHS)- United States government agency which is responsible for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

Department of Veterans Affairs (VA) - The Department of Veterans Affairs is an executive department of the United States government created to administer the laws providing benefits and other services to veterans, and the dependents and beneficiaries of veterans

Division of Administration's Computer Center (DOACC) – The computer center operated by DOA hosting state IT solutions.

Electronic Case Record (ECR)- The ECR is a custom system developed and maintained by DHH contract staff which enhances the eligibility determination process by having a single consolidated electronic case record for applicant/enrollees and by providing immediate desktop access to the documentation for Medicaid Eligibility staff and other sections of the Medical Vendor Administration.

Eligibility Systems Section- Section within the Department of Health and Hospitals, Medical Vendor Administration responsible for assuring the day to day operation of the Medicaid Eligibility Data System and other systems used by Medicaid eligibility staff to perform their tasks. This includes the Electronic Case Record (ECR), On-Line Application (OLA), Notices System (NiAS) and other ancillary applications used in the determination of eligibility.

Extract, Transform, and Load (ETL) – A process by which data is extracted from one source, prepared, and entered into a target database.

Family Independence Temporary Assistance Program (FITAP)- A program administered by the Louisiana Department of Children and Family Services that provides temporary assistance for needy pregnant women and families with minor children under Title IV-A of the Social Security Act.

Federal Poverty Level (FPL) – The defined income standard for eligibility for Medicaid programs.

Fiscal Intermediary (FI) - The Department of Health and Hospitals/Medical Vendor Administration's contractor which processes Medicaid claims, issues Medicaid payments to

providers, handles provider inquiries and complaints, provides training for providers and is responsible for issuance of medical eligibility cards to enrollees.

Health Insurance Exchange (HIX) - State administered health insurance marketplace as created by the 2009 ACA legislation offering both public and private health insurance to recipients.

Health Insurance Portability and Accountability Act (HIPAA)- The HIPAA Privacy Rule provides federal protections for personal health information (PHI) held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

Information Technology (IT) - Electronic devices controlling the flow of information using digital representation and manipulation techniques.

Joint Applications Design (JAD) - Meetings, which are held to discuss detailed specifications for proposed system development.

Job Control Language (JCL) - A scripting language used on IBM mainframe operating systems to instruct the system on how to run a batch job or start a subsystem.

Joint Legislative Committee on the Budget (JLCB) - Committee composed of the members of the House Committee on Appropriations, the Senate Finance Committee, and the Chairmen of the House Committee on Ways and Means and the Senate Revenue and Fiscal Affairs Committee.

Kinship Care Subsidy Program (KCSP)- A program administered by the Louisiana Department of Children and Family Services that provides one time transitional monetary support and/or on-going maintenance subsidy to help meet the needs of children who are in the custody of grandparents, aunts, uncles or other relatives.

Louisiana Automated Support Enforcement System (LASES) - A system within the Department of Children and Family Services responsible for maintaining client and absent parent information of children and child support collected and distributed by Support Enforcement Services (SES).

Louisiana Automated Management Information (LAMI)- A system within the Department of Children and Family Services used to input eligibility for recipients and to issue their monthly electronic benefits.

Louisiana Children's Health Insurance Program (LaCHIP) - Louisiana's existing health insurance program for all eligible children in the state.

Louisiana Electronic Event Registration System (LEERS) - LEERS is a web-based integrated vital records application which will replace the current manual Office of Public Health's process for the Louisiana Vital Records Registry, including birth, death, fetal death, marriage, divorce and induced termination of pregnancy data.

Louisiana Immunization Network for Kids Statewide (LINKS) - LINKS is a web application within the Department of Health and Hospitals, which allows enrolled users to conveniently search for patients in the LINKS Registry to view the patients' vaccination record.

Louisiana Workforce Commission (LWC)- The Louisiana executive branch commission that coordinates and administers programs in the area of labor-management relations, manpower evaluation and training, vocational rehabilitation, independent living, blind services, employment, unemployment and workers' compensation, job safety, and the licensing and regulation of certain types of work.

Medicaid- A United States public health program which provides payment for health care services of eligible elderly, disabled and low-income persons. Medicaid is funded by both federal and state governments.

Medicaid Eligibility Data System (MEDS) - The ADABAS Data System responsible for capturing/maintaining/transmitting Medicaid eligibility. The MEDS system is vital to DHH to ensure established Medicaid eligibility is available for customers to receive services in a timely manner. The MEDS system is responsible for transmitting the Medicaid eligibility data to the Department's Fiscal Intermediary, on a daily basis. This ensures that providers of Medicaid services can bill and receive payment for services performed.

Medicaid Information Technology Architecture (MITA)- A progressive standard for state Medicaid IT architecture as defined by the Center for Medicaid and Medicare services. It presents a long-term strategy for modernizing state Medicaid computer systems and also interfacing data between state and federal agencies, recipients, and providers.

Medicaid Management Information System (MMIS) - The department's fiscal intermediary responsible for Medicaid claims payment.

Medical Vendor Administration (MVA) - The DHH administrative operation with responsibility for the Medicaid Program.

Modified Adjusted Gross Income (MAGI) - An income determination methodology traditionally used by the IRS for IRA calculations, it permits more allowances than the conventional AGI methodology of the 1040.

Must- Denotes a mandatory requirement

Natural/Construct CASE tool- Natural Construct is a set of tools for application developers. Created for Software AG's Natural/predict environment, it helps application developers achieve higher productivity goals than are obtainable using Natural and Predict alone.

Notices in Application Suite (NiAS) - The notice system is a custom system developed and maintained by DHH contract staff. It is used by the Department of Health and Hospitals, Medical Vendor Administration, and is located within Application Suite that generates notices.

Online Application System (OLA) - Medicaid's Online Application System. OLA collects information from the public either directly or via application centers and has been available via the web to all citizens since 2007.

Original- Denotes must be signed in ink

Public Assistance Reporting Information System (PARIS) - A voluntary computer data matching and information exchange system administered by the Administration for Children and Families to provide States with a tool to improve program integrity in the administration of public and medical assistance programs.

Personal Computer (PC) - A computer built around a microprocessor for use by an individual, as in an office or at home or school.

Personal Health Information (PHI) - Personal Health Information is individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.

Project Management Body of Knowledge (PMBOK) - Processes and knowledge areas generally accepted as best practice with the project management discipline.

Project Management Office (PMO) - The group or department within a business, agency or enterprise that defines and maintains the standards and processes related to project management within the organization

Redacted Proposal- The removal of confidential and/or proprietary information from one copy of the proposal for public records purposes.

Service Oriented Architecture (SOA) - A software environment wherein methods are exposed via web services for modular consumption by a variety of different components, both internal and external to the runtime environment.

Shall- Denotes a mandatory requirement

Should- Denotes a preference, but not a mandatory requirement

Software Development Life Cycle (SDLC) – The full range of activities used to successfully complete and deploy custom software from start to finish.

State Income and Eligibility Verification System (SIEVS) - A system that compares and verifies income and resource information available from the Internal Revenue Service, Social Security Administration, Louisiana Workforce Commission and Louisiana Support Enforcement Services.

Supplemental Nutrition Assistance Program (SNAP) - The Economic Stability and Self Sufficiency program which provides monthly benefits to help low income households buy the food they need for good health.

Social Security Administration (SSA) - Federal agency in charge of regulating and adhering to polices related to Social Security benefits.

Supplemental Security Income (SSI) - Income supplement program under Social Security to provide a minimum monthly income to aged, blind and disabled persons.

Temporary Assistance for Needy Families (TANF) - A Federal assistance program providing cash assistance to indigent American families with dependent children through the United States Department of Health and Human Services.

The Work Number - A service of TALX Corporation, it is an outsourced service utilized by Medicaid staff to obtain online up-to-date employment and income verification for Medicaid enrollees.

Thin Clients- Compact, energy efficient and productive desktops with all the dynamic user experience of a PC.

Time Share Option (TSO) - In computing, the Time Sharing Option is an interactive time-sharing environment for the lineage of IBM mainframe operating systems running from OS/MVT through MVS and OS/390 to the current z/OS.

User Acceptance Testing (UAT) - Process used to validate system changes prior to implementation.

1. GENERAL INFORMATION

1.1. Background

- 1.1.1.** The mission of the Department of Health and Hospitals (DHH) is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. The Department of Health and Hospitals is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner.
- 1.1.2.** DHH is comprised of the Medical Vendor Administration (Medicaid), Office for Citizens with Developmental Disabilities, Office of Behavioral Health, Office of Aging and Adult Services, and the Office of Public Health. Under the general supervision of the Secretary, these principal offices perform the primary functions and duties assigned to DHH.
- 1.1.3.** DHH, in addition to encompassing the program offices, has an administrative office known as the Office of the Secretary, a financial office known as the Office of Management and Finance, and various bureaus and boards. The Office of the Secretary is responsible for establishing policy and administering operations, programs, and affairs.
- 1.1.4.** Within the Office of Management and Finance is the Medical Vendor Administration (MVA), Bureau of Health Services Financing (hereinafter called "MVA"). The MVA is the administrative operation with responsibility for the State of Louisiana's Medicaid Program, (hereinafter called "Medicaid"). Medicaid is the public health program which provides health care services to the elderly, disabled and low-income persons. Funded by both the federal and state governments, Medicaid provides medical benefits such as physician, hospital, laboratory, x-ray, and nursing home services. Within the Medical Vendor Administration is the Eligibility System Section, which governs enrollment operations, including IT systems.
- 1.1.5.** The Eligibility Systems Section is responsible for regulating the day to day operation of the Medicaid Eligibility Data System (MEDS). MEDS is the system responsible for capturing, maintaining, and transmitting Medicaid eligibility information on an as-needed basis both internally to MVA and to external agencies as required. MEDS is vital to DHH to ensure established Medicaid eligibility is available for confirmation to external entities as necessary; this allows clients to receive services in a timely manner. MEDS is also responsible for transmitting the Medicaid eligibility data to the Department's Fiscal Intermediary on a daily basis. This ensures that providers of Medicaid services can bill and receive payment for services performed.

1.2. Purpose of RFP

- 1.2.1.** The purpose of this RFP is to solicit proposals from qualified proposers that will provide consulting services for the development and upgrade of the current Medicaid Eligibility Data System (MEDS), with a major developmental milestone of ACA compliant operational capacity by January, 2013, in addition to MVA's goal of provisional real-time eligibility determination by January 2014. MVA is specifically interested in vendor solutions that advance the MITA maturity and CMS compliance of MEDS, especially with regard to real-time eligibility determinations taking place using service oriented architecture (SOA).
- 1.2.2.** At a high level, MVA has the following goals:
 - 1.2.2.1.** To upgrade the human interface ("look and feel") of the existing MEDS from a text-based ("green screen") interface to a web-based interface. The current online application for Louisiana Medicaid programs will also need to be replaced in a manner consistent with this new "look and feel" while maintaining its current functionality.
 - 1.2.2.2.** To enhance the existing Medicaid Online Application in keeping with the upgraded "look and feel" of the MEDS interface, and offer a high degree of usability to the human interface of the Medicaid Online Application. This will include the need for access of the site by disabled individuals, as governed by Section 508 of the Rehabilitation Act of 1973, as amended, compliance standards.
 - 1.2.2.3.** To adopt service oriented architecture with exposed methods allowing for efficient data sharing between disparate software modules and multiple agencies, ultimately resulting in operations capacity to render real-time eligibility determinations for Louisiana Medicaid in conjunction with other stakeholder agencies.
 - 1.2.2.4.** By way of service oriented architecture mentioned above, provide legacy support of access to existing records on the state's current Natural/ADABAS mainframe.
 - 1.2.2.5.** To create a repository of business rules external to and independent of the software source code used to upgrade the existing MEDS IT Architecture.
 - 1.2.2.6.** As a result of this project, the existing MEDS mainframe will no longer be used for operations by January, 2015.
- 1.2.3.** The prevailing objective of the Louisiana Medical Vendor Administration (MVA) for this project is to enhance the efficiency of the Medicaid Eligibility Data System (MEDS) used by eligibility staff to make determinations of eligibility for Medicaid and the Louisiana Children's Health Insurance Program (LaCHIP). MVA's ultimate goal is to provide real-time determinations of eligibility for Medicaid and LaCHIP programs via an automated, web-enabled interface.
- 1.2.4.** This project will constitute a major overhaul of existing eligibility operations which currently requires manual determinations to be made by eligibility analysts based on information collected via automated systems. The MVA

project management plan for the proposed upgrades is a discrete phased approach. This phased approach and gradual transition of program logic and records will mitigate the enormous risk to MVA operations that an abrupt switch in IT architecture would pose, while still offering the advanced functionality needed for interoperability necessary for communication with a Health Insurance Exchange, for example, on an accelerated development timeline.

- 1.2.5.** The proposed upgrades are strategically aligned with the Centers for Medicare and Medicaid Services (CMS) MITS 11-01-v1.0, Enhanced Funding Requirements: Seven Conditions and Standards (hereafter, “Seven Standards”) explicit condition calling for an aggressive decoupling of service and code, which MVA anticipates will offer a significant level of efficiency to its operations environment.
- 1.2.6.** MVA’s vision of an upgrade to MEDS will greatly enhance future operations. There are several core components to the proposed upgrade. A new user interface is required to replace the text and function key based ‘green screen’ system that was completed in 1999. The contemporary standard for business system human interfaces is web-enabled software that operates in a conventional internet browser. These interfaces offer a great deal in terms of usability, efficiency, and error prevention, in addition to meeting major systems criteria as defined by Centers for Medicare and Medicaid Services (CMS) in MITS 11-01-v1.0, Enhanced Funding Requirements: Seven Conditions and Standards that governs state Medicaid eligibility systems enhancements.
- 1.2.7.** Also noted by CMS in its Seven Standards guide, contemporary industry trends in business systems are moving toward using a business rules engine (BRE) as a standalone business and program logic entity external to software code, which is often easily editable using a natural language interface. In the case of MEDS, integrating a BRE into a redeveloped user interface will serve as the cornerstone for the strategy of deploying ACA program logic alongside existing Louisiana Medicaid operations. In the first phase, the existing user interface will be replaced with a web-enabled interface that is thoroughly decoupled from program logic as a separate presentation layer, again as called for in the Seven Standards guide addressing modularity in solutions development. Phase 1 will additionally serve to establish an SOA methodology for data transfer and business logic operations. A major milestone will be creating a legacy adapter for the existing MEDS mainframe to display and capture data using the new presentation layer within an SOA environment. This functionality is critical to system readiness during the transition from the mainframe to new data storage methods in Phase 2.
- 1.2.8.** The BRE and its accompanying relational database will also be introduced in Phase 1 of development, serving as the repository for business rules and records related to ACA program logic (such as Modified Adjusted Gross Income-MAGI eligibility rules) from day one of their integration into the MVA operations environment. Similar to the presentation layer, the BRE will be ready to operate within the common SOA environment.

- 1.2.9.** The system shall be designed to make use of master data management for the purpose of interacting with reusable data elements such as providers and clients, as defined by MVA.
- 1.2.10.** A “Notices” system will also be implemented within the new SOA environment, allowing any given software module the ability to issue paper-based program notices to applicants regarding their eligibility and any other program outcomes. It is anticipated by MVA that this is likely a COTS system configured for operation within the common SOA environment, with printing taking place within existing hard copy printing channels currently in place with MVA’s sister agency, DCFS.
- 1.2.11.** A “Resources” system must also be created utilizing the specialized Medicaid program logic necessary to render asset determinations for the disabled and elderly populations, including long term care and home and community based services. This module must be able to utilize inter-agency data matching systems contained elsewhere within the SOA environment to confirm the validity of financial and asset information submitted to MVA for an eligibility determination.
- 1.2.12.** Phase 2 of the proposed project is the transitioning of existing MVA eligibility program logic and records from the legacy mainframe into the newly implemented architecture of the BRE, relational database, entire notices system, and presentation layer, all implemented with the prevailing methodology of exposed web services of an SOA. MVA does not anticipate a ‘Big Bang’ approach in shifting operations from the existing MEDS mainframe, but rather operating the MEDS mainframe in concert with the new architecture while a gradual shift of records and business rules to the new relational database backend and the BRE occur. This process will in turn decouple business rules from records, further advancing the MITA maturity of the proposed solution.
- 1.2.13.** The proposed upgrades are strategically aligned with the Seven Standards guide explicit condition calling for an aggressive decoupling of service and code, which MVA anticipates will offer a significant level of efficiency to its operations environment.
- 1.2.14.** MVA deems it necessary to incorporate system changes that are required with the implementation of the Affordable Care Act (ACA) mandated by Congress and effective January 2014. System changes which have been identified at this point include (1) Development of web service interfaces for integrating with a HIX (2) Re-write of the current Budget Template Subsystem in MEDS in order to adopt new program limits, while ensuring existing limits are available, (3) Development of business rules to capture and provide reporting capability for a new group of eligible adults, (4) Simplification of eligibility processing screens/features due to anticipated increase in volume of applicant/recipients, as well as streamlining applications for recipients providing presumptive real-time determinations of eligibility (5) Development of a new interface with the federal hub to obtain Modified Adjust Gross Income (hereinafter called MAGI), and (6) Addition of resource gathering and asset calculation ability to record and calculate assets into MEDS.

- 1.2.15.** It is anticipated that MVA will face an influx of approximately 535,000 newly eligible adults in 2014 as a direct function of a Federal Health Insurance Exchange as established by the Affordable Care Act. This volume of program participants is increased further by the number of individuals who will likely apply for Medicaid through the HIX web portal once it is operating in Louisiana, the common web portal for recipients throughout the state for accessing public or private health insurance. All applicants, including those who use the HIX to explore their health insurance options as required by the ACA coverage mandate, will need to be given real-time determination information regarding their presumptive eligibility. Given that eligibility decisions are currently made during a manual review of applicant information by eligibility analysts (much of it collected with automated systems), and that MVA is not anticipating being able to hire additional staff, the current manual operations climate is untenable.
- 1.2.16.** Interagency data sharing is also a driving business need for the proposed project. For example, MEDS currently has interfaces with the Department of Children and Family Services and for access by other agencies within the MVA environment, but these interfaces are not operating in the modular, scalable fashion called for by the Seven Standards guide. The proposed project will enhance existing data sharing services by recasting them in the SOA paradigm of exposed services for data consumption. Additionally, new services will be able to be easily created by utilizing the common SOA architecture. This will prove to be instrumental in moving towards system readiness for data sharing with a Health Insurance Exchange.
- 1.2.17.** Aside from the pressing business needs posed by ACA and the HIX, MVA has recently conducted several major overhauls of its management culture and operations practices, focusing on efficiency, customer service, and several policies which closely mimic the “No Wrong Door” policy of service offerings called for by ACA legislation. Automating MEDS to the degree that eligibility analysts no longer need to manually render determinations where possible capitalizes on these recent organizational efforts, and follows through with the appropriate technology for maximum leverage of this new work culture.

1.3. Invitation to Propose

DHH Medical Vendor Administration, Eligibility Systems Section is inviting qualified proposers to submit proposals for services to provide an upgrade of the Medicaid Eligibility Data System in order to enhance future operations to be compliant with the Affordable Care Act of 2009 in accordance with the specifications and conditions set forth herein. In order to respond to this RFP, a proposer shall have experience in customization and/or implementation of a Business Rules Engine, preferably in Medicaid eligibility or another human services environment. The proposer must also have experience in implementing a Service Oriented Architecture, real-time inter-agency data transfer, and human-interface design for the disabled population as defined by section 508 of the Rehabilitation Act. Experience with Microsoft.NET software applications and ADABAS/Natural is also essential, as .NET is MVA's accepted contemporary standard for software application development. Please refer to Attachment VIII: Minimum Qualifications Requirements for further detail.

1.4. RFP Coordinator

Requests for copies of the RFP and written questions or inquiries must be directed to the RFP coordinator listed below:

Robynn Schifano
Medicaid Program Manager 4
Medical Vendor Administration/Eligibility Systems Section
Department of Health and Hospitals
628 North Fourth Street 6th Floor
Baton Rouge, Louisiana 70802
(225) 342-6398
(225) 342-9508 (fax)
Robynn.Schifano@LA.GOV

This RFP is available in PDF format at the following weblinks:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47> and
<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4>.

All communications relating to this RFP must be directed to the DHH RFP contact person named above. All communications between Proposers and other DHH staff members concerning this RFP are strictly prohibited. Failure to comply with these requirements may result in proposal disqualification.

1.5. Proposer Inquiries

The Department will consider written inquiries regarding the requirements of the RFP or Scope of Services to be provided before the date specified in the Schedule of Events. To be considered, written inquiries and requests for clarification of the content of this RFP must be received at the above address or via the above fax number or email address by the date specified in the Schedule of Events. Any and all questions directed to the RFP coordinator will be deemed to require an official response and a copy of all questions and answers will be posted by the date specified in the Schedule of Events to both of the following web links:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47> and
<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4>.

Action taken as a result of verbal discussion shall not be binding on the Department. Only written communication and clarification from the RFP Coordinator shall be considered binding.

1.6. Pre-Proposal Conference

A pre-proposal conference will be held on the date and time listed on the Schedule of Events. Prospective proposers are encouraged to participate in the conference to obtain clarification of the requirements of the RFP and to receive answers to relevant questions.

Although impromptu questions will be permitted and spontaneous answers will be provided during the conference, the only official answer or position of the state will be stated in writing in response to written questions. Therefore, proposers should submit all questions in writing (even if an answer has already been given to an oral question). After the conference, questions will be researched and the official response will be posted on the Internet at the following web links:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47> and
<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4>.

1.7. **Schedule of Events**

DHH reserves the right to deviate from this Schedule of Events

Schedule of Events	Tentative Date:
Public Notice of RFP	February 2, 2012
Pre-Proposal Conference	February 13, 2012 Bienville Building 628 N. 4th Street Conference Room 118 Baton Rouge, LA 70802 8:00 A.M – 10:00 A.M.CST
Deadline for Receipt of Written Questions	February 17, 2012
Response to Written Questions	February 24, 2012
Deadline for Receipt of Written Proposals	March 9, 2012 4:00 P.M CST
Proposal Evaluation Begins	March 12, 2012
Contract Award Announced	March 22, 2012
Contract Negotiations Begin	March 23, 2012
Contract Begins	April 1, 2012

1.8. **RFP Addenda**

In the event it becomes necessary to revise any portion of the RFP for any reason, the Department shall post addenda, supplements, and/or amendments to all potential proposers known to have received the RFP. Additionally, all such supplements shall be posted at the following web address:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47> and
<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4>

2. SCOPE OF WORK

2.1. Project Overview

The Eligibility Division utilizes the Medicaid Eligibility Data System (MEDS) to meet operations needs related to eligibility determinations. MEDS currently stores individual and case records in an ADABAS database on a legacy mainframe system operated by the DCFS and located in the Louisiana Information Services Building in Baton Rouge. Multiple state programs operate concurrently on this mainframe, with established network connections between various programs. MEDS currently has over 3,420,904 Medicaid eligibility related records and 1,757,815 case records, with a total storage volume of roughly 600 gigabytes. Business logic related to eligibility determinations is written in Software AG's Natural language, with approximately 23,000 business rules. Roughly 1,500 users connect via a 3270 terminal interface, which may be emulated. Online execution is governed by IBM's CICS (Custom Information Control System).

In addition to assisting in eligibility determinations, MVA currently operates MEDS for the purpose of maintaining records of applicants and individuals eligible for services through Louisiana's Medicaid program. MEDS also passes information to Medicaid Management Information System (MMIS) on a daily basis to ensure proper claims payment for providers and access to services for the state's Medicaid population. MEDS is a mainframe-based system operating on the Natural/ADABAS software development platform, considered to be a legacy programming language by conventional industry standards. Eligibility determinations are manually conducted by MVA eligibility analysts in concert with the MEDS business rules, with results recorded and stored on MEDS system hardware. The existing MEDS has four separate database tiers – development, user acceptance testing, training, and live production.

The Contractor shall:

- 1)** Provide eligibility field staff with an intuitive, efficient, and transparent user interface that adopts current best practices and conventions of accessibility in web applications. This interface shall also be consolidated with the online application for Medicaid.
 - a.** On-line applications shall accommodate a variety of spoken and written languages, particularly English, Spanish, and Vietnamese, and additionally be culturally sensitive.
 - b.** Section 508 compliant web design is required, as well as best practices that go above and beyond bare compliance, such as well-defined rollover tooltips or intrinsically high contrast color schemes as a design choice.
 - c.** Interface must meet all major systems criteria as defined by CMS's Seven Standards guide which governs state Medicaid eligibility systems enhancements. The guide is available publicly on the CMS website and in the Procurement Library for this RFP.
- 2)** Create an SOA that allows for proper data transmission between software modules and agencies.

- a.** For secure, inter- and intra-agency systems communication, exposed methods should be utilized to assist in and communicate the results of eligibility determinations. Service oriented architecture (SOA) approaches, for example, provide this capability.
 - b.** Introduce capacity to consume data for applicants provided at a national level from agencies such as Internal Revenue Service (IRS), Department of Homeland Security (DHS), and a Federal Data Hub as part of ACA data matching initiatives.
 - c.** Existing software methods and services of MEDS used in MVA operations, such as applicant notification mass mailings, must be adapted to utilize the service oriented architecture.
- 3)** Provide legacy support of existing mainframe system business rules and records (not system hardware or other software functionality).
 - a.** Existing records will need to remain accessible to MVA staff via the service oriented architecture.
 - b.** It is expected that by January, 2015, MEDS will have completely migrated to a contemporary relational database or similar solution; existing records must be converted to that system and their accessibility maintained.
 - c.** Established connections to the existing mainframe system for the purposes of data sharing, by MVA as well as other state agencies and their programmatic needs, must be adapted or maintained within the proposed IT architecture upgrades, and ultimately integrated completely to the SOA during Phase 2 of this project.
- 4)** Locate and maintain business logic external to and independent from software solutions.
 - a.** The existing roughly 23,000 business rules which operate in the existing mainframe environment must be converted and re-located to an external location independent of software run-time code.
 - b.** MEDS IT Architecture upgrades and the system itself must still be able to make appropriate eligibility determinations using these business rules despite being located external to software code.
 - c.** MVA is interested in solutions that allow administrators and staff with appropriate training to update business logic without necessary software code manipulation.
- 5)** Configure a notices system that is both paper-based and also displays on the portal for use by Medicaid applicant/enrollees and MEDS and its personnel:
 - a.** This system must have the ability to display notices on the portal as digital documents.

- b. System must also use existing printing architecture to mail notices to recipients.
 - c. This system may be a COTS product which the Contractor integrates into its established SOA architecture.
 - d. Printing resources will still be located with MVA's sister agency at DCFS.
 - e. Notification system must be able to communicate using existing connectivity to DCFS printing resources.
- 6) Integrate the existing business rules and program logic of the "Resources" system used to determine eligibility for the blind, elderly and disabled population, including long term care and home and community based services. Program logic must be integrated in a seamless fashion into the new MEDS SOA environment.
- 7) Real-time interagency data sharing pathways must be created for the following:
 - a. CLIENT – DCFS CLIENT System (or system being utilized at that time)
 - b. LINKS – Office of Public Health
 - c. LEERS – Office of Public Health
 - d. LAMI – Louisiana Automated Management Information System
 - e. SNAP – Supplemental Food and Nutrition Program
 - f. FITAP – Family Independence Temporary Assistance Program (FITAP)
 - g. KCSP – Kinship Care Subsidy Program
 - h. LASES – Louisiana Support Enforcement Services
 - i. LIS – Low Income Subsidy
 - j. SIEVS – State Income Eligibility Verification System
 - k. SSA – Social Security Administration
 - l. SSI – Supplemental Security Income
 - m. BENDEX – Beneficiary Data Exchange System
 - n. IRS – Internal Revenue Service
 - o. PARIS – Public Assistance Reporting Information System
 - p. LWC Wage- Louisiana Workforce Commission

- q. LDET UCB- Louisiana Workforce Commission
- r. LDET Wage- Louisiana Department of Employment and Training
- s. The Work Number - A service of TALX Corporation, it is an outsourced service utilized by Medicaid staff to obtain online up-to-date employment and income verification for Medicaid enrollees
- t. TPL – MVA’s Third Party Liability system, an interface which notes during case review whether or not a recipient has external coverage that can be leveraged by the LaHIPP program.

MEDS must be able to access these sources of information in real-time, making them available during every automated determination. Additionally, analysts whom are rendering determinations manually must also have access to these data resources from other agencies in a consolidated summary screen displaying the eligibility of any particular applicant. MVA acknowledges that the information itself may not be updated in real-time, but that access to it in real-time is pivotal for real-time eligibility decision making.

- 8) In order to avoid an abrupt switch in IT architecture that would pose an enormous risk to MVA operations, the Contractor shall provide a phased approach and gradual transition of program logic and records while still offering the advanced functionality needed for interoperability necessary for communication with a Health Insurance Exchange (HIX), for example, on an accelerated development timeline.
- 9) The Contractor must submit a Disaster Recovery/Business Continuity Plan for approval at time of proposal. The plans should include: Risk Assessment, Business Impact Analysis, Alignment to Business Strategy, Alignment to Business Continuity Strategy, and Testing and Updating Plans.
- 10) The Contractor shall provide system architecture upgrades to the MEDS user interface and ensure that legacy support of the existing mainframe operations exists and will operate seamlessly without error or threat to current business processes. A business rules engine (BRE) will be used which will allow for real-time determinations of eligibility for Medicaid and LaCHIP programs. The BRE will be tailored by the Contractor who will work with policy experts (eligibility staff) to create the business logic for evaluating Medicaid coverage.
- 11) The Contractor will promote privacy and confidentiality of all Medicaid and LaCHIP information and material. The Contractor shall comply with all relevant HIPAA standards.

2.2. **Deliverables**

The deliverables for this project will encompass all project activities related to implementing a technical upgrade of MEDS that is both ACA compliant and that satisfies the design objectives as communicated in the Seven Standards guidance from CMS. The specific deliverables and milestones that follow in this Scope of Work must be met by the project team selected.

Given the time and resources constraints of this project, and the need for ACA and HIX system readiness by January 2014, MVA administrators have decided it is most prudent to select a phased development strategy which leaves total migration of all program logic and data as an ongoing deliverable. This is the outcome pointed to by the results of MVA's requirements analysis, feasibility studies, and alternatives analysis, which took into account cost, risk, existing and desired technical resources, staffing considerations, and various other program factors. Ultimately, in order to be ACA compliant, all deliverables from both Phase 1 and Phase 2 must be completed by January 2015.

2.2.1. Global Project Deliverables

The following project deliverables shall be made available throughout the duration of the contract.

Project Management

- A joint Project Management Office (PMO) will be established for this project, with participating representatives from DHH MVA, the Contractor's executive staff, and, if available, IV&V support personnel procured through a separate RFP from this one. DHH MVA staff will provide guidance and oversight regarding high level deliverables, and applicable deadlines as enforced by CMS. The Contractor's designated Project Manager (PM) will be required to provide project management activities as described in this section.
- Project management of the Systems Development Life Cycle (SDLC) for this project must be conducted with appropriate rigor and industry best practices. MVA requires that the Contractor have a Project Management Professional (PMP) certified PM participating in the established joint PMO, or demonstrate that the participating PM has industry equivalent experience.
- All change control processes or other adjustments to the scope of this project shall proceed only with the approval of the joint PMO and its MVA administrative staff representatives.
- The Contractor PM shall be responsible for incorporating approved scope changes approved by the joint PMO into the project plan, and assess the likely impact on project timelines and deliverables. Changes that are approved by DHH MVA in joint PMO meetings shall be documented and incorporated into the project plan.
- The Contractor PM shall assist MVA administrators in creating a readiness assessment of the current Medicaid Eligibility Operations Environment, and work with the joint PMO to create a change management plan for augmenting the current operations environment to support the new solution, including the necessary hardware adjustments (server capacity, bandwidth, etc.) and communicating new business processes to the eligibility field analysts and other relevant stakeholders.

- The Contractor's PM and other relevant support staff are required to attend a weekly joint PMO meeting; the calendar for these meetings will be established prior to contract beginning.
- The Contractor PM shall be responsible for defining a detailed project work plan in accordance with the high level guidelines provided by DHH MVA. An ongoing assessment of the work plan and its milestones shall be presented at weekly meetings of the joint PMO.
- The Contractor PM shall be responsible for issues management as it relates to unexpected gaps in the development of this project. DHH MVA will make available SME's as necessary for the Contractor to address and mitigate project issues.
- The Contractor PM shall be responsible for risk management, identifying all risks but in particular scope creep, inability to meet project deadlines, inability to meet budget constraints, inability for particular staff members to meet their responsibilities, or any other activities that prevent deliverables completion. A risk assessment and plan of mitigation shall be provided at weekly meetings of the joint PMO.
- The Contractor PM shall be responsible for quality management, including creating and implementing testing plans, quality assurance (QA) standards, QA metrics, and ongoing continuous quality improvement efforts. A review of QA metrics, measurement, and control shall be presented at weekly meetings of the joint PMO.

Hosting/Hardware Expectations

- DHH MVA anticipates that the solution to this project will be hosted from the Louisiana Department of Administration Information Services Building. Contractor should note in their pricing the hardware cost necessary to implement each of the following at the DOA ISB:
 - Relational database servers with enough scalable capacity to capture records of 1.2 million existing Medicaid recipients, approximately 600,000 additionally expected recipients due to the ACA, and other related case records for non-active recipients.
 - Networking and server infrastructure required to support an SOA with the operational requirements laid out in this RFP and within the resources library.
 - Server requirements for BRE proposed by Contractor in their solution.
- Contractor shall submit with their proposal a technical architecture for their hardware environment that satisfies the standards in Attachment VII: Proposed Solution Technical Requirements included in this RFP. The proposed technical architecture must additionally be able to offer legacy support of the existing operations environment as described in Attachment VI: DCFS Technical Environment.

Testing

- As part of the quality management deliverable detailed in this section, the Contractor shall be responsible for the testing and intended operation of all hardware and software.
- All custom software modules shall be subject to unit testing prior to deployment; Contractor shall devise and implement a unit testing plan prior to developing specific modules.
- Test plans and use cases shall be created by the Contractor for the purpose of performing integration or global-scope testing.
- All software code that has passed unit and integration testing shall additionally be subject to system testing. A test plan that includes error handling, performance, compatibility, usability, and load testing must be presented by the Contractor on an ongoing basis to the joint PMO for approval.
- Based on the above plan, Contractor must perform load testing of their solution in the production environment, and meet satisfactory performance standards as defined by the joint PMO.
- User Acceptance Testing will be performed by DHH MVA personnel; Contractor shall make available system documentation as a testing standard, as well as a means of reporting errors to the Contractor in a systematic fashion with a testing and remediation log.

2.2.2. Phase 1 Deliverables

Time frame of Phase 1: Contract Begin Date through June 30, 2013

The Phase 1 Deliverables for this project shall be divided into 2 major categories:

1. Implementation of the following software products:

- **Business Rules Engine/Orchestration Engine**
A business rules engine is required for this project to meet the requirements of its high level goals. MVA does not have a specific BRE it wishes the Contractor to purchase and implement, but rather requests that the Contractor note the BRE it wishes to implement with an assessment of how it will affect project planning costs, timelines, risk, and quality management. An orchestration engine is interpreted here as a high-level or integrated form of BRE that chains together or otherwise coordinates the outputs of multiple services or modules in an SOA; it is not required, but vendors may include it as part of their technical approach if they feel its benefits are worth the associated and

documented costs (note costs in the optional section as described on the sample cost worksheet).

- **Notice Generation/Correspondence Software**
Notices are currently generated by a support system ancillary to MEDS. A fully automated recipient correspondence solution that is accurate, consistent, and effective shall be purchased and implemented by the Contractor as part of their proposed solution. Correspondence software shall be rule-driven and compliant with state and CMS program regulations while remaining individually relevant and unique to the recipient.
- **SQL Server Relational Database Licenses**
DHH MVA requires that all application modules in this project be based on Microsoft SQL Relational Database Management System. New systems, such as ACA compliant program logic, should rely on Microsoft SQL RDBMS at the beginning of development. Additionally, all existing records and program logic from phase 2 must be converted to the Microsoft SQL RDBMS format (see, "Data Conversion" in Phase 2).
- **Procurement**
For each of the above software products, the Contractor shall propose a certified price for the product as part of their proposal. DHH MVA may use the certified price secured by the Contractor at the proposed vendor or reseller specified by the Contractor to purchase the software license.

NOTE: the software tools used for Phase 1 shall be perpetually licensed to DHH MVA for the life of the system. State reserves the right to purchase software from an existing state contract if pricing is better.

2. Labor:

Familiarization with Current system documentation and architecture

- MVA recognizes that an entirely new software environment ultimately will be necessary. As per the Seven Standards guide, MVA is proposing to implement a modular Service-Oriented Architecture (SOA) as the common architectural framework for the MEDS upgrade. The advantage of SOA lies in the fact that discrete modules of software code with exposed methods and Application Programming Interfaces (APIs) can operate independently from one another, but comprise an entire system in their common operation. Modules may be revised without compromising operations of the entire system while affording significant flexibility for future enhancements to MEDS. Additionally, MVA is not inherently dependent on a single vendor or contractor for procuring custom software development once the initial SOA framework has been implemented. In addition to satisfying the Modularity Standard of the Seven Standards guide, another critical benefit of SOA architecture is that it easily lends itself to intra- and interagency data sharing arrangements as called for by the Interoperability Condition by virtue of its

exposed APIs.

Service Oriented Architecture

- Define and implement a SOA Standard for Data Communication – The Contractor must define and implement a Service-Oriented Architecture platform serving as the data communications standards and protocols which the proposed solution will adopt, both within internal MVA operations as well as web services that are exposed as part of inter-agency interoperability. Such interoperability must explicitly meet the criteria necessary for ACA compliant data-sharing and satisfy all data consumption and operations needs of a Health Insurance Exchange operating in the state of Louisiana. Contractor shall be responsible for documenting and making available the necessary technical information required by other agencies and their supporting contractors (including other contractors supporting MVA on internal projects) for the use, design, and any other necessary technical criteria required for consuming MEDS web services. Finally, the implemented SOA platform must include legacy support of the existing mainframe, allowing authorized agents access to legacy data merely by making calls to web services and passing arguments. MVA also requires migration of its existing data storage methods to a relational database backend, accessed by modular software code operating in the common SOA via a standardized set of security and validation protocols. Just as with the current mainframe, four database tiers will be required: development, user acceptance testing, and training and live production data systems. Disaster planning and data integrity will be addressed as a significant component of the proposed solution.
- The system shall be designed to make use of a master data management system, the Master Patient Index (MPI), for the purpose of sharing reusable data elements such as providers and clients operating across human service agencies in Louisiana. Contractor shall note in their technical approach the nature of their proposed integration point for the MPI system in their solution.
- ACA Compliance – A Phase 1 deliverable, the Contractor shall use the above architecture components to implement ACA compliant program logic. This new development work will take advantage of those architecture features discussed in the CMS guidance to achieve full ACA compliance by January, 2014, with system readiness demonstrated in January, 2013. This will include the necessary web services as needed for connectivity to the federal Health Insurance Exchange as well as offering real-time presumptive eligibility to Medicaid applicants. Additionally, the system must be robust enough to honor the “no wrong door” policy of accessing and applying for Medicaid services in a variety of locations and public contexts.
- All methods for invoking services within the Contractor’s proposed SOA shall be thoroughly documented such that external technical staff could support or augment its functioning, or use an API or its equivalent for the purpose of data sharing and/or integration.

Decoupled Web Presentation Layer (Front-End)

- Create and implement a web-enabled presentation layer – Presentation layer must constitute an entirely new graphical “look and feel” that embraces contemporary web design standards as put in place in other state government Medicaid operations venues. Web presentation layer design must include both the internal MEDS analyst screens, as well as the public facing Online Medicaid Application (OLA). Web presentation layer must be de-coupled from program logic, and must interface both with the new hardware architecture outlined in this document as well as the legacy MEDS systems. Web presentation layer must also be Section 508 compliant for members of the public with disabilities and also interoperable across all major web browser types such as, but not limited to, the latest versions of Internet Explorer, Mozilla Firefox, Google Chrome, and Apple Safari. The current online application is available online; further details regarding MEDS screens can be found in the resources library.

Training

- The Contractor shall generate system documentation describing the decoupled web presentation layer user interface in detail. The system documentation shall also demonstrate standard workflow procedures using the new user interface. All business functionality offered by the new user interface shall be defined in this documentation, and be made available as a searchable help index. This documentation shall additionally be provided as an online help feature available within the system.
- Existing DHH Medicaid staff trainers or their designees shall be trained by the Contractor in areas of enhanced and new development; state trainers will then use these resources for the purpose of training field staff. Training shall be conducted on-site at state offices by qualified Contractor personnel. Contractor will be required to make necessary training materials to state trainers requiring training in new systems.
- Advanced technical training shall be made available by the Contractor with regard to creating and implementing business rules using the Contractor’s proposed BRE. The trainees are expected to be DHH MVA program administrators or their designated support personnel.

Design/Development and integration of Resources component

- Re/Design of the MAS/“Resources” system – MVA currently operates a specialized software module called the “MAS” system; this system specializes in resource assessment for individuals seeking to enter aged, blind and disability related programs. In order to assist in the process of automation, this system must be integrated into the larger MEDS architecture proposed in this project. The Contractor will have to duplicate this functionality within its proposed technical approach. MAS documentation will be available in the resource library.

Design/Development of Business Rules Engine Logic

- Install and configure a Business Rules Engine (BRE) – Contractor must identify a cost-effective, robust BRE solution that capitalizes on the IT guidance of CMS by serving as an external repository of program requirements, logic, and frequently updated policy thresholds such as rates and poverty levels for program qualification. The sets of rules within the rules engine shall be easily manageable by non-technical staff and not require a level of expertise that would hinder the ability to implement, alter, and maintain current and new programs. BRE must allow for rapid, wide scale implementation of policy in a consistent fashion across all MVA programs, and where desired, demonstrate its policy-based enforcement in the context of a particular decision, such as during an appeal or technical audit. MVA finds it highly desirable for an “orchestration” engine, or other similar meta-layer of rules enforcement to be included with the proposed BRE solution. Such an engine, if included, shall be configured to support eligibility analyst best practices and policy procedures in determining program eligibility for applicants to Medicaid. Proposers shall include software licensing and other such costs for the project’s duration in their cost proposals.
- MVA anticipates that the BRE will be customized by the Contractor working with eligibility staff considered to be ‘policy experts’ to create the business logic for evaluating Medicaid coverage. Eligibility staff providing oversight to the process can adjust or input further data as required for those cases that cannot be automatically evaluated by the BRE, though the effort is geared towards reducing the amount of necessary intervention on the part of case workers, provided that key record information is entered regarding the individual applying for benefits. Ongoing business requirements analysis and best practices discovery by Medicaid policy experts is crucial to this effort. Project planning efforts undertaken by the Contractor implementing the BRE will require these planning efforts by policy experts in order to complete a successful design. These efforts will become more essential as the number of Medicaid applicants will dramatically rise due to the establishment of a Health Insurance Exchange (HIX), the increased Federal Poverty Level and expansion of coverage for childless adults, caretakers and parents which makes more people eligible for Medicaid.

Design/Development of Notices

- Install and implement Correspondence Software – MVA currently has a Notices generator that works in conjunction with the printing facility located at its sister agency, the Department of Children and Family Services. The current Notices system has limited access to the data within MEDS, requiring an inefficient amount of effort on the part of analysts to generate form letters to the public informing them of their particular case details and any actions on their part which may be required. As part of this project, the Contractor must identify and configure a COTS solution for automated notices generation and include it as part of its solution, noting any custom work or updates required for its implementation.

Design/Development of Relational Database

- Install, configure and implement a relational database backend – The Contractor must obtain licenses for and configure a relational database backend that will operate within the SOA environment. Database must allow for industry standard scalability, reliability, speed and reporting capabilities. All existing MEDS reports shall be duplicated within the new database environment.

Integration with MMIS ESB

- The Medicaid Management Information System is also undergoing a procurement process; part of the MMIS procurement involves the establishment of a Service Bus. The Contractor will be expected to create a point of integration within their proposed SOA/ESB and the MMIS Service Bus for the purpose of publishing and consuming shared services. If the MMIS ESB is not available in a timely fashion, the Contractor should have alternative plans for independent organization of services, while keeping in mind the department's plans to utilize the MMIS Service Bus when it is operational. This is a required interface unless the Contractor can show that not leveraging the MMIS service bus in this manner would be more cost effective. The Department will also be investing in a department wide Enterprise Service Bus (ESB). The MEDS system will be required to interface with Department's ESB for the purpose of publishing and consuming other necessary shared services in the enterprise.

2.2.3. Phase 2 Deliverables

Phase 2 Deliverables shall be primarily defined as Labor related tasks:

Time frame of Phase 2: July 1, 2013 – January 16, 2015

Design/Development of Business Rules Engine Logic

- The current MEDS mainframe contains approximately 23,000 business rules. While MVA does not anticipate a literal conversion to the BRE of all 23,000 rules, it is necessary that all existing Medicaid program logic be converted from the existing mainframe to the new BRE environment. Operations and policies must be proven to be consistently applied in the old and new systems during UAT testing and program audits. Any software tools used for this process shall be licensed to DHH MVA for the life of the system.

Design/Development of Notices

- Contractor must implement and configure a COTS solution in conjunction with the SOA for generating mailed notices to Medicaid recipients, with all generated notices utilizing the printing and mailing services provided by DCFS. Notices must also be available to Medicaid applicants/ enrollees via the state Medicaid Web Portal.

Data Conversion

- The Microsoft SQL RDBMS implemented in Phase 1 shall be populated with all existing records for Medicaid recipients on the current MEDS mainframe. This shall include the design and operation of any and all ETL processes necessary for migration, as well as any other data hygiene procedures needed to satisfy quality management as addressed in weekly joint PMO meetings.

Business Logic Migration

- Once the architecture as described in this section is put into place, and legacy operation is working in concert with ACA compliant programs as designed during Phase 1, the Contractor must migrate all records and business rules from the current Natural/ADABAS mainframe into the new MEDS architecture developed in Phase 1, with any and all maintenance required of Phase 1 components such that enrollment operations continue unabated. The current mainframe platform will cease to be used by DHH MVA, and the Contractor shall ensure that all hardware components and software are fully operational on Medicaid hardware systems by January, 2015.
- Data shall be made available by state-side IT resources to the Contractor in a staging area such that production databases do not suffer performance degradation during any ETL processes.

- Data hygiene issues must be addressed within the quality management plan of the Contractor's PM. Before migration begins, and as part of ongoing project planning, data hygiene considerations, including risk and issues management, must be presented at the weekly joint PMO meeting with mitigation alternative of project progress is impeded. DHH MVA shall make available technical support SME's regarding existing systems as necessary to mitigate issues.

Interagency Data Sharing Connections

- The current data exchange interfaces utilized in MEDS must be integrated into the overall architecture as developed in Phase 1 as described in the scope overview of this RFP.

Additionally, the Contractor shall adhere to the following:

2.2.4. General Requirements

- The Contractor may perform work outside the Baton Rouge area, but at a minimum, must make bi-monthly visits to Baton Rouge and additional visits when appropriate, as determined by the Department.
- Facilitate and document Joint Applications Design (JAD) sessions in order to gather requirements for system enhancement design, development and implementation.
- The Contractor shall communicate with DHH/Application Project Leaders and Managers, DHH Medicaid Program/User Staff and other personnel when necessary in order to understand agency requirements and priorities.
- The Contractor shall assign staff members possessing the knowledge, skills, and abilities to successfully perform assigned tasks. The Contractor's key personnel assigned to this contract shall not be replaced without the written consent of the Department. Such consent shall not be unreasonably withheld or delayed provided an equally qualified replacement is offered.
- In the event that any Contractor personnel become unavailable due to resignation, illness or other factors (excluding assignment to a project outside this contract), not within the Contractor's reasonable control, the Contractor shall be responsible for providing an equally qualified replacement in time to avoid delays in the agreed upon completion of projects and work order implementation dates.
- The Contractor shall provide training to Eligibility Systems Section staff and/or end users in the use of the new enhanced system.
- Weekly Management Report – This report shall be provided weekly and must give a summary of the progress of the development and design of the system enhancements, as well as risks, issues impeding progress, and plans for remediation of all such issues.

- The Contractor shall provide design specifications for all system enhancements prior to beginning work on the enhancement. Approval of the specification is needed from the Medicaid Project Manager or designee before work is to begin on the work order.
- The Contractor is responsible for installing all software required for the implementation of the contract and this cost must be included as part of the cost proposal.
- The Contractor is also required to provide all maintenance, upgrades and daily operation of all installed software for the life of the contract. This cost must be included in the cost proposal.
- All original software code created and implemented as part of this project by the contractor shall remain the exclusive property of DHH MVA.

2.2.5. Programmatic Requirements

- The Contractor shall design software solutions that are consistent with the requirements of the Affordable Care Act, CMS's "Seven Standards", and all applicable Title XIX CFR's governing Medicaid services as defined in the purpose and Statement of Work of this RFP.

2.2.6. Operations Requirements

- All correspondence between the Contractor and DHH shall comply with current HIPAA standards.

2.2.7. Staffing Requirements/Qualifications

- The Contractor shall provide qualified personnel (as defined in Section 3.13:7) to perform the tasks necessary to provide the required system enhancements.
- All Key Staff members must be approved by DHH MVA prior to the contract's beginning.
- The Contractor shall assign staff members who possess the knowledge, skills, and abilities to successfully perform assigned tasks. At a minimum, the Contractor's staff must have the following:
 - Ability to understand complex business problems
 - Medicaid business or equivalent public healthcare experience
 - Wide variety of Software AG and IBM technical skills
 - Understanding of Business Rules Engine Technology
 - Understanding of the underlying technical architecture
 - Communication with other project stakeholders as defined by MVA

- The Contractor’s key personnel assigned to this contract shall not be replaced without the written consent of the Department. Such consent shall not be unreasonably withheld or delayed provided an equally qualified replacement is offered.
- In the event that any Contractor personnel become unavailable due to resignation, illness or other factors (excluding assignment to a project outside this contract), not within the Contractor’s reasonable control, the Contractor shall be responsible for providing an equally qualified replacement in time to avoid delays in the agreed upon completion of projects and implementation dates.
- The Contractor will provide a qualified Project Manager to manage the overall project.

a. Contractor Project Management Team

- i. Management of this project will be overseen by a joint PMO as defined in the Global Deliverables: Project Management section of this document.
- ii. The ongoing development and progress of this project will be overseen by the State Medicaid Director and his designees, comprising an executive team of three (3) senior administrators. This leadership team operates in the broader institutional context of the Louisiana Department of Health and Hospitals, which has a dedicated CIO and IT division providing some oversight and recommendations regarding the nature of this and other large-scale IT systems. MVA anticipates that a wide variety of SMEs will serve as stakeholders and information providers on this project, ranging from the Medicaid Eligibility Management Team consisting of Section Chiefs and Assistant Section Chiefs of the Eligibility Policy Section, Eligibility Supports Section, Eligibility Field Operations and Eligibility Systems Section; field office supervisors; eligibility analysts; MMIS administrators; current contractors providing MEDS customization, support, and ancillary system, design; representatives from state agencies with whom MVA will collaborate via data sharing agreements; and possibly in some cases, members of the public sector , advocates or ombudsmen.

b. Contractor Staff National Background Check

- i. All temporary, permanent, subcontracted, part-time and full-time Contractor staff working on Louisiana Medicaid contracts must have a national criminal background check within the twelve months prior to starting work on the contract. The results shall include all felony convictions and shall be submitted to DHH for review prior to the staff’s start of work on the contract.
- ii. Any employee with a background unacceptable to DHH must be prohibited from working on this contract or immediately removed from the project by the Contractor. Examples of felony convictions that are unacceptable include but are not limited to those convictions that

represent a potential risk to the security of data systems and/or Protected Health Information (PHI), potential for healthcare fraud, or pose a risk to the safety of Department employees.

- iii.** The national criminal background checks must also be performed, at a minimum, every two (2) years for all temporary, permanent, subcontracted, part-time and full-time Contractor staff working on this contract beginning with the 25th month following contract effective date. The Contractor will be responsible for all costs to conduct the criminal background checks.
- iv.** The Contractor shall provide the results of the background checks, in a report upon its completion, to DHH on only those employees currently employed on the contract. The format of the report shall be approved by DHH and shall include all copies of background checks as an appendix to the report.
- v.** The Contractor must ensure that all entities or individuals, whether defined as “Key Personnel” or not, performing services under this contract are not “Ineligible Persons” to participate in the Federal health care programs or in Federal procurement or non-procurement programs or have been convicted of a criminal offense that falls within the ambit of 42 U.S.C 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible. Exclusion lists include the Department of Health and Human Services/ Office of Inspector General List of Excluded Individuals/Entities (available via the internet at <http://www.oig.hhs.gov>) and the General Services Administration’s List of Parties Excluded from Federal Programs (available via the Internet at <http://www.epls.gov>).
- vi.** All temporary, permanent, subcontract, part-time and full-time Contractor staff working on this contract must complete an annual statement that includes an acknowledgement of confidentiality requirements and a declaration as to whether the individual has been convicted of a felony crime or has been determined an “Ineligible Person” to participate in Federal healthcare programs or in Federal procurement or non-procurement programs.
- vii.** The Contractor shall keep the individual statements on file and submit a comprehensive list of all current staff in an annual statement to DHH, indicating if the staff stated they were free of convictions or ineligibility referenced above.
- viii.** If the Contractor has actual notice that any temporary, permanent, subcontract, part-time, or full-time Contractor staff has become an “Ineligible Person” the Contractor shall remove said personnel immediately from any work related to this contract and notify DHH on the same date the notice of a conviction or ineligibility is received. For felony convictions, DHH will determine if the individual should be removed from the contract project permanently.

2.2.8. Record keeping requirements

- System documentation shall be provided by the Contractor at least monthly or when requested by the MVA Project Manager assigned to this project. This documentation shall be sent electronically. The documentation must reflect any enhancements that are made to the system and reflect the current functionality of the system. The Contractor must ensure that documentation is readable and perform any document conversion necessary for DHH to accept submitted documentation.

2.2.9. Reporting Requirements

- The Contractor shall provide a monthly status report to the contract monitor in electronic format. The report shall provide a record of the activity for the prior month. The report is to be provided each month by close of business three (3) days following the end of the reporting period. Details shall include the status of outstanding work to be completed, their priority in relation to other outstanding issues, and their estimated time of completion. The report must identify work that has been recently completed as well as the number of hours worked and the staff person who completed the task. The report must include tasks that are delayed and the reason for the delay along with risk factors and strategy for reducing or eliminating future risks.
- The Contractor must create ad hoc (on demand) reports as requested by DHH MVA management.

2.2.10. Contract Initiation

- The initiation period shall begin after both parties sign the contract and continue through the contract start date. All costs incurred during the initiation period are the responsibility of the Contractor. The Contractor shall be responsible for all initial and recurring costs required for access to DHH systems, as well as DHH access to the Contractor's systems. These costs include, but are not limited to, hardware, software, licensing, authority/permission to utilize any patents, annual maintenance, support and connectivity with DHH.
- The Contractor has overall responsibility for the timely and successful completion of each of the initiation period tasks outlined in the bulleted items below, as determined by the DHH Contract Monitor. The Contractor is responsible for clearly specifying and requesting information needed from DHH and other DHH contractors in a manner that does not delay the schedule of work to be performed.
- DHH and the Contractor will shall communicate during the initial contract start-up phase to:
 - Define project management and reporting schedules

- Establish communication protocols between DHH and the contractor
 - Establish contact with DHH contractors
 - Establish a schedule for key activities and milestones, and
 - Clarify expectations for the content and format of Contract Deliverables
- The initiation plan must include, but is not limited to the following:
 - Schedule with key milestones
 - Outline of procedures to be followed during the implementation period
 - Identification of key issues that need to be addressed during the implementation period
 - Identification of the key issues and activities related to implementation that must be performed prior to beginning the implementation period
 - Identification of roles and responsibilities and clear expectations for contractor and DHH staff
 - Point of contact and procedures for managing problems or issues during the initiation period and
 - Contingency plan for failed initiation of services
- If any of the organizational or key personnel information has changed since the response to the RFP, the Contractor must update and provide this information to DHH no later than the contract execution date. The same is applicable to any subcontractor information.
- The Contractor shall accept into its system any and all necessary data files and information available from DHH or its contractors. The Contractor must install and test all hardware, software, and telecommunications required to support the contract. The Contractor shall define and test modifications to the Contractor's system(s) required to support the business functions of the contract.
- The Contractor shall produce data extracts and receive data transfers and transmissions as identified and required during joint project planning with DHH.
- If any error or deficiencies are evident related to executing the project plan as discussed and agreed upon in joint planning sessions, the contractor shall develop resolution procedures to address the problem identified.
- The Contractor shall provide DHH, or designated contractor, with test data files for systems and interface testing for all external interfaces.
- The Contractor must clearly define and document the policies and procedures that will be followed to support day-to-day systems activities.
- The Contractor must develop, and submit for DHH review and approval, the following information no later than 30 days after the contract is signed by the

Contractor: Disaster Recovery Plan, Business Continuity Plan and Systems Quality Assurance Plan.

2.2.11. Transition Requirements

Transition is defined as those activities that the Contractor is required to perform upon termination of the contract in situations in which the Contractor must transition contract operations to DHH or a third party. The transition requirements in this Section are applicable upon any termination of the contract: 1) initiated by the contractor, 2) initiated by DHH, or 3) at the expiration of the contract period and any extensions.

- In the event the contract is terminated for any reason, the contractor shall:
 - Comply with all terms and conditions stipulated in the contract until the termination effective date.
 - Comply with direction provided by DHH to assist in the orderly transition of equipment, services, software, leases, etc. to DHH or a third party designated by DHH.
- Contractor must provide a turnover plan within 6 months of contract start date, unless other appropriate timeframes have been mutually agreed upon by both the Contractor and DHH. The Contractor shall address the turnover of records and information maintained by the Contractor. The **transition** plan must be a comprehensive document detailing the proposed schedule, activities and resource requirements associated with the **transition** tasks. The **transition** plan must be approved by DHH.
- If the contract is not terminated by written notification, the contractor shall propose a **transition** plan six months prior to the end of the contract period, including any extensions to such period. The contractor shall address the possible turnover of the records and information maintenance to either DHH or a third party designated by DHH. The **transition** plan must be a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the transition tasks. The transition plan must be approved by DHH.
- As part of the transition plan, the contractor must provide DHH with copies of all relevant member data, documentation, or other pertinent information necessary, as determined by DHH, for DHH or a subsequent contractor to assume the operational activities successfully. This includes correspondence, documentation of ongoing outstanding issues, and other operations support documentation. The contractor will describe the contractor's approach and schedule for transfer of all data and operational support information as applicable. The information must be supplied in media and format specified by DHH and according to the schedule approved by DHH.
- Thirty (30) days following turnover of operations, the Contractor must provide DHH with a transition results report documenting the completion and results of

each step of the transition plan. Transition will not be considered complete until this document is approved by DHH.

- The Contractor also must pay any and all additional costs incurred by DHH that are the result of the contractor's failure to provide the requested records, data or documentation within the time frames agreed to in the transition plan.
- The Contractor must maintain all files and records related to Medicaid Recipients until the resolution of all litigation, financial management review or audit pertaining to the contract. The Contractor must agree to repay any valid, undisputed audit exceptions taken by DHH in any audit of the contract.

2.3. Liquidated Damages

- 1) In the event the Contractor fails to meet the performance standards specified within the contract, the liquidated damages defined below may be assessed. If assessed, the liquidated damages will be used to reduce the Department's payments to the Contractor or if the liquidated damages exceed amounts due from the Department, the Contractor will be required to make cash payments for the amount in excess.
 - a. Failure to meet contractually required deadlines for Phase 1 or Phase 2 deliverables - \$2,000 per working day.
 - b. Late submission of any required report - \$50 per working day, per report.
 - c. Failure to fill vacant contractually required key staff positions within 30 days - \$500 per working day from 31st day of vacancy until filled with an employee approved by the Department.
 - d. Failure to maintain all client files and perform all file updates according to the requirements in the contract, as evidenced in client files when reviewed during monitoring site visit - \$1,000 per occurrence.
 - e. Late submission of invoices beginning 10 business days after the stated due date - \$50 per working day per invoice.
 - f. Late completion of task previously agreed upon target date - \$50 per working day, per task.
 - g. Inadequate testing by the contractor of system components to ensure that state requirements are being met and components are error free - \$500 per occurrence.
 - h. Failure to maintain thorough, accurate, and up-to-date system documentation - \$50 per working day per document
- 2) The decision to impose liquidated damages may include consideration of some or all of the following factors:
 - a. The duration of the violation;
 - b. Whether the violation (or one that is substantially similar) has previously occurred;
 - c. The Contractor's history of compliance;
 - d. The severity of the violation and whether it imposes an immediate threat to the health or safety of the consumers;
 - e. The "good faith" exercised by the Contractor in attempting to stay in compliance.

2.4. Retainage

- 1) For each phase of the project, DHH MVA will retain 10% of all paid invoices. The 10% retainage will be paid to the contractor once the joint PMO deems the deliverables to be satisfactory based on the requirements as expressed below:
 - a. For Phase 1, deliverables shall be deemed satisfactory once the Contractor is able to support the current operations environment with the legacy support portion of their solution to the satisfaction of the joint PMO AND they meet CMS's established criteria of system readiness, including provisional real-time eligibility decision making, for enrolling the newly expanded group of eligible Medicaid recipients described in Section 2001(a)(1) of the Affordable Care Act.
 - b. For Phase 2, deliverables shall be deemed satisfactory once the Contractor has migrated all existing MVA eligibility records and business logic onto the new solution platform to the satisfaction of the joint PMO AND MVA receives federal certification from CMS that eligibility operations satisfactorily integrates with the Louisiana Health Insurance Exchange, or in lieu of an operating exchange, then certification of system readiness of the completed solution by CMS.

2.5. Fraud and Abuse

- 1) The Contractor shall have internal controls and policies and procedures in place that are designed to prevent, detect, and report known or suspected fraud and abuse activities.
- 2) Such policies and procedures must be in accordance with state and federal regulations. Contractor shall have adequate staffing and resources to investigate unusual incidents and develop and implement corrective action plans to assist the Contractor in preventing and detecting potential fraud and abuse activities.

2.6. Technical Requirements

The Contractor must maintain hardware and software compatible with current DHH minimum hardware requirements which are as follows:

- IBM compatible PC
- Intel Core i5 or equivalent (or compatible successors)
- 4 Gig of RAM memory (minimum)
- Enough spare USB ports to accommodate thumb drives, etc.
- 250GB Hard Drive (minimum)
- Ethernet LAN interface for laptop and desktop PCs

- 19" WXGA Digital Flat Panel LCD monitor with DVI (minimum)
- Printer compatible with hardware and software required
- High speed internet with email
- DVD\CD ROM
- Windows XP, SP3 or later version of operating system (minimum)
- Windows Internet Explorer 8.0 (or later)
- Microsoft Office 2007 or later
- Appropriate firewalls for internet security
- Compliant with industry-standard physical and procedural safeguards for confidential information (NIST 800-53A, ISO 17788, etc.).
- A local area network (LAN) conforming to the IEEE 802.3 standard Ethernet topology using RJ-45 unshielded twisted pair (UTP) cabling, 10/100/1000 Mbps Ethernet Network Interface Card (NIC) that allows basic Broadband network connection (min 768Kbps – 1.5Mbps)
- A LAN operating system that supports the Internet Protocol (IP) transmission services. The Contractor should obtain a block of IP addresses from the InterNIC regulatory agency.
- An electronic mail software package that is compatible with Microsoft Exchange 2007 equivalent and also supports the standard Simple Mail Transport Protocol (SMTP) for Internet based email exchange or its equivalent and is FIPS 140-2 compliant.
- A terminal emulation software package installed on each personal computer workstation that provides IBM 3270 terminal emulation capability or its equivalent.
- A file transfer software package installed on the network server which provides an appropriate means to transfer secure and/or encrypted documents using an industry accepted SFPT or other secure transfer protocol over the TCP/IP based WAN or its equivalent (PGP, CoreFTP or CuteFTP clients are recommended).
- A workstation and network-based anti-virus software package that provides protection from most computer software virus programs or its equivalent. (Recommendations are Symantec Antivirus, McAfee Antivirus or Trend-Micro Antivirus or other state approved product).

- Access to all systems should be secured through the use of complex User ID's and passwords and all systems should be configured based on industry standards and best practices and in tandem with the Office of Information Technology (OIT) Technical Standard/Procedure. See Attachment VII for details.
- DHH is transitioning to NSA-recommended password settings as an in-between step before migrating to the even stricter OIT standards. The transition includes the following password settings:
 - Minimum Password Age: 1 day;
 - Minimum Password length: 12 characters;
 - Account Lockout Duration: 15 minutes; and
 - Account Lockout Threshold: 50
- Regular and frequent updates of the virus definitions and security parameters of these software applications shall be established and administered.
- A web browser that is equal to or surpasses Microsoft Internet Explorer v7.0 and is capable of resolving JavaScript and ActiveX scripts.
- Each workstation shall have a desktop compression/encryption application that is FIPS 140-2 compliant.
- All workstations, laptops and portable communication devices shall be installed with full disk encryption software.

The State will provide no in-house resources other than telecommunication link to mainframe. Any long distance cost for this link will be the responsibility of the Contractor.

MEDS is a management information system that maintains records of individuals eligible for Medicaid services. The system is written in Software AG's Natural language, and utilizes the ADABAS database. MEDS was designed using a three-tier architecture approach, separating out the User Interface, Business Logic, and Data Access components. MEDS maintains about 3,420,904 person records, over 1,757,815 case records and all other supporting records for a combined allocated space of some 600 gigabytes. The MEDS application has over 39,375 Natural modules. The Natural/Construct CASE tool is used to aid in code generation and used for automatic inclusion of some of the System Wide Facilities components (e.g. Security). Some of the Construct components, or models, used in MEDS were customized by contract staff specifically for the MEDS application. The Natural/Predict tool is used to maintain the data dictionary and provides a facility for creation and maintenance of online help screens. The online components of MEDS execute under control of IBM's transaction manager software called CICS (Custom Information Control System). The system has in excess of 1500 users who connect to MEDS via a 3270 terminal (or 3270 terminal emulator). The batch components execute under the direct control of the MVS (Multiple Virtual Storage) operating system. Using the MVS/TSO (Time Sharing Option) editor, developers create and maintain JCL (Job Control Language) objects. These objects control aspects of batch JOB execution and

output generation. All production JOBS are executed under the control of DCFS Operations staff and their automated scheduling tools, however, JOB sequencing and identification of dependencies is the responsibility of the MEDS maintenance Contractor.

The Contractor shall be responsible for procuring, supplying, installing, configuring, and maintaining the local area network (LAN), computers, computer hardware, and computer software located at the processing site. In addition, should the Contractor decide to have more than one processing site, the Contractor is responsible for procuring, supplying, installing, configuring, and maintaining the wide area network (WAN) connecting the additional processing sites according to the recommended telecommunications specifications. Either point-to-point dedicated network connections, frame-relay connections or other high speed data line supporting the TCP/IP telecommunications protocol are recommended.

The Contractor shall develop, test and maintain a Disaster Recovery and Business Continuity Plan (DR/BCP) and procedures to allow them to continue to deliver essential business functions despite damage, loss or disruption of information technology due to the unexpected occurrence of a natural or man-made emergency or disaster.

The DR/BCP must be submitted to DHH for approval at time of proposal. The plans shall include: Risk Assessment, Business Impact Analysis, Alignment to Business Strategy, Alignment to Business Continuity Strategy, and Testing and Updating Plans.

2.7. Subcontracting

The Contractor shall not contract with any other party for furnishing any of the work and professional services required by the contract without the express prior written approval of the Department. The Contractor shall not substitute any subcontractor without the prior written approval of the Department. For subcontractor(s), before commencing work, the contractor will provide letters of agreement, contracts or other forms of commitment which demonstrates that all requirements pertaining to the contractor will be satisfied by all subcontractors through the following:

- 1) The subcontractor(s) will provide a written commitment to accept all contract provisions.
- 2) The subcontractor(s) will provide a written commitment to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract.

2.8. Insurance Requirements

Insurance shall be placed with insurers with an A.M. Best's rating of no less than A-: VI. This rating requirement shall be waived for Worker's Compensation coverage only.

1) *Contractor's Insurance*

The Contractor shall not commence work under this contract until it has obtained all insurance required herein. Certificates of Insurance, fully executed by officers of the

Insurance Company shall be filed with the Department for approval. The Contractor shall not allow any subcontractor to commence work on subcontract until all similar insurance required for the subcontractor has been obtained and approved. If so requested, the Contractor shall also submit copies of insurance policies for inspection and approval of the Department before work is commenced. Said policies shall not be canceled, permitted to expire, or be changed without thirty (30) days notice in advance to the Department and consented to by the Department in writing and the policies shall so provide.

2) *Compensation Insurance*

Before any work is commenced, the Contractor shall obtain and maintain during the life of the contract, Workers' Compensation Insurance for all of the Contractor's employees employed to provide services under the contract. In case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers' Compensation Insurance for all the latter's employees, unless such employees are covered by the protection afforded by the Contractor. In case any class of employees engaged in work under the contract at the site of the project is not protected under the Workers' Compensation Statute, the Contractor shall provide for any such employees, and shall further provide or cause any and all subcontractors to provide Employer's Liability Insurance for the protection of such employees not protected by the Workers' Compensation Statute.

3) *Commercial General Liability Insurance*

The Contractor shall maintain during the life of the contract such Commercial General Liability Insurance which shall protect Contractor, the Department, and any subcontractor during the performance of work covered by the contract from claims or damages for personal injury, including accidental death, as well as for claims for property damages, which may arise from operations under the contract, whether such operations be by the Contractor or by a subcontractor, or by anyone directly or indirectly employed by either of them, or in such a manner as to impose liability to the Department. Such insurance shall name the Department as additional insured for claims arising from or as the result of the operations of the Contractor or its subcontractors. In the absence of specific regulations, the amount of coverage shall be as follows: Commercial General Liability Insurance, including bodily injury, property damage and contractual liability, with combined single limits of \$1,000,000.

4) *Licensed and Non-Licensed Motor Vehicles*

The Contractor shall maintain during the life of the contract, Automobile Liability Insurance in an amount not less than combined single limits of \$1,000,000 per occurrence for bodily injury/property damage. Such insurance shall cover the use of any non-licensed motor vehicles engaged in operations within the terms of the contract on the site of the work to be performed thereunder, unless such coverage is included in insurance elsewhere specified.

5) *Subcontractor's Insurance*

The Contractor shall require that any and all subcontractors, which are not protected under the Contractor's own insurance policies, take and maintain insurance of the same nature and in the same amounts as required of the Contractor.

2.9. Resources Available To Contractor

The Department of Health and Hospitals, Medical Vendor Administration/Eligibility Systems Section will have an assigned staff member who will be responsible for primary oversight of the contract. This individual will schedule meetings to discuss progress of activities and problems identified.

2.10. Contact Personnel

All work performed by the Contractor will be monitored by the contract monitor:

Robynn Schifano
Department of Health and Hospitals
Medical Vendor Administration
Eligibility Systems Section
628 North Fourth Street, 6th Floor
Baton Rouge, Louisiana 70802
Phone: (225-342-6398)
Email: Robynn.Schifano@la.gov

The contract shall commence on or near the date approximated in the Schedule of Events. The term of this contract is for a period of thirty-six (36) months from April 1, 2012 until April 1, 2015. The continuation of this contract is contingent upon the appropriation of funds by the legislature to fulfill the requirements of the contract. The continuation of this contract is contingent upon the appropriation of funds by the legislature to fulfill the requirements of the contract.

2.11. Payment

The Contractor shall submit deliverables for review, and in some cases UAT, in accordance with timelines established by the joint PMO. Payments to the contractor will be made for deliverables completed to the satisfaction of the joint PMO; the Contractor should note in the completed cost worksheet the specific costs of each deliverable. Independent of approval of deliverables by the joint PMO, 10% of the total contract payment will be held in retainage until federal certification of the solution as implemented is received by DHH MVA from CMS; please see 4.4.3: Retainage for more detail. Payment of all invoices is subject to approval of Robynn Schifano, MEDS contract monitor.

3. PROPOSALS

3.1. General Information

This section outlines the provisions which govern determination of compliance of each proposer's response to the RFP. The Department shall determine, at its sole discretion, whether or not the requirements have been reasonably met. Omissions of required information shall be grounds for rejection of the proposal by the Department.

3.2. Contact After Solicitation Deadline

After the date for receipt of proposals, no proposer-initiated contact relative to the solicitation will be allowed between the proposers and DHH until an award is made.

3.3. Code of Ethics

Proposers are responsible for determining that there will be no conflict or violation of the Ethics Code if their company is awarded the contract. The Louisiana Board of Ethics is the only entity which can officially rule on ethics issues.

3.4. Rejection and Cancellation

Issuance of this solicitation does not constitute a commitment by DHH to award a contract or contracts. The Department reserves the right to reject all proposals received in response to this solicitation.

In accordance with the provisions of LA R.S. 39:2182, in awarding contracts after August 15, 2010, any public entity is authorized to reject a proposal or bid from, or not award the contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any state felony or equivalent federal felony crime committed in the solicitation or execution of a contract or bid awarded under the laws governing public contracts under the provisions of Chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950, professional, personal, consulting, and social services procurement under the provisions of Chapter 16 of this Title, or the Louisiana Procurement Code under the provisions of Chapter 17 of this Title.

3.5. Award Without Discussion

The Secretary of DHH reserves the right to make an award without presentations by proposers or further discussion of proposals received.

3.6. Assignments

Any assignment, pledge, joint venture, hypothecation of right or responsibility to any person, firm or corporation should be fully explained and detailed in the proposal. Information as to the experience and qualifications of proposed subcontractors or joint ventures should be included in the proposal. In addition, written commitments from any subcontractors or joint ventures should be included as part of the proposal.

3.7. Proposal Cost

The proposer assumes sole responsibility for any and all costs associated with the preparation and reproduction of any proposal submitted in response to this RFP, and shall not include this cost or any portion thereof in the proposed contract price

3.8. Ownership of Proposal

All proposals become the property of the Department and will not be returned to the proposer. The Department retains the right to use any and all ideas or adaptations of ideas contained in any proposal received in response to this solicitation. Selection or rejection of the offer will not affect this right. Once a contract is awarded, all proposals will become subject to the Louisiana Public Records Act.

3.9. Procurement Library/Resources Available to Proposer

Department program manuals and pertinent Federal and State regulations as well as other materials are available for review at the following web address:

<http://www.dhh.louisiana.gov/offices/page.asp?id>

3.10. Proposal Submission

- 1) All proposals must be received by the due date and time indicated on the Schedule of Events. Proposals received after the due date and time will not be considered. It is the sole responsibility of each proposer to assure that its proposal is delivered at the specified location prior to the deadline. Proposals which, for any reason, are not so delivered will not be considered.
- 2) Proposer shall submit one (1) original hard copy (The Certification Statement must have original signature signed in ink), and should submit eight (8) hard copies of the proposal and one (1) electronic copy (cd or flash drive) of the entire proposal, and may submit one (1) redacted copy of the proposal (cd or flash drive) . No facsimile or emailed proposals will be accepted. The cost proposal and financial statements should be submitted separately from the technical proposal; however, for mailing purposes, all packages may be shipped in one container.
- 3) Proposals must be submitted via U.S. mail, courier or hand delivered to:

If courier mail or hand delivered:

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 N 4th Street, 5th Floor
Baton Rouge, LA 70802

If delivered via US Mail:

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support

P.O. Box 1526
Baton Rouge, LA 70821-1526

3.11. Proprietary and/or Confidential Information

- 1) Pursuant to the Louisiana Public Records Act (La. R.S. 44.1 et. seq.), all public proceedings, records, contracts, and other public documents relating to this RFP shall be open to public inspection. Proposers should refer to the Louisiana Public Records Act for further clarification.

3.12. Proposal Format

- 1) An item-by-item response to the Request for Proposals is requested.
- 2) There is no intent to limit the content of the proposals, and proposers may **include any additional information deemed pertinent. Emphasis should be on** simple, straightforward and concise statements of the proposer's ability to satisfy the requirements of the RFP.

3.13. Requested Proposal Outline:

- Introduction/Administrative Data
- Work Plan/Project Execution
- Technical Approach/SDLC
- Relevant Corporate Experience
- Personnel Qualifications
- Additional Information
- Corporate Financial Condition
- Cost and Pricing Analysis

3.14. Proposal Content

- 1) Proposals should include information that will assist the Department in determining the level of quality and timeliness that may be expected. The Department shall determine, at its sole discretion, whether or not the RFP provisions have been reasonably met. The proposal should describe the background and capabilities of the proposer, give details on how the services will be provided, and shall include a breakdown of proposed costs. It should also include information that will assist the Department in determining the level of quality and timeliness that may be expected. Work samples may be included as part of the proposal.
- 2) Proposals should address how the proposer intends to assume complete responsibility for timely performance of all contractual responsibilities in accordance with federal and state laws, regulations, policies, and procedures.
- 3) Proposals should define proposer's functional approach in providing services and identify the tasks necessary to meet the RFP requirements of the provision of services, as outlined in Section II.

4) Introduction/Administrative Data

- a. The introductory section should contain summary information about the proposer's organization. This section should state proposer's knowledge and understanding of the needs and objectives of DHH Medical Vendor Administration/Eligibility Systems Section as related to the scope of this RFP. It should further cite its ability to satisfy provisions of the Request for Proposal.
- b. This introductory section should include a description of how the proposer's organizational components communicate and work together in both an administrative and functional capacity from the top down. This section should contain a brief summary setting out the proposer's management philosophy including, but not limited to, the role of Quality Control, Professional Practices, Supervision, Distribution of Work and Communication Systems. This section should include an organizational chart displaying the proposer's overall structure.
- c. This section should also include the following information:
 - i. Location of Active Office with Full Time Personnel, include all office locations (address) with full time personnel.
 - ii. Name and address of principal officer;
 - iii. Name and address for purpose of issuing checks and/or drafts;
 - iv. For corporations, a statement listing name(s) and address(es) of principal owners who hold five percent interest or more in the corporation.
 - v. If out-of-state proposer, give name and address of local representative; if none, so state;
 - vi. If any of the proposer's personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and social security number;
 - vii. If the proposer was engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state;
 - viii. Proposer's state and federal tax identification numbers; and
 - ix. Veteran/Hudson Initiative: Proposer should demonstrate participation in Veteran Initiative and Hudson Initiative Small Entrepreneurships or explanation if not applicable. (See Attachment I)
- d. The following information must be included in the proposal:
 - i. Certification Statement: The proposer must sign and submit an original Certification Statement (See Attachment II).

5) Work Plan/Project Execution

The proposer should articulate an understanding of, and ability to effectively implement services as outlined within Section II of the RFP. In this section the proposer should state the approach it intends to use in achieving each objective of the project as outlined, including a project work plan and schedule for implementation. In particular, the proposer should:

- a. Provide a written explanation of the organizational structures of both operations and program administration, and how those structures will support service implementation. Individual components should include plans for supervision, training, technical assistance, as well as collaboration as appropriate.
- b. Provide a strategic overview including all elements to be provided.
- c. Demonstrate an ability to hire staff with the necessary experience and skill set that will enable them to effectively meet the needs of consumers served.
- d. Demonstrate an understanding of, and ability to implement, the various types of organizational strategies to be integrated within the day to day operations, which are critical in organizing their functioning and maximizing productivity.
- e. Demonstrate knowledge of services to be provided and effective strategies to achieve objectives and effective service delivery.
- f. Describe approach and strategy for project oversight and management.
- g. Articulate the need for, and the ability to implement, a plan for continuous quality improvement; this includes (but is not limited to) reviewing the quality of services provided and staff productivity.
- h. Demonstrate an understanding of and ability to implement data collection as needed.
- i. Explain processes that will be implemented in order to complete all tasks and phases of the project in a timely manner, as outlined within Section II.
- j. Articulate the ability to develop and implement a Disaster Recovery and Business Continuity plan in the event of an emergency event.
- k. Refer to specific documents and reports that can be produced as a result of completing tasks, to achieve the requested deliverables.
- l. Identify all assumptions or constraints on tasks.
- m. Discuss what flexibility exists within the work plan to address unanticipated problems which might develop during the contract period.
- n. If the proposer intends to subcontract for portions of the work, the proposer should include specific designations of the tasks to be performed by the subcontractor.

- o. Document procedures to protect the confidentiality of records in DHH databases, including records in databases that may be transmitted electronically via e-mail or the Internet.

6) Technical Approach/SDLC

The proposer should discuss their proposed approach to this project with regard to the technical challenges they anticipate, and how the proposed SDLC will be able to respond to those challenges. Specifically, proposers should define:

- a. The management/development approach exercised by the proposer.
- b. The technical architecture of the proposed solution as seen at a high level.
- c. The specific criteria of the proposer's SDLC and how it will be executed with regard to this specific two phase project, including but not limited to the following SDLC activities:
 - i. Initiation
 - ii. Design/Architecture
 - iii. Development
 - iv. Testing
 - v. Implementation
 - vi. Maintenance/Warranty

7) Relevant Corporate Experience

- a. The proposal should indicate the firm has a record of prior successful experience in the design and implementation of the services sought through this RFP. Proposers should include statements specifying the extent of responsibility on prior projects and a description of the projects scope and similarity to the projects outlined in this RFP. All experience under this section should be in sufficient detail to allow an adequate evaluation by the Department. The proposer should have, within the last 24 months completed a similar type project. Proposers should give at least two customer references for projects completed in at least the last 24 months. References should include the name, email address and telephone number of each contact person.
- b. In this section, a statement of the proposer's involvement in litigation that could affect this work should be included. If no such litigation exists, proposer should so state.

8) Personnel Qualifications

- a. The purpose of this section is to evaluate the relevant experience, resources, and qualifications of the proposed staff to be assigned to this project. The experience of proposer's personnel in implementing similar services to those to be provided under this RFP will be evaluated. Proposer should also include a statement of its ability to **commit full time key personnel for the full term of the contract and its plan for doing so**. The adequacy of personnel for the proposed project team will be evaluated on the basis of project tasks assigned, allocation of staff, professional skill mix, and level of involvement of personnel.

- b.** Proposers should state job responsibilities, workload and lines of supervision. An organizational chart identifying individuals and their job titles and major job duties should be included. The organizational chart should show lines of responsibility and authority.
- c.** Job descriptions, including the percentage of time allocated to the project and the number of personnel should be included and should indicate minimum education, training, experience, special skills and other qualifications for each staff position as well as specific job duties identified in the proposal. Job descriptions should indicate if the position will be filled by a sub-contractor.
- d.** Key personnel and the percentage of time directly assigned to the project should be identified.

- e. Résumés of all known personnel should be included. Resumes of proposed personnel should include, but not be limited to:
 - Experience with proposer,
 - Previous experience in projects of similar scope and size.
 - Educational background, certifications, licenses, special skills, etc.
- f. If subcontractor personnel will be used, the proposer should clearly identify these persons, if known, and provide the same information requested for the proposer's personnel.

9) Additional Information

As an appendix to its proposal, if available, proposers should provide copies of any policies and procedures manuals applicable to this contract, inclusive of organizational standards or ethical standards. This appendix shall also include a copy of proposer's Disaster Recovery and Business Continuity Plan (DR/BCP), as outlined in the Technical Requirements Section of this RFP.

10) Corporate Financial Condition

- a. The organization's financial solvency will be evaluated. The proposer's ability to demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources as required during performance under this contract will be considered.
- b. Proposal should include for each of the last three (3) years, copies of financial statements, preferably audited, including at least a balance sheet and profit and loss statement, or other appropriate documentation which would demonstrate to the Department the proposer's financial resources sufficient to conduct the project.

11) Cost and Pricing Analysis

- a. Proposer shall specify costs for successful completion of deliverables. Proposal shall include all anticipated costs of successful implementation of all deliverables outlined. An item by item breakdown of costs shall be included in the proposal.
- b. Proposers shall submit the breakdown in a similar format to the attached sample cost template form (See Attachment V) for each year of the contract to demonstrate how cost was determined.
- c. Proposers shall include software license certified pricing and other such costs for the project's duration in their cost proposals.
- d. Optional software product costs shall be noted in the cost worksheet, but not included as part of the total cost for the purposes of scoring. These optional costs are for informational purposes only, and will not serve as criteria during the

scoring and evaluation of the RFP.

- e. While payment will be deliverables based, Contractor should also note their staffing plan in their proposed solution, including the number of staff and hours committed to the project. This information should be itemized for each proposed deliverable.

3.15. Evaluation Criteria

The following criteria will be used to evaluate proposals:

- 1) Evaluations will be conducted by a Proposal Review Committee.
- 2) Evaluations of the financial statements will be conducted by a member of the DHH Fiscal Division.
- 3) Scoring will be based on a possible total of 110 and the proposal with the highest total score will be recommended for award.

4) **Cost Evaluation:**

- a. The proposer with the lowest total cost shall receive 25points. Other proposers shall receive points for cost based upon the following formula:

$$\text{CPS} = (\text{LPC}/\text{PC}) * 25$$

CPS = Cost Proposal Score

LPC = Lowest Proposal Cost of all proposers

PC = Individual Proposal Cost

- b. The assignment of the 25 points based on the above formula will be calculated by a member of the DHH Contracts Office staff.

5) **Evaluation Criteria and Assigned Weights:**

Introduction/Understanding of RFP	5
Work Plan/Project Execution	20
Technical Approach	15
Corporate Experience	5
Qualification of Personnel	15
Financial Statements	5
Cost	25
Hudson Veterans Initiative	10
Total	100
On-Site Presentations/Demonstrations	10
Maximum Awardable Points	110

3.16. On-Site Presentations/Demonstrations

- 1) The Department may select those proposers reasonably susceptible of receiving an award for an on-site presentation and/or demonstration for final determination of contract award. On-site presentations/demonstrations will allow the selected proposers to demonstrate their unique capability to provide the services requested in the RFP.

- 2) Proposers selected for on-site presentations/demonstrations should:
- Provide a strategic overview of services to be provided,
 - Summarize major strengths,
 - Demonstrate flexibility and adaptability to handle both anticipated and unanticipated changes,
 - If possible, have the project manager and key personnel in attendance to provide their view of the partnership envisioned with the Department.
- 3) An additional 10 points may be awarded as a result of the on-site presentation/demonstration.

3.17. Announcement of Award

The Department will award the contract to the proposer with the highest graded proposal and deemed to be in the best interest of the Department. All proposers will be notified of the contract award. The Department will notify the successful proposer and proceed to negotiate contract terms.

4. CONTRACTUAL INFORMATION

- 4.1. The contract between DHH and the Contractor shall include the standard DHH contract form CF-1 (Attachment 3) including a negotiated scope of work, the RFP and its amendments and addenda, and the Contractor's proposal. The attached CF-1 contains basic information and general terms and conditions of the contract to be awarded.
- 4.2. Mutual Obligations and Responsibilities: The state requires that the mutual obligations and responsibilities of DHH and the successful proposer be recorded in a written contract. While final wording will be resolved at contract time, the intent of the provisions will not be altered and will include all provisions as specified in the attached CF-1 (Attachment 3).
- 4.3. Retainage-The Department, shall secure a retainage of 10% from all billings under the contract as surety for performance. On successful completion of contract deliverables, including all components of the Transition Plan, the retainage amount may be released on project phase basis.
- 4.4. In addition, to terms of the CF-1 and supplements, the following will be incorporated into the contract awarded through this RFP:
- 1) Personnel Assignments: The Contractor's key personnel assigned to this contract may not be replaced without the written consent of the Department. Such consent shall not be unreasonably withheld or delayed provided an equally qualified replacement is offered. Key personnel for these purposes will be determined during contract negotiation.

- 2) Force Majeure: The Contractor and the Department are excused from performance under contract for any period they may be prevented from performance by an Act of God, strike, war, civil disturbance, epidemic or court order.
- 3) Order of Precedence: The contract shall, to the extent possible, be construed to give effect to all provisions contained therein; however, where provisions conflict, the intent of the parties shall be determined by giving a first priority to provisions of the contract excluding the RFP and the proposal; second priority to the provisions of the RFP; and third priority to the provisions of the proposal.
- 4) Entire Agreement: This contract, together with the RFP and addenda issued thereto by the Department, the proposal submitted by the Contractor in response to the Department's RFP, and any exhibits specifically incorporated herein by reference constitute the entire agreement between the parties with respect to the subject matter.
- 5) Board Resolution/Signature Authority: The Contractor, if a corporation, shall secure and attach to the contract a formal Board Resolution indicating the signatory to the contract is a corporate representative and authorized to sign said contract.
- 6) Warranty to Comply with State and Federal Regulations: The Contractor shall warrant that it shall comply with all state and federal regulations as they exist at the time of the contract or as subsequently amended.
- 7) Warranty of Removal of Conflict of Interest: The Contractor shall warrant that it, its officers, and employees have no interest and shall not acquire any interest, direct or indirect, which conflicts in any manner or degree with the performance of services hereunder. The Contractor shall periodically inquire of its officers and employees concerning such conflicts, and shall inform the Department promptly of any potential conflict. The Contractor shall warrant that it shall remove any conflict of interest prior to signing the contract.
- 8) If the Contractor is a corporation, the following requirement must be met prior to execution of the contract:
 - a. If a for-profit corporation whose stock is not publicly traded. The Contractor must file a Disclosure of Ownership form with the Louisiana Secretary of State.
 - b. If the Contractor is a corporation not incorporated under the laws of the State of Louisiana-the Contractor must obtain a Certificate of Authority pursuant to R.S. 12:301-302 from the Louisiana Secretary of State.
 - c. The Contractor must provide written assurance to the agency from contractor's legal counsel that the Contractor is not prohibited by its articles of incorporation, bylaws or the laws under which it is incorporated from performing the services required under the contract.

ATTACHMENTS:

- I. HUDSON/ VETERAN INITIATIVE
- II. CERTIFICATION STATEMENT
- III. DHH STANDARD CONTRACT FORM (CF-1)
- IV. HIPAA
- V. SAMPLE COST BREAKDOWN TEMPLATE
- VI. DCFS TECHNICAL ENVIRONMENT
- VII. PROPOSED SOLUTION TECHNICAL REQUIREMENTS
- VIII. MINIMUM QUALIFICATIONS REQUIREMENTS

**Minimum Required Language - Request For Proposal (RFP)
Veteran-Owned and Service-Connected Small Entrepreneurships (Veteran
Initiative) and Louisiana Initiative for Small Entrepreneurships (Hudson
Initiative) Programs**

Participation of Veteran Initiative and Hudson Initiative small entrepreneurships will be scored as part of the technical evaluation.

The State of Louisiana Veteran and Hudson Initiatives are designed to provide additional opportunities for Louisiana-based small entrepreneurships (sometimes referred to as LaVet's and SE's respectively) to participate in contracting and procurement with the state. A certified Veteran-Owned and Service-Connected Disabled Veteran-Owned small entrepreneurship (LaVet) and a Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) small entrepreneurship are businesses that have been certified by the Louisiana Department of Economic Development. All eligible vendors are encouraged to become certified. Qualification requirements and online certification are available at https://smallbiz.louisianaforward.com/index_2.asp.

Ten percent (10%) of the total evaluation points on this RFP are reserved for proposers who are themselves a certified Veteran or Hudson Initiative small entrepreneurship or who will engage the participation of one or more certified Veteran or Hudson Initiatives small entrepreneurships as subcontractors.

Reserved points shall be added to the applicable proposers' evaluation score as follows:

Proposer Status and Reserved Points

- Proposer is a certified small entrepreneurship: Full amount of the reserved points
- Proposer is not a certified small entrepreneurship but has engaged one or more certified small entrepreneurships to participate as subcontractors or distributors. Points will be allocated based on the following criteria:
 - the number of certified small entrepreneurships to be utilized
 - the experience and qualifications of the certified small entrepreneurship(s)
 - the anticipated earnings to accrue to the certified small entrepreneurship(s)

If a proposer is not a certified small entrepreneurship as described herein, but plans to use certified small entrepreneurship(s), proposer shall include in their proposal the names of their certified Veteran Initiative or Hudson Initiative small entrepreneurship subcontractor(s), a description of the work each will perform, and the dollar value of each subcontract.

During the term of the contract and at expiration, the Contractor will also be required to report Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship subcontractor or distributor participation and the dollar amount of each.

The statutes (R.S 39:2171 *et. seq.*) concerning the Veteran Initiative may be viewed at <http://legis.la.gov/lss/lss.asp?doc=671504>; and the statutes (R.S 39:2001 *et. seq.*) concerning the Hudson Initiative may be viewed <http://legis.la.gov/lss/lss.asp?doc=96265>. The rules for the Veteran Initiative (LAC 19:VII. Chapters 11 and 15) and for the Hudson Initiative (LAC 19:VIII Chapters 11 and 13) may be viewed at <http://www.doa.louisiana.gov/osp/se/se.htm>.

A current list of certified Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship may be obtained from the Louisiana Economic Development Certification System at http://smallbiz.louisianaforward.com/index_2.asp. Additionally, a list of Hudson and Veteran Initiative small entrepreneurship, which have been certified by the Louisiana Department of Economic Development and who have opted to register in the State of Louisiana LaGov Supplier Portal https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?guest_user=self_reg may be accessed from the State of Louisiana Procurement and Contract (LaPAC) Network <http://wwwprd.doa.louisiana.gov/osp/lapac/vendor/srchven.asp>. When using this site, determine the search criteria (i.e. alphabetized list of all certified vendors, by commodities, etc.) and select SmallE, VSE, or DVSE.

Rev. 12/1/11

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including attachments.

OFFICIAL CONTACT. The State requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below: (Print Clearly)

Date	
Official Contact Name	
Email Address	
Fax Number with Area Code	
Telephone Number	
Street Address	
City, State, and Zip	

Proposer certifies that the above information is true and grants permission to the Department to contact the above named person or otherwise verify the information I have provided.

By its submission of this proposal and authorized signature below, proposer certifies that:

1. The information contained in its response to this RFP is accurate;
2. Proposer accepts the procedures, evaluation criteria, contract terms and conditions, and all other administrative requirements set forth in this RFP.
3. Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP.
4. Proposer's quote is valid for at least 120 days from the date of proposal's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have 10 business days from the date of delivery of initial contract in which to complete contract negotiations, if any, and execute the final contract document. The Department has the option to waive this deadline if actions or inactions by the Department cause the delay.
6. Proposer certifies, by signing and submitting a proposal for \$25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133. (A list of parties who have been suspended or debarred can be viewed via the internet at www.epls.gov)

Authorized Signature: _____
 (Original signature only. Photocopy and/or electronic not accepted.)

Typed or Printed Name: _____

Title: _____

Company Name: _____

CFMS:
DHH:
AGENCY #

**CONTRACT BETWEEN STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS**

AND

FOR

Personal Services Professional Services Consulting Services Social Services

1) Contractor (Legal Name if Corporation)	5) Federal Employer Tax ID# or Social Security # (11 digits)
2) Street Address	6) Parish(es) Served
City and State	Zip Code
3) Telephone Number	7) License or Certification #
4) Mailing Address (if different)	8) Contractor Status Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No Corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No For Profit: <input type="checkbox"/> Yes <input type="checkbox"/> No Publicly Traded: <input type="checkbox"/> Yes <input type="checkbox"/> No
City and State	Zip Code
	8a) CFDA#(Federal Grant #)

9) **Brief Description Of Services To Be Provided:**
Include description of work to be performed and objectives to be met; description of reports or other deliverables and dates to be received (when applicable). In a consulting service, a resume of key contract personnel performing duties under the terms of the contract and amount of effort each will provide under terms of contract should be attached.

10) Effective Date	11) Termination Date
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12) This contract may be terminated by either party upon giving thirty (30) days advance written notice to the other party with or without cause but in no case shall continue beyond the specified termination date.

13) **Maximum Contract Amount**

14) **Terms of Payment**
If progress and/or completion of services are provided to the satisfaction of the initiating Office/Facility, payments are to be made as follows: (stipulate rate or standard of payment, billing intervals, invoicing provisions, etc.). Contractor obligated to submit final invoices to Agency within fifteen (15) days after termination of contract.

PAYMENT WILL BE MADE ONLY UPON APPROVAL OF:	Name	
	Title	Phone Number

15) **Special or Additional Provisions which are incorporated herein, if any (IF NECESSARY, ATTACH SEPARATE SHEET AND REFERENCE):**

During the performance of this agreement, the Contractor hereby agrees to the following terms and conditions:

1. Contractor hereby agrees to adhere as applicable to the mandates dictated by Titles VI and VII of the Civil Rights Act of 1964, as amended; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; Americans with Disabilities Act of 1990 as amended; the Rehabilitation Act of 1973 as amended; Sec. 202 of Executive Order 11246 as amended, and all applicable requirements imposed by or pursuant to the regulations of the U. S. Department of Health and Human Services. Contractor agrees not to discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, handicap, political beliefs, disabled veteran, veteran status, or any other non-merit factor.
2. Contractor shall abide by the laws and regulations concerning confidentiality which safeguard information and the patient/client confidentiality. Information obtained shall not be used in any manner except as necessary for the proper discharge of Contractor's obligations. (The Contractor shall establish, subject to review and approval of the Department, confidentiality rules and facility access procedures.)
3. The State Legislative Auditor, Office of the Governor, Division of Administration, and Department Auditors or those designated by the Department shall have the option of auditing all accounts pertaining to this contract during the contract and for a three year period following final payment. Contractor grants to the State of Louisiana, through the Office of the Legislative Auditor, Department of Health and Hospitals, and Inspector General's Office, Federal Government and/or other such officially designated body the right to inspect and review all books and records pertaining to services rendered under this contract, and further agrees to guidelines for fiscal administration as may be promulgated by the Department. Records will be made available during normal working hours.

Contractor shall comply with federal and state laws and/or DHH Policy requiring an audit of the Contractor's operation as a whole or of specific program activities. Audit reports shall be sent within thirty (30) days after the completion of the audit, but no later than six (6) months after the end of the audit period. If an audit is performed within the contract period, for any period, four (4) copies of the audit report shall be sent to the Department of Health and Hospitals, Attention: **Division of Fiscal Management, P.O. Box 91117, Baton Rouge, LA 70821-3797** and one (1) copy of the audit shall be sent to the **originating DHH Office.**

4. Contractor agrees to retain all books, records and other documents relevant to the contract and funds expended thereunder for at least four (4) years after final payment or as prescribed in 45 CFR 74:53 (b) whichever is longer. Contractor shall make available to the Department such records within thirty (30) days of the Department's written request and shall deliver such records to the Department's central office in Baton Rouge, Louisiana, all without expense to the Department. Contractor shall allow the Department to inspect, audit or copy records at the contractor's site, without expense to the Department.
5. Contractor shall not assign any interest in this contract and shall not transfer any interest in the same (whether by assignment or novation), without written consent of the Department thereto, provided, however, that claims for money due or to become due to Contractor from the Department under this contract may be assigned to a bank, trust company or other financial institution without advanced approval. Notice of any such assignment or transfer shall be promptly furnished to the Department and the Division of Administration, Office of Contractual Review.
6. Contractor hereby agrees that the responsibility for payment of taxes from the funds received under this contract shall be Contractor's. The contractor assumes responsibility for its personnel providing services hereunder and shall make all deductions for withholding taxes, and contributions for unemployment compensation funds, and shall maintain, at Contractor's expense, all necessary insurance for its employees, including but not limited to automobile insurance, workers' compensation and general liability insurance.

7. Contractor shall obtain and maintain during the contract term all necessary insurance including automobile insurance, workers' compensation insurance, and general liability insurance. The required insurances shall protect the Contractor, the Department of Health and Hospitals, and the State of Louisiana from all claims related to Contractor's performance of this contract. Certificates of Insurance shall be filed with the Department for approval. Said policies shall not be canceled, permitted to expire, or be changed without thirty (30) days advance written notice to the Department. Commercial General Liability Insurance shall provide protection during the performance of work covered by the contract from claims or damages for personal injury, including accidental death, as well as claims for property damages, with combined single limits prescribed by the Department.
8. In cases where travel and related expenses are required to be identified separate from the fee for services, such costs shall be in accordance with State Travel Regulations. The contract contains a maximum compensation which shall be inclusive of all charges including fees and travel expenses.
9. No funds provided herein shall be used to urge any elector to vote for or against any candidate or proposition on an election ballot nor shall such funds be used to lobby for or against any proposition or matter having the effect of law being considered by the legislature or any local governing authority. This provision shall not prevent the normal dissemination of factual information relative to a proposition or any election ballot or a proposition or matter having the effect of law being considered by the legislature or any local governing authority. Contracts with individuals shall be exempt from this provision.
10. Should contractor become an employee of the classified or unclassified service of the State of Louisiana during the effective period of the contract, Contractor must notify his/her appointing authority of any existing contract with State of Louisiana and notify the contracting office of any additional state employment. This is applicable only to contracts with individuals.
11. All non-third party software and source code, records, reports, documents and other material delivered or transmitted to Contractor by State shall remain the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract. All non-third party software and source code, records, reports, documents, or other material related to this contract and/or obtained or prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract.
12. Contractor shall not enter into any subcontract for work or services contemplated under this contract without obtaining prior written approval of the Department. Any subcontracts approved by the Department shall be subject to conditions and provisions as the Department may deem necessary; provided, however, that notwithstanding the foregoing, unless otherwise provided in this contract, such prior written approval shall not be required for the purchase by the contractor of supplies and services which are incidental but necessary for the performance of the work required under this contract. No subcontract shall relieve the Contractor of the responsibility for the performance of contractual obligations described herein.
13. No person and no entity providing services pursuant to this contract on behalf of contractor or any subcontractor is prohibited from providing such services by the provisions of R.S. 1113 as amended in the 2008 Regular Session of the Louisiana Legislature.
14. No claim for services furnished or requested for reimbursement by Contractor, not provided for in this contract, shall be allowed by the Department. In the event the Department determines that certain costs which have been reimbursed to Contractor pursuant to this or previous contracts are not allowable, the Department shall have the right to set off and withhold said amounts from any amount due the Contractor under this contract for costs that are allowable.
15. This contract is subject to and conditioned upon the availability and appropriation of Federal and/or State funds; and no liability or obligation for payment will develop between the parties until the

contract has been approved by required authorities of the Department; and, if contract exceeds \$20,000, the Director of the Office of Contractual Review, Division of Administration in accordance with La. R.S. 39:1502.

16. The continuation of this contract is contingent upon the appropriation of funds from the legislature to fulfill the requirements of the contract. If the Legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.
17. Any alteration, variation, modification, or waiver of provisions of this contract shall be valid only when reduced to writing, as an amendment duly signed, and approved by required authorities of the Department; and, if contract exceeds \$20,000, approved by the Director of the Office of Contractual Review, Division of Administration. Budget revisions approved by both parties in cost reimbursement contracts do not require an amendment if the revision only involves the realignment of monies between originally approved cost categories.
18. Any contract disputes will be interpreted under applicable Louisiana laws and regulations in Louisiana administrative tribunals or district courts as appropriate.
19. Contractor will warrant all materials, products and/or services produced hereunder will not infringe upon or violate any patent, copyright, trade secret, or other proprietary right of any third party. In the event of any such claim by any third party against DHH, the Department shall promptly notify Contractor in writing and Contractor shall defend such claim in DHH's name, but at Contractor's expense and shall indemnify and hold harmless DHH against any loss, expense or liability arising out of such claim, whether or not such claim is successful. This provision is not applicable to contracts with physicians, psychiatrists, psychologists or other allied health providers solely for medical services.
20. Any equipment purchased under this contract remains the property of the Contractor for the period of this contract and future continuing contracts for the provision of the same services. Contractor must submit vendor invoice with reimbursement request. For the purpose of this contract, equipment is defined as any tangible, durable property having a useful life of at least (1) year and acquisition cost of \$1000.00 or more. The contractor has the responsibility to submit to the Contract Monitor an inventory list of DHH equipment items when acquired under the contract and any additions to the listing as they occur. Contractor will submit an updated, complete inventory list on a quarterly basis to the Contract Monitor. Contractor agrees that upon termination of contracted services, the equipment purchased under this contract reverts to the Department. Contractor agrees to deliver any such equipment to the Department within 30 days of termination of services.
21. Contractor agrees to protect, indemnify and hold harmless the State of Louisiana, DHH, from all claims for damages, costs, expenses and attorney fees arising in contract or tort from this contract or from any acts or omissions of Contractor's agents, employees, officers or clients, including premises liability and including any claim based on any theory of strict liability. This provision does not apply to actions or omissions for which LA R.S. 40:1299.39 provides malpractice coverage to the contractor, nor claims related to treatment and performance of evaluations of persons when such persons cause harm to third parties (R.S. 13:5108.1(E)). Further it does not apply to premises liability when the services are being performed on premises owned and operated by DHH.
22. Any provision of this contract is severable if that provision is in violation of the laws of the State of Louisiana or the United States, or becomes inoperative due to changes in State and Federal law, or applicable State or Federal regulations.

23. Contractor agrees that the current contract supersedes all previous contracts, negotiations, and all other communications between the parties with respect to the subject matter of the current contract.

THIS CONTRACT CONTAINS OR HAS ATTACHED HERETO ALL THE TERMS AND CONDITIONS AGREED UPON BY THE CONTRACTING PARTIES. IN WITNESS THEREOF, THIS CONTRACT IS SIGNED ON THE DATE INDICATED BELOW.

	STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
--	--

SIGNATURE

DATE

SIGNATURE

DATE

NAME

NAME

Secretary, Department of Health and Hospitals or Designee

TITLE

TITLE

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SIGNATURE

DATE

SIGNATURE

DATE

NAME

NAME

TITLE

TITLE

(Rev. 1/04)

HIPAA Business Associate Addendum:

This Business Associate Addendum is hereby made a part of this contract in its entirety as Attachment ___ to the contract.

1. The U. S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), governing the privacy of individually identifiable health information. See 45 CFR Parts 160 and 164 (the “HIPAA Privacy Rule”). The Department of Health and Hospitals, (“DHH”), as a “Covered Entity” as defined by HIPAA, is a provider of health care, a health plan, or otherwise has possession, custody or control of health care information or records.
2. “*Protected health information*” (“PHI”) means individually identifiable health information including all information, data, documentation and records, including but not limited to demographic, medical and financial information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual or payment for health care provided to an individual; and that identifies the individual or which DHH believes could be used to identify the individual.
“*Electronic protected health information*” means PHI that is transmitted by electronic media or maintained in electronic media.
“*Security incident*” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
3. Contractor is considered a Business Associate of DHH, as contractor either: (A) performs certain functions on behalf of or for DHH involving the use or disclosure of protected individually identifiable health information by DHH to contractor, or the creation or receipt of PHI by contractor on behalf of DHH; or (B) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, financial or social services for DHH involving the disclosure of PHI.
4. Contractor agrees that all PHI obtained as a result of this contractual agreement shall be kept confidential by contractor, its agents, employees, successors and assigns as required by HIPAA law and regulations and by this contract and addendum.
5. Contractor agrees to use or disclose PHI solely (A) for meeting its obligations under this contract, or (B) as required by law, rule or regulation or as otherwise permitted under this contract or the HIPAA Privacy Rule.
6. Contractor agrees that at termination of the contract, or upon request of DHH, whichever occurs first, contractor will return or destroy (at the option of DHH) all PHI received or created by contractor that contractor still maintains in any form and retain no copies of such information; or if such return or destruction is not feasible, contractor will extend the confidentiality protections of the contract to the information and limit further uses and disclosure to those purposes that make the return or destruction of the information infeasible.
7. Contractor will ensure that its agents, employees, subcontractors or others to whom it provides PHI received by or created by contractor on behalf of DHH agree to the same restrictions and conditions that apply to contractor with respect to such information. Contractor also agrees to take all reasonable steps to ensure that its employees’, agents’ or subcontractors’ actions or omissions do not cause contractor to breach the terms of this Addendum. Contractor will use all appropriate safeguards to prevent the use or disclosure of PHI other than pursuant to the terms and conditions of this contract and Addendum.
8. Contractor shall, within 3 days of becoming aware of any use or disclosure of PHI, other than as permitted by this contract and Addendum, report such disclosure in writing to the person(s) named in section 14 (Terms of Payment), page 1 of the CF-1.

9. Contractor shall make available such information in its possession which is required for DHH to provide an accounting of disclosures in accordance with 45 CFR 164.528. In the event that a request for accounting is made directly to contractor, contractor shall forward such request to DHH within two (2) days of such receipt. Contractor shall implement an appropriate record keeping process to enable it to comply with the requirements of this provision. Contractor shall maintain data on all disclosures of PHI for which accounting is required by 45 CFR 164.528 for at least six (6) years after the date of the last such disclosure.
10. Contractor shall make PHI available to DHH upon request in accordance with 45 CFR 164.524.
11. Contractor shall make PHI available to DHH upon request for amendment and shall incorporate any amendments to PHI in accordance with 45 CFR 164.526.
12. Contractor shall make its internal practices, books, and records relating to the use and disclosure of PHI received from or created or received by contractor on behalf of DHH available to the Secretary of the U. S. DHHS for purposes of determining DHH's compliance with the HIPAA Privacy Rule.
13. Compliance with Security Regulations:

In addition to the other provisions of this Addendum, if Contractor creates, receives, maintains, or transmits electronic PHI on DHH's behalf, Contractor shall, no later than April 20, 2005:

 - (A) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of DHH;
 - (B) Ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and
 - (C) Report to DHH any security incident of which it becomes aware.
14. Contractor agrees to indemnify and hold DHH harmless from and against all liability and costs, including attorneys' fees, created by a breach of this Addendum by contractor, its agents, employees or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the contract.
15. Notwithstanding any other provision of the contract, DHH shall have the right to terminate the contract immediately if DHH determines that contractor has violated any material term of this Addendum.

Sample Cost Template – Software & Deliverables Cost

Required Software Name	Software License Cost	Software Installation Cost	Annual Software Maintenance (Year 1)	Annual Software Maintenance (Year 2)	Annual Software Maintenance (Year 3)	Required Total Software Cost

Optional Software Name	Software License Cost	Software Installation Cost	Annual Software Maintenance (Year 1)	Annual Software Maintenance (Year 2)	Annual Software Maintenance (Year 3)	Total Optional Software Cost

Deliverable	Date Due	Deliverable Cost	Annual Deliverable Maintenance (Year 1)	Annual Deliverable Maintenance (Year 2)	Annual Deliverable Maintenance (Year 3)	Total Deliverable Cost

Cost Item	Description	Cost
Deliverable 1		
Deliverable 2		
Deliverable <i>n</i>		
Required Software Product 1		
Required Software Product 2		
Required Software Product <i>n</i>		
	TOTAL COST	

DCFS Technical Environment

Computer Center Coverage:

The Department of Children and Family Services, Division of Information Services (DIS) is a 7/24 computer operation providing services to the Department of Children and Family Services (DCFS) and the Department of Health and Hospitals (DHH). The data center supports a lights out environment on weekends and holidays and is only manned from 7 A.M. to 3 P.M. System resources remain available during the unmanned hours; however no support personnel are available. All data center equipment, with the exception of print and file services, is located at a remote site within the Division of Administration's Computer Center at the Information Services Building (ISB).

DIS supports over 50 application systems for both DCFS and DHH. We are networked to 209 parish/state offices, providing on-line services to approximately 10,000 devices, either thru LANET or directly to numerous other state and federal agencies and to selected Contractors providing services to DCFS.

OPERATIONS RECAP (monthly):

Batched Jobs Processed	20,000
Checks Printed	60,000
Total Cartridge Library	200 – 1TB Cartridges
Printer Print Lines	110,000,000

Operating Environment – Division of Administration Office of Computing Services (DOAOCS):

The present computer system consists of:

IBM 2098 Model S03 CPU (803 million instructions per second) with an Integrated Facility for Linux(IFL) – Located at the ISB

- z/OS- V1.11
- z/VM – V6.1
- z/Linux-Suse Enterprise Server for z/Series V10.0
- 64 GB of processor storage
- 117 channels

IBM 2817-406 – (846 million instructions per second) – Located at the DOAOCS in the ISB.

- z/OS V1.11
- 512 GB of processor storage

Tape I/O Sub-system:

The tape I/O environment consists of:

(2) TS3500 IBM ATL

- 2 currently located at the ISB. Waiting on LSU approval to move 1 to LSU Frey Building.
- (4) backend 2592 drivers connected via Fiber Channels writing to 1 TB 3592 cartridges.

Virtual Tape:

(2) TS7700 IBM Virtual Tape Subsystems

- 2 TB of disk cache capacity
- 256 virtual tape drives (3490E)—1 located at ISB and 1 located at LSU Frey Building
- Utilizes the IBM TS3500 for the read/write, migration and recall of virtual volumes.

DASD I/O Sub-system:

1 DS8100 (2107) located at ISB

- 40 TB z/OS
- 10 TB open systems
- Connected to the host via 4 Ficon channel (connected to the DR cpu located at LSU)

1 DS8100 (2107) located at LSU Frey Building.

- 33 TB z/OS
- 7 TB open systems
- Connected to the host via 4 Ficon channel (connected to the DR cpu located at LSU)

Print Operations:

1 – IBM Infoprint 4000

1 – IBM Infoprint 4000 with MICR

Teleprocessing:

There are approximately 6,500 devices in the DCFS communications network. DCFS also supports approximately 4000 devices in the DHH network. The network is built on 6 backbone sites, including the LSU disaster site. Backbone sites are connected to each other via multiple Metro-E links and to end user sites via single 10 MG Metro-E links.

DCFS supports 95 Ethernet LANs in remotes sites. DCFS supports Ethernet LANS at all 6 POP sites.

Connectivity to the mainframe is primarily a direct connection using TN3270. DCFS communicates with other entities via traditional SNA/SNI and FTP. DCFS connects to the Internet via the LANET 16 megabyte Ethernet Switched connection and Microsoft's IE. Secured access is also available through CICSO's Virtual Private Network (VPN).

DCFS supports Louisiana Health Care Authority users via the Louisiana State University Medical Center network, a VTAM/SNI LANET connection.

Uninterruptible Power Supply (UPS)/ Battery:

- Powers eighteen Power Distribution Units (PDUs) throughout the building
- Automatic transfer to battery on interruptions
- Four cabinets each UPS holding forty 12 volt batteries (up to an hour of backup power) total of 160 batteries per UPS
- Batteries individually tested twice a year
- Shower required by OSHA

Generator:

- Three Cummins V-16 diesel engine with OnanGenset
- 1,850 horsepower, output 3-phase 1562 KVA, 1250 KW, 1800 amps
- Only 2 generators required to run building on full load, third generator for redundancy only and is shed after 10 minutes if not needed

- Radiator holds 102 gallons of liquid; Engine holds 179 quarts of oil
- Uses approximately 50 gallons of fuel per hour
- 300 gallon “day” tank of fuel inside for Generator #1 and a 300 gallon “day” tank outside for Generator #2 and #3
- 10,000 gallon fuel tank (approx. four days supply)
- Tanks can be refueled while running
- All electrical circuits in the building are supplied by the generator
- Normally tested monthly

Electrical Switching:

- Transfer switch monitors input for spikes and/or failures
- Generator startup/shutdown sequence is automatic
- Startup triggered in 3 seconds, approximately 10 seconds to stabilize
- All of building is on generator, but not necessarily on the UPS/battery (some lights could be off for 5-10 seconds)
- Generator and switch gear are tested monthly

Building:

- Raised floor space – 15,000 square feet

Proposed Solution Technical Requirements

Hardware Environment:

- The proposed solution shall be hosted at the DOACC ISB as defined in Attachment VI; any proposed technical resources must be compatible with that operations environment. It is expected that the solution will be hosted on a server blade chassis that is introduced in addition to the existing blade server environment. The Contractor must create a detailed blade server hardware specification necessary for hosting their solution, and submit it as part of their technical approach. Contractor should also note their approach to scalability of these resources in response to augmented eligibility operations to meet CMS's criteria regarding the ACA.
- Contractor should note in their technical approach if they are proposing a virtualized server environment to address issues of scalability, upgrades, and redundant operations in the event of system failure.
- Solution shall provide for enterprise level storage, either an enterprise-class SAN or its equivalent. As part of their proposed technical approach, the Contractor must note the technical scope of their proposed SAN, both for accommodating present operations, and also plans for scalability of resources to meet the expected data demands of augmented eligibility operations to meet CMS's criteria regarding the ACA.

Software/Development Environment:

- **Service Oriented Architecture/Enterprise Service Bus:**
 - Contractor should note in their proposal the technical nature of the proposed SOA. Special attention should be given to describing the "platform agnostic" nature of the proposed SOA and its interoperability with legacy systems, and proposed software modules that may be built on

various development platforms but function as exposed services.

Contractor may wish to refer to the SOA technical requirements described by CMS in the resources library for further information.

- The point of integration with the MMIS SOA/ESB shall also be discussed in detail in the Contractor's proposed technical approach.

- **Database Storage**

- Contractor is required to utilize the Microsoft RDBMS and Microsoft SQL as its database format standard.

- **Software Development**

- Contractor shall create any custom software code using the Microsoft Visual Studio 2010 or later software development platform to develop its solution.

- **Third Party Software Products**

- Any related third party software products (including Notices generation and Business Rules Engine software) implemented by the Contractor as part of the proposed solution must be compatible with Microsoft Visual Studio 2010 development platform. Contractor shall also note in their technical approach a remediation plan for non-compatibility of third party software with future coding platforms and operating systems.

- **Business Intelligence**

- Contractor shall note in their technical approach what BI tools they are proposing to use, and how they support and augment existing MEDS reporting tools; preference will be given to de-coupled tools rather than integrated reporting.
- Regardless of BI tool choice, reports must make consistent use of one BI tool rather than a suite of tools.

- **Available Resources**

Contractor should note in the technical approach of their proposal how they will leverage, if applicable, the following technical resources already licensed to MVA

- DataDirect Shadow
- DCFS CICS Gateway

Minimum Qualifications Requirements

It is required that Contractors submitting a proposal to this RFP demonstrate their previous experience and qualifications with the following technologies:

- **Business Rules Engine.** Identifying the BRE that is most suited to a particular business need, implementing it in a particular IT environment, customizing business logic to satisfy the requirements of business operations, and training advanced/administrative staff in the implementation of business rules in a natural language rules interface.
- **Service Oriented Architecture.** Experience defining a platform of services, with documented API for standardized access to calling services and making them available.
- **Real-Time Inter-Agency Data Transfer.** Contractor must have experience implementing and operationalizing data-sharing arrangements with other entities. Data sharing here refers specifically to the consumption of web services or similar methods, as opposed to nightly batch processing.
- **Experience with Microsoft Visual Studio and .NET.** Contractor shall have significant experience and expertise designing, developing, and implementing software tools utilizing the Microsoft Visual Studio platform, preferably the 2010 version. Integration with other solutions similarly using this platform, or integrated as an API, DLL, or other such references within a Visual Studio solution is also required.
- **Legacy Support of ADABAS/Natural.** Contractor shall have demonstrable expertise leveraging legacy resources written in the ADABAS/Natural format.