

Addendum #5
 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 14, 2012
4:00 P. M. CST

Vendor Questions / Department Responses

Vendor Question	DHH MVA Response
What technology is current online application for Medicaid based on?	The current online application is based on a CSS/HTML presentation layer, with a Visual Basic.NET backend. Captured data is then relayed to the Application Suite program maintained by the University of New Orleans, and manually entered into MEDS; this functionality is currently being augmented.
Does MVA have an SDLC (Software Development Lifecycle) we need to comply with?	SDLC for this project is at the discretion of the vendor, but must be agreed upon by the MEDS joint PMO, of which the vendor PM must be a member.
What is product used for ESB for MMIS?	Unknown at this time.
What is technology behind the current text based UI implementation? Approximately how many application screens comprise MEDS system?	The mainframe system is Natural/ADABAS based, operating in an IBM CICS controlled environment. The interfaces themselves are a java-based Telesys emulator running in Internet Explorer. MEDS is currently estimated at 200 application screens.
Can we get the technology implementation details related to interagency systems of LINKS, LEERS, LAMI, SNAP, FITAP, KCSP, LASES, LIS, SIEVS, SSA, SSI, BENDEX, IRS, PARIS, LWC Wage, LDET UCB, LDET Wage, TPL & The Work Number?	These details are available with the respective agencies operating the verification interfaces. Technical details regarding accessing the data in nightly, weekly, monthly, or quarterly batches can be made available by inquiring with the agency or entity offering the data for consumption. In most cases, the data is made available via an FTP site for which credentials are provided; the data must then be parsed into the Contractor's preferred format.
Currently how do these above systems interact with MEDS-MVA eligibility system in terms of the functionality and data access? Is there a deployment or interaction	Field analysts access this data through a variety of means currently. Verification interfaces are available as separate program screens which the analyst accesses. Other interfaces are available through a separate terminal emulator which field analysts must manually access and query.

snapshot available that depicts it?

How is current Notices system implemented? Can we get its technical implementation details and the limited integration it has with MEDS in terms of the functionality?

NiAS, or “Notices” was developed by and currently maintained by the University of New Orleans Medicaid Technical Services Contract. It is one of four major ancillary systems to MEDS: Application Suite, the Electronic Case Record, MAS (Resources), and NiAS itself. Data populates from MEDS via DataDirect’s Shadow middleware into these ancillary systems, where it is then controlled in SQL form and respective code-behind. NiAS has a direct connection to the DCFS print shop for the printing and mailing of notices to recipients.

Are there businesses processes defined or documented that determine the Eligibility system? If so, how many of them are there?

The MEDS system is currently documented in its entirety. Policies, procedures, and other business processes are documented in the Medicaid Online Policy Manual. This is in addition to the ~23,000 business rules that constrain and determine the operation of MEDS. The extent of documentation of these business rules is unknown.

What is the solution being used for Master Patient Index (MPI)?

Unknown at this time.

How is the current Resources system implemented and the technology/product used, since it has to be re-designed and integrated with MEDS?

MAS/Resources was developed by and is maintained by the University of New Orleans. It is written in Visual Basic 2003, and operates on a database that is populated by DataDirect Shadow. It is issued by field analysts making a determination of eligibility for long-term-care and D-related Medicaid programs, where assets must be considered as part of the eligibility decision. Analysts enter assets from a “worksheet” based on information obtained from MEDS and the Application Suite, and use the MAS/Resources software to test against current program requirements. This worksheet should be integrated into the MEDS solution. Further details on MAS can be found in the procurement library.

Are there any testing tools that are currently in use or procured for testing?

No; load testing, unit testing, use case scenario trackers, and other such tools related to quality control must be identified and used by the Contractor.

How is ACA readiness to be demonstrated by January 2013?

System functionality will be demonstrated to CMS based on their published technical criteria. CMS will provide written verification of system readiness once it has met their criteria in a technical audit of the Phase 1 deliverables as it relates to ACA readiness.

What if any identity management solution exists within MVA for user authentication and authorization?

Currently, Active Directory is available within the Medicaid network domain for account and role management, as well as a role management system developed by the University of New

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	Orleans. Legacy systems such as the MEDS mainframe and verification interfaces are password-protected. MEDS also has a Security Subsystem that is managed by Eligibility Systems Section staff. Assignment of MEDS RACF user IDs is handled by DCFS IT security staff.
What is the availability of MEDS Subject Matter Experts throughout the project?	MEDS SME's will be available throughout the entirety of the project; their availability will be coordinated through the MEDS joint PMO.
What reporting tools exist within MEDS?	This information will be found in the MEDS specification library: http://new.dhh.louisiana.gov/index.cfm/page/1189
Is it possible to review source code for MEDS?	Yes, any and all MEDS source code will be made available to the winning Contractor.
Please let us know the count of FTE's currently developing and supporting the legacy system.	Approximately 30 (MVA Eligibility systems and the current maintenance and support contractor')
Will it be possible to access the current applications inventory?	Yes, though no application inventory tools are provided to the Contractor.
Please share the information related to the 3rd party tools, utilities and libraries being used in legacy application for Scheduling.	AutoSys (ZEKE) and AutoMedia (ZARA) are currently used to support job scheduling.
Please share the following information related to the mainframe environment: <ul style="list-style-type: none">- Triggers/Procedures that exist in Adabas database- Any user defined algorithm used for the descriptor (Hyper descriptor/index field)- Programming and Scripting languages in use other than Natural e.g. Easytrieve, SAS, REXX, Assembler, Syncsort, FileAID etc	<ul style="list-style-type: none">- Triggers/procedures can be found in MEDS specification library: http://new.dhh.louisiana.gov/index.cfm/page/1189- See link above.- None known.- See link above.

- Security (Authorization/Authentication) implementation. Is natural security used?

In addition to the ADABAS DB are there any other files required to migrate? What about the archived data of DB or files on tapes?

No other files are required to migrate, but contractor must verify the integrity and data hygiene of MEDS records and those ancillary systems that populate with MEDS data via DataDirect Shadow middleware. Any archived data that is part of the original MEDS that is not currently stored on the mainframe will need to undergo ETL and be included in the new solution; this is expected to be little to no data.

Are there any Proprietary encryption / decryption, compression / decompression logic implemented within the code?

No.

Please share the following information:

- the number of Online Screens
- the number of batch programs
- the number of JCL's / Procedures
- the number of Master files used(VSAM/Sequential)
- the number of Jobs/Reports by periodicity

This info will be found in the MEDS specification library:
<http://new.dhh.louisiana.gov/index.cfm/page/1189>

Is source code available for all the executables?

Yes, any and all MEDS source code will be made available to the winning Contractor.

Would the State consider an alternative solution to the .net architecture/Visual Studio programming platform? Would the State consider an alternative solution to the hosting requirements contained in the

The state is not able to accommodate extensions due to the time-sensitive nature of this project. Given that, the state wishes to point out that Microsoft Visual Studio is required for custom software development and as code behind; while this is usually accompanied by .NET, .NET itself is not a requirement.

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RFP? If so will the State grant a six week extension to the proposal due date?	
Can you tell me the scope of this project?	Please refer to the deliverables descriptions in the RFP for this information.
Can DHH confirm that while offsite work (still within the US) is allowed under this RFP, no work can be completed offshore?	Offsite work is allowed; the major requirement that must be met is that the core project team, especially members of the joint PMO MUST be on site. There are no restrictions on support staff.
What is the budget for this project?	The currently budgeted amount for the project is \$20M, but this is a placeholder until proposals are submitted. The \$20M figure is based on guidance DHH MVA received through the RFI process for the enhancements in the SOW.
Can you please share design details of current Transaction Management?	This info will be found in the MEDS specification library: http://new.dhh.louisiana.gov/index.cfm/page/1189
What is the number of Master files used(VSAM/Sequential)	This info will be found in the MEDS specification library: http://new.dhh.louisiana.gov/index.cfm/page/1189
Does MVA have standards and frameworks like auditing, exception handling, logging, messaging for managing and monitoring processes?	This info will be found in the MEDS specification library: http://new.dhh.louisiana.gov/index.cfm/page/1189
Is there an existing ETL tool which can be reused or whose licenses can be extended?	There is currently no ETL tool in use by DHH MVA; contractor will have to implement a tool of their choice as appropriate to migrating existing records into the new architecture.
Is there an existing Data Cleansing tool which can be reused or whose licenses can be extended?	There is currently no Data Cleansing or other data hygiene related tool in use by DHH MVA.
Are there data masking requirements for the non-production environments. How is the masking handling today and can it be extended to the future. If there is no existing capability, then is there are requirement to purchase a data masking solution?	All development and operations currently operate behind a firewalled intranet domain. This is satisfactory for meeting HIPAA requirements, so long as any staff working on the project also sign confidentiality agreements and perform PHI data best practices. As such, no data masking is required in development environments so long as they fall under the purview above.
How much of history data is required to be migrated. Example: 1 year of history would mean that only patients that have had an	The contents of all records must be migrated in their entirety.

interaction in the last 1 year or later and their interactions of the last 1 year would be migrated.

If all of history data is NOT required to be migrated, is there are requirement to build a data archive in SQL Server or an alternate system?

No separate archive is required.

Is there any requirement to migrate content or unstructured data i.e. BLOB's, CLOB's, multi-byte characters, word/pdf documents, photographs, scanned documents etc?

Currently, MEDS data is all in the Natural/ADABAS format. The Electronic Case Record maintained by UNO contains unstructured data related to Medicaid eligibility. If cost-effective, the Contractor may wish to Migrate this content into their solution rather than integrate with it as an independent Case Activity Log. ECR documents are indexed by recipient SSN and Name.

For all large scale transformation programmes, in our experience a dedicated performance testing environment is also essential Can you please confirm if there is a dedicated performance testing environment?

A variety of performance environments exist for both MEDS and its related ancillary systems currently being used. Load testing and other performance characteristics may be done in these environments. Additionally required testing environments may be established as deemed appropriate by the Contractor.

Can you please share any known issues with the Data quality to help estimate for modifying the business logic for Data quality issues?

Data quality is sufficient for Natural/ADABAS operation, and related access via DataDirect Shadow middleware. No known quality issues exist.

To estimate for the code retrofit during transformation, we would like to get some information about

- Amount and rate of changes in the MEDS system – how many production releases per year, number of production fixes per year etc
- The current ongoing projects that could impact the MEDS replacement programme directly or indirectly

- MEDS is currently maintained by a contractor. Change requests to MEDS functionality are routed through this contractor who performs the updates as necessary during the contract window. There are several updates in developments at any given time, without a planned, staggered release cycle.
- The MMIS replacement is also being conducted during this project's execution, and as mentioned in the RFP, MEDS and MMIS may ultimately integrate their ESB layer.

Please share the full technology stack information for the legacy application covering all products, tools, utilities, libraries etc along with their vendor and version. E.g.

- Programming – Natural Version ?, Cobol (if any), Assembler (if any), Rexx (if any) etc
- Components of Natural – Construct, Predict etc with version
- Database – ADABAS Version?
- Transaction Processing – CICS TS V3.2
- Security – RACF, ACF2, TopSecret etc
- Scheduling – CA-7, OPC, Control-M etc
- Output Management (Report Archiving and Viewing portal) – IBM RMDS, ASG View Direct etc
- Report writing – Natural, Easytrieve, SAS, Batch File AID etc
- Sorting – DFSort, Syncsort etc
- Template based Bill Formatting – IBM CSF etc
- Mainframe Integration – Data Direct Shadow (Components of Shadow and their versions – z/Services, z/Presentation, z/Direct..), CICS Gateway etc

This info will be found in the MEDS specification library:
<http://new.dhh.louisiana.gov/index.cfm/page/1189>

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<ul style="list-style-type: none"> Domain specific libraries / packages – e.g. Tax calculation libraries, Address Validation package etc 	
<p>What systems management and monitoring products are being used at MVA for monitoring .net applications and servers?</p>	<p>.NET applications and their server performance are monitored using Microsoft IT Infrastructure Spotlight</p>
<p>What if any hardware standards are there for servers and storage? Virtualization?</p>	<p>Please see the technical requirements Appendices VI and VII attached to the RFP</p>
<p>What technology is the portal to which notices need to be posted built in?</p>	<p>Currently, notices are physically mailed to recipients, after they have been converted to .PDF format and transmitted to the DCFS print shop. Within the ECR system (written in Visual Studio .NET 2010, SQL 2008, and FileNet) they are stored as .TIFF images. Digital documents are not currently shown to recipients, but this functionality should be included in the new MEDS.</p>
<p>What technology does current Medicaid Application System use to interface with Natural / Adabas?</p>	<p>DataDirect Shadow</p>
<p>Can DHH provide additional detail as to the MDM tool chosen to integrate with the upgraded MEDS solution?</p>	<p>Not at this time; the Contractor’s PM will be included on these discussions as they develop with the joint PMO.</p>
<p>For required changes to MEDS, can DHH confirm if they are part of the vendor scope of work for this RFP, or if they will be undertaken by the current maintenance team?</p>	<p>Maintenance of the current MEDS will be conducted by the MEDS maintenance contractor, not the Contractor selected as a result of this RFP. The contractor is only responsible for maintaining their solution for the duration for the contract.</p>
<p>Can DHH please clarify if a completed Disaster Recovery/Business Continuity Plan is required with submission of the proposal or can a description of the deliverable be included in the proposal since the actual deliverable is due 30 days after the</p>	<p>Submitted proposals should reflect the state schedule of deliverables in section 2.2.10; a completed COOP plan is not required as part of submission.</p>

contract is signed according to section 2.2.10?

Can DHH elaborate on their vendor requirements for security and vulnerability testing including any software licenses available for the MEDS effort or any software preference for this testing? For example, will the vendor be responsible for completing testing and providing results to DHH or will the vendor be responsible only for fixing defects associated with DHH security testing?

Contractor will be responsible for completing testing and submitting the results to DHH MVA.

Can DHH elaborate on their approach to load and performance testing including any software licenses available for the MEDS effort or any software preference for this testing?

DHH MVA has no current software preferred for load testing; Contractor should recommend a solution with their submitted proposal.

Can DHH clarify that the June 30, 2013 date listed under “timeframe of Phase 1” is a checkpoint for Phase 1 moving to UAT to provide adequate testing time to meet the October 1, 2013 implementation date included in the Federal guidelines?

Yes, confirmed.

Can DHH provide the number of notices to be included in the new notices engine and also indicate the number of notices, if any, where redesign is expected as part of this RFP?

There are expected to be 20 categories of notices available for automation; the specifics of each notice are a function of the Medicaid program(s) participated in, and the specific context of the recipient. DHH MVA is imagining that notices are generated as a series of relevant modules, rather than as discrete notice types.

Can DHH provide the products that will be used for ESB services for both the MMIS project as well as the DHH enterprise tool?

The exact product is not known at this time. Contractor will be involved in this dialogue within the joint PMO.

In section 2.2.2, the RFP notes that the contractor is responsible for delivering training to existing DHH

The Contractor will be responsible only for training the DHH Medicaid training staff (less than 20 individuals) that will eventually lead field-based training. The Contractor will not be required to conduct training in the field.

Medicaid staff trainers or their designees. However, in section 2.2.4 it is stated the Contractor shall provide training to Eligibility Systems Section staff and/or end users in the use of the new enhanced system.

Can DHH please clarify the requirement regarding the audience group(s) which the contractor is responsible for training?

Based upon the clarification of the requirement regarding the audience group(s) the contractor is responsible for training, can DHH please provide the number of individuals the audience group(s) consist of?

The RFP lists Training as a Phase 1 deliverable. Can DHH confirm if training should be a Phase 2 deliverable as well?

Yes; training on new systems shall be ongoing as necessary.

Can DHH please confirm the requested duration of software licensing estimates?

All software licenses shall be owned by DHH MVA. Where possible, software licenses should be in perpetuity, without finite duration. For those products that require a finite project life cycle, the cost proposal shall reflect software licenses for a minimum of three years, beginning with their implementation in the solution.

On Page 25, it is stated, “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.” However, on page 28, under Design/Development of a Business Rules Engine Logic, it is stated, “Proposers shall include software licensing and other such

costs for the project’s duration in their cost proposals.” On page 25, under Design/Development of a Business Rules Engine Logic, it is stated, “Any software tools used for this process shall be licensed to DHH MVA for the life of the system. Should proposers cost perpetual licenses, licenses including maintenance through the duration of the contract period, or licenses including maintenance for the life of the system? If for the life of the system, what “lifetime” should be assumed?

The RFP does not include Field Implementation Support services. Can DHH confirm that no field support for implementation is expected to be provided by the vendor?

That is correct; support of field staff is addressed with a separate contractor.

The RFP states, “The Contractor is responsible for installing all software required for the implementation of the contract and this cost...” Can DHH confirm if this includes software that requires root or administrative level access to target servers (e.g. Operating Systems)?

Yes, root level access will be given to the Contractor to install all required software, including operating systems if necessary.

Can DHH confirm that the environments that will be hosted at DOA will include Production, User Acceptance Testing, Load Testing, and Training and that other environments will be hosted by the vendor?

The ISB will host whatever environments the Contractor deems appropriate, so long as it is capable of running within that environment (see Attachments VI and VII).

Can DHH confirm if the "maintenance, upgrades and daily operation of all installed software"

It will include all systems software, COTS, developed, or otherwise.

is intended to include system/server software or is the intent that the vendor will provide these services only for custom developed software and COTS software provided for the application?

The RFP states, "The Contractor must install and test all hardware, software, and telecommunications required to support the contract." Is it DHH's intent that the vendor will be responsible for all infrastructure needs related to the RFP? For example, if new physical servers are required, is it the responsibility of the Contractor to take delivery and physically install the servers at DOA?

Yes, the entire infrastructure backbone is the Contractor's responsibility, including if new servers are required to satisfy deliverable requirements.

Does DHH have any preference in security software for the account creation of internal users?

No preference, so long as it is HIPAA compliant.

Does DHH have any preference in security software for the account creation of external/citizen users?

No preference, so long as it is HIPAA compliant.

On Page 42, the RFP states, "The contractor shall be responsible for procuring, supplying, installing... at the processing site." Can DHH clarify what is meant by 'the processing site'?

The **Information Services Building** (ISB) building will host the physical systems.

Does DHH expect proposers to include proposed modifications and clarifications to Terms and Conditions in their response or will this occur during contract negotiations? If we should provide this information as part of the response, in what section should they be provided?

During contract negotiations, the successful proposer may suggest proposed modifications to terms and condition of the contract, however DHH expects the CF-1 language to remain as written. The CF-1 is included with the RFP.

On page 49, the RFP states

Organizational structures here are meant to define key operations

"Provide a written explanation of the organizational structures of both operations and program administration..." Can DHH please expand upon what is meant by the term "organizational strategies" ?

personnel, their role, and relationships of authority in an organization chart.

Based upon the definition of "organizational strategies", can DHH elaborate on what are the requirement(s) for the organization strategies services the vendor is to provide?

On page 23 of the RFP under the Hosting/Hardware Expectations deliverable, the vendor is asked to note the costs for hardware that will be hosted at DOA ISB and that is needed to support the database, network and rules engine. Could DHH clarify if and where the hardware costs need to be included in the sample cost tables? Do the hardware costs contribute to the total proposal cost that will be used in the evaluation?

Using the sample cost sheet, Contractor shall note where hardware costs are being incurred as a deliverable. These costs are part of the entire project cost proposed by the Contractor.

Can DHH please confirm that contract personnel working off-site will be granted access to the DHH network via dedicated DHH VPN Tunnel between the vendor organization and DHH?

Yes, VPN access to the secure domain will be granted.

Can DHH confirm if the solution will require compliance with NIST SP 800-53 – Recommended Security Controls for Federal Information Systems and Organizations? This is often required if federal funds are used as a source for the program.

If CMS requires it, as we expect they will, then yes. This requirement is a function of CMS certification standards however, to be clear.

Can DHH confirm if the solution

The solution will not contain any FTI. FTI data is accessed through

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will contain any Federal Taxpayer Information (FTI) and therefore be subject to regulations within Publication 1075, Tax Information Security Guidelines for Federal, State and Local Agencies and Entities?	a separate interface, and is not replicated or stored anywhere in MEDS.
Can DHH confirm if the solution will contain any personal health information and therefore be subject to HITECH privacy and security guidelines?	The solution WILL contain PHI, and be subject to all appropriate privacy and security guidelines.
Can DHH confirm if the system will process any credit card information and therefore be subject to PCI-DSS security standards?	No credit card data will be in the system.
Does DHH have video conference capacities that can be used to facilitate and foster off site team collaboration?	Yes, to a limited degree.
Can DHH confirm if on-site space be provided for vendor personnel when located in Baton Rouge? If so, how many spaces will be available for vendor staff?	On-site space for staff will not be available. DHH MVA will make available conference room facilities however for project updates, demos, etc.
What is the pain for LA DHHS if they are not ready for ACA operations?	Failure to receive federal certification, and ultimately federal financial participation in the project and/or censures for DHH MVA.
How long does it take to process a eligibility request currently?	This varies a great deal based on the type of case. C-related eligibility can be processed in as little as a day, while long term care and D-related cases can take weeks to months to determine. Program logic and complexity vary sharply.
How many eligibility requests are being processed today?	DHH MVA receives approximately 1,200 applications for and approximately 800 renewals of eligibility a day; these are calendar days.
Does LA DHHS have a development environment for creation of the required systems for both contract parts (Part 1	Contractor will create a development environment hosted at the ISB.

encapsulate, Part 2 New Development) or is development to be done on contractors environment and porting over to DHHS environment upon acceptance?

Would development in a cloud environment be acceptable to start development quicker? No; all development must take place on servers housed at the ISB. This is to guarantee data privacy and confidentiality, as well as DHH MVA licensing requirements.

DHHS provided a number of 1500 users, please break those down by user type: full time, part time, occasional) Approximately 1,500 FTE Eligibility Analysts and program staff.

Upon completion of Part II - replacement of the existing applications - will the public (non-DHHS employees) have access to and utilize the eligibility system? The public will only access the eligibility system through the Medicaid Online Application and its associated portal to view case status and activity, or through the Health Insurance Exchange which uses MEDS as a web service for determining eligibility.

Does the state have any location preference for delivering the project? Can services be delivered outside U.S? Project work can be done off-site, so long as the project management team is able to come to on-site weekly meetings or on an as-needed basis.

Does the State have any minimum mandatory requirement on the % of contract which needs to be subcontracted as a part of the Hudson/Veteran Initiative? While there are no minimum mandatory requirements, 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 entrepreneurs to participate as subcontractors or distributors. Points will be allocated based on the following criteria:
 - the number of certified small entrepreneurs to be utilized;
 - the experience and qualifications of the certified small entrepreneurship(s); and
 - 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

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	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.
At the Bidder’s Conference, the manual process of eligibility determination was mentioned - Can you provide details on what rules are followed by analysts for manual determination and an approximate number of such rules? Are these part of 23,000 business rules listed in RFP?”	Manual eligibility rules require that analysts consult with a variety of software programs and interfaces to render an eligibility determination. The extent to which this is necessary is a function of the particular case type. This solution will consolidate much of this manual functionality into a consolidated business process, achieving automation to the greatest extent possible.
Do the processes entail interacting with a substantial volume of complex rules? Can we assume 23,000 as the volume of rules to be implemented? Also can you provide Examples of complex business rules	The 23,000 business rules are likely not complex by contemporary industry standards. Program logic will likely be able to be condensed into more complex business rules. It is also possible that the overall amount of business logic will increase due to new ACA-related programs.
Do the processes entail extensive routing based on complex business rules?	If the question refers to workflow routing, such as making action items available in an analyst queue for processing, then yes, though it is hoped that as much automation is achieved as possible.
Is the migration of data from legacy systems, data integration, data hygiene and infrastructure support in scope of this engagement?	Yes.
Does the scope of the RFP include re-engineering/continuous improvement of any of the existing applications (that are already implemented)?	No.
Has MVA determined the priority of the processes to be implemented in the first installment or does it plan to carry out a due diligence exercise for the same?	First phase gives priority to achieving compliance with ACA programs using the new MEDS IT architecture.
What are the languages other than English, Spanish, and Vietnamese to be supported in To-Be (target) system? Can you explain in bit details the term "culturally sensitive"?	These are the only languages planned for inclusion at this time. “Culturally sensitive” refers to customs and colloquialisms being considered as part of an overall communications strategy rather than rote translation, which can unintentionally create barriers to communication.
Does the master data	No.

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management system, that may be used by the 'To-Be system', already exist?	
Apart from project management related reporting, is there any other Reporting Requirement?	Not at this time, though the joint PMO (of which the Contractor PM is a member) may implement additional reporting as deemed necessary.
What are the high level processes that are required to be managed/migrated?	This info will be found in the MEDS specification library: http://new.dhh.louisiana.gov/index.cfm/page/1189
What are the different types of correspondences that are required to be implemented (for e.g. Letter, Fax, Email, etc)?	Refer to the NiAS documentation in the resources library; revised documentation will be provided to the Contractor at project outset.
What is the approximate volume of the correspondence templates needed to be implemented?	There are expected to be 20 categories of notices available for automation; the specifics of each notice are a function of the Medicaid program(s) participated in, and the specific context of the recipient. DHH MVA is imagining that notices are generated as a series of relevant modules, rather than as discrete notice types. Further NiAS information is available within the procurement library.
Is support required for browsers other than the following: <ul style="list-style-type: none"> * Internet Explorer 7, 8 and 9 * Mozilla Firefox * Apple Safari for Windows * Google Chrome 	Support is also required for mobile and tablet devices.
Is there any existing middleware/SOA implemented now? If not, which ESB is being planned to be implemented.	DataDirect Shadow. ESB is an open item for consideration.
All the external systems should communicate with each other via the common pathway (SOA). Is this understanding correct ?	Ideally, yes.
The following is mentioned: 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	Contractor should make available various “hook-in” points for an MMIS ESB; if the MMIS ESB is not available before the contract concludes, then a separate contract will make this a deliverable using the existing “hook-in” points. Further guidance will be made available as a dialogue within the joint PMO.

keeping in mind the department's plans to utilize the MMIS Service Bus when it is operational.

a) Need to understand the scope and expectation especially for the scenario "If the MMIS ESB is not available in a timely fashion"

It is mentioned that:

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.

What is the mode of transfer of this data from MEDS to MMIS in existing system? (for e.g. Is it some kind of batch job that runs daily)

Currently this is a batch job. In the future, MVA expects that this information might be shared in real-time through an ESB consolidating MEDS and MMIS.

"Displaying notices on the portal as digital documents" - What are the different format of documents needs to be displayed? Will it be publicly shared notice board or a customized notice system with multi stake holders and multi level access

Notices are mailed to recipients, and also displayed in digital format in the public online application portal. These notices would also be archived as they currently are in the ECR as a case activity log for internal review my MVA eligibility staff.

"Contractor shall note in their technical approach what BI tools they are proposing to use, and how the support and augment existing MEDS reporting tools; preference will be given to de-coupled tools rather than integrated reporting".

Yes, BI tools are preferred to be de-coupled, but at a minimum, must be consistently applied throughout. For example, reports should all be produced by the same technology and format.

Would DHH-MVA prefer to have an external (de-coupled) reporting tool that will take care of both the reporting as well as the Business Intelligence part?

Additionally, from "ED 10 Core Master" link, could identify

This info will be found in the MEDS specification library: <http://new.dhh.louisiana.gov/index.cfm/page/1189>

following functionalities (highlighted in red which could be potential candidates for workflows:

1. Budget Worksheet (Eligibility determination seems to be a part of this module)
2. Certification Subsystem
3. Case Application
4. Certification (Eligibility determination seems to be a part of this module)
3. Person Inquiry (could be a possible candidate for Reporting/Search functionality. Not evident if any workflow processing is required in this)
4. Case Inquiry (could be a possible candidate for Reporting/Search functionality. Not evident if any workflow processing is required in this)
5. Renewals (could be a possible candidate for Reporting/Search functionality. Not evident if any workflow processing is required in this)
6. Reference table maintenance (looks like maintenance of look up data in some key tables)

Otherwise, all processes are candidates for workflows.

It is not clear what functionalities/processes might be involved in above. Please share more information regarding the functionalities/processes involved for these and any inter-dependencies amongst them (i.e. how do they tie-in with each other) to be able to identify the generic high-level workflows.

Please share details on the nature of interacting systems like CLIENT – DCFS CLIENT, BENDEX etc. mentioned in this list? Are all of these legacy mainframe systems?

They are mostly legacy mainframe systems, accessed either within MEDS or through emulator terminal interfaces; a minority of interfaces are accessed through web sites.

Can you tell me if this project has

No, this is an Information Technology (IT) services project.

anything to do with construction?	During a typical 24-hour period of operation of MEDS, for which the ADDS, UPDATES and DELETES were totaled, there was a grand total of 1,570,308 transactions. This was broken down by 776,711 transactions during online hours, and 793,597 during batch processing cycles.
Section 2.1 - Please provide estimate of the current transaction volume MEDS processes in a day/month?	It was concluded based on existing documentation of the system.
Section 2.1 4 - Can you share how the state estimated the total of business rules?	Where possible, industry standard best practices must be used. It is incumbent upon the contractor to identify those practices in their proposal.
Section 2.1 7 - Will the state be leveraging a standard data structure and/or standard integration practices with the interagency data exchange?	The intent of the state is for the MAS workflow to be incorporated into MEDS, taking advantage of any efficiencies that might be produced from not having it as a standalone application.
Section 2.2 2. Labor - Is it the intent of the state to incorporate the functionality of MAS into the new system or rather redesign MAS as separate application and integrate with the upgraded system?	Only senior level administrators and their approved designees will have access to business rules and their natural language editing platform. Governance shall be at the discretion of the Medicaid Director.
Section 2.2.3 - What are the planned governance requirements around managing rules within the BRE and who will have access to make changes?	Currently, Active Directory is available within the Medicaid network domain for account and role management, as well as a role management system developed by the University of New Orleans. Legacy systems such as the MEDS mainframe and verification interfaces are password-protected. MEDS also has a Security Subsystem that is managed by Eligibility Systems Section staff. Assignment of MEDS RACF user IDs is handled by DCFS IT security staff. Natural Change Management (N20) is used by DHH IT staff for program/module movement.
Section 2.4 - Can you please provide current security infrastructure information (LDAP, Active Directory, etc). As well as provide current version control system? Currently the state does not have security implemented at the database (Adabas) level. Data is secured through the Natural Applications. Do you intend to use RACF for access control to mainframe data, or will the access control be done off the	The current MEDS also has a Security Subsystem that is managed by Eligibility Systems Section staff. Assignment of MEDS RACF user IDs is handled by DCFS IT security staff. The new MEDS developed as part of this RFP, which will be off of the mainframe by 2015, will have some version of role-based security as recommended by the Contractor and adopted by the joint PMO.

mainframe?
