

Addendum 3
 MEDICAL VENDOR ADMINISTRATION
 BUREAU OF HEALTH SERVICES FINANCING
 ELIGIBILITY SYSTEMS SECTION
 DEPARTMENT OF HEALTH AND HOSPITALS

RFP # 305PUR-DHHRFP-IV&V-DATA-MVA
REVISED: Proposal Due Date/Time: March 4, 2013
4:00 pm CDT

Vendor Questions / Department Responses

Vendor Question	DHH MVA Response
How many State staff are assigned or planned to be assigned to the MEDS Replacement Joint PMO? Are any other contracted resources planned for the MEDS Replacement Joint PMO?	The Joint PMO will consist of approximately 5 State staff in addition to MEDS Replacement Vendor staff and IV&V staff.
The last paragraph indicates the IV&V Vendor must be able to furnish a sufficient number of full-time on-site individuals.....to ensure on-going contract compliance for the monitoring of the operations of the existing MEDS, and a successful completion of the MEDS replacement project. Please clarify what is expected of the IV&V Vendor regarding monitoring of the operations of the existing MEDS.	The IV&V vendor is responsible for monitoring the legacy system related modifications for Affordable Care Act compliance and data conversion.
Can the State please clarify how the vendors should trace costs for attendance to all meetings to a deliverable in the cost sheet? The requirement is "Participate in person in all applicable meetings required by the Department," however there is nothing similar to associate costs to in the Cost Breakdown template.	See Revised Cost Template in addendum #4
What is the State's expectation with respect to the requirement to serve as a technical resource? Is this role seen as a full-time role dedicated to the project and to be costed as an additional resource beyond what we will need to perform PM/IV&V services? If so, how should that be done on the Cost Breakdown template?	See Revised Cost Template in addendum #4. Refer to Section B. 1: General Requirements f.
Can the State please clarify what they are seeking in regard to quality assurance and support services? These services can be broadly interpreted and will be difficult to properly evaluate without a consistent understanding of the State's expectations.	Quality assurance and support services are identified throughout the RFP in section B. Deliverables: #2 Programmatic Requirements and #3 Operations Requirements
Please clarify which meetings the IV&V vendor is	Minutes shall be the responsibility of the IV&V vendor

responsible for providing meeting minutes.	for all meetings in which the IV&V vendor is invited and attendance is mandatory.
It is our understanding that the DDI Vendor has been onsite for a period of time already. Can the State please clarify to what extent requirements analysis sessions are being conducted, and quantify how many sessions the IV&V vendor will be responsible for facilitating?	Contract negotiations are ongoing. The vendor is not yet onsite. It is unknown at this time how many sessions will be conducted. The IV&V is responsible for all sessions.
Can the State define their expectations of the IV&V Vendor for participation in interface testing, pilot operations and UAT planning? Is the expectation for participation or validation of these activities?	The IV&V vendor shall assist and participate in planning, monitoring, testing, and validating.
Page 13 – Section B.2.f: Can the State clarify that the intention of this requirement is to have the IV&V Vendor validate System Test results performed by the MEDS Replacement Contractor and UAT results performed by State staff?	The IV&V vendor shall be responsible for validating system test results performed by the MEDS replacement contractor and UAT performed by State staff. The IV&V vendor shall also be responsible for some testing as defined in the RFP
Page 14 – Section B.2.h: Please clarify that this requirement applies to all DDI Vendor deliverables? If not, can the State identify which deliverables the IV&V Vendor will be responsible for assessing?	The IV&V vendor is responsible for assessing all deliverables as described in the RFP.
Page 14 – Section B.2.h: Will the IV&V Vendor need to assess and create reports for DDI Vendor deliverables created and approved prior to the onset of the IV&V contract? If so, where should these review and assessment reports be priced in the Cost Breakdown template?	The IV&V vendor will be responsible for assessing all available documentation prior to the IV&V contract start date. See Revised cost template in addendum #4 .
Page 17 – Section 3. Design and development, E Monitor Change Requests: Does the State currently have a change/configuration management process in place?	Contract negotiations are ongoing; however, a change/configuration management process will be established once the MEDS Replacement contract work begins .
Page 17 – Section 3. Design and Development, H Evaluate Integration/System Test Environment: This requirement is typically part of the DDI vendor’s scope of work. Is the State willing to modify this requirement to state that the IV&V Vendor will validate the DDI vendor’s system test results and make a recommendation with respect to the readiness of the system to move to UAT?	No
Page 19 – Section Prepare UAT Plan: Please confirm that the State is managing the UAT effort.	The state will manage the UAT effort with the assistance of the IV&V contractor.
Page 19 –Section Participate in the execution of UAT: Can the State please clarify what level of participation they are expecting with the execution of UAT? Is it to	Refer to Testing & Implementation, c. through e.

help them manage UAT, or is it UAT Testing Support? If it is UAT Support can the State describe the roles and responsibilities?	
Will the State consider lifting the requirement for key staff to be full-time for the full term of the contract if they are not going to be on-site with the project team?	No, Key staff must be full time for the full term of the contract.
Is space available for IV&V Staff at the contractor's development site?	Designated work space in the DHH Bienville Building is available for 3 staff members.
Page 22- Reporting Requirements: Is the IV&V Vendor required to perform analysis of data within the existing MEDS System? If so, who will be providing the information on the existing system and what items are IV&V expected to monitor?	Yes, documentation for the existing MEDS system can be found in the procurement library. Refer to Section 2 of the IV&V RFP for scope of work for DDI for monitoring requirements.
Page 24 – Liquidated Damaged C.3: Can the State please clarify what it means by having the staff onsite if there is only office space for 3 staff? Also, how are holidays, vacations and emergencies accounted for?	Designated work space in the DHH Bienville Building is available for 3 staff members. Any additional IV&V staff will need to be housed in another facility secured by the vendor. Meeting space within the Bienville Building may be used on a part-time basis if needed and if available. IV&V staff shall arrive onsite to attend meetings in person. Business days are defined in the glossary of the RFP.
Page 34 – Work Plan: Can the State please provide a current work plan for the DDI vendor? If not, can the State provide the current timeline for requirements validation, General System design, Detail System design, Development, Testing and Implementation?	See MEDS IT Architecture Upgrade RFP located in the procurement library.
Page 34 – Work Plan: Does the IV&V Vendor need to provide 5.a the written explanation of the organizational structures for both the operations and program administration?	Yes, as stated in the RFP the IV&V vendor shall provide a written explanation of the organizational structures for both operations and program administration.
Page 34 – Work Plan: Does the IV&V Vendor need to include a work plan with their response?	The IV&V vendor shall include a work plan with their response. See section O. Proposal Content 5. Work Plan
Page 38 – Section III.O.7.e: This section provides that if subcontractor personnel will be used, the Proposer shall clearly identify these persons, if known. We sometimes contract with individuals or small consulting firms to provide services to us in a staff augmentation role. These non-employee staff members may perform a portion of the proposed services. Can the State clarify whether these non-employee staff members should be separately identified as subcontractors in our proposal?	All known subcontractor personnel shall be identified in the proposal. See section O. Proposal Content 7 . Personnel Qualifications e of the RFP.
Page 39 Evaluation Criteria – How does the State plan to score items they have required as part of the contract but not included in a specific line item for in	See revised cost template in addendum #4

the cost breakdown?	
How should the deliverable reviews and assessment reports be accounted for in the cost breakdown template? Can the State quantify how many there will be?	See Revised Cost Template in addendum #4. Quantity is unknown at this time.
Page 39 – Section 9.b Corporate Financial Condition: Due to the large volume of our financial data (over 200 pages for each year), would the State accept our financial statements on a CD in lieu of the printed version?	See RFP Proposal Content O. # 9 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. The proposer should provide at the minimum the above as required in the RFP.... The proposer should determine what and how much will meet the requested financial docs.
Page 45 – Attachment II – Certification Statement, Item 2: This certification indicates that the Proposer accepts the procedures, evaluation criteria, contract terms and conditions, and all other administrative requirements set forth in the RFP. If there are contract terms and conditions in the RFP that we would like to negotiate with the State, may we include exceptions with our proposal?	No, Proposer shall submit one (1) original hard copy (The Certification Statement must have original signature signed in ink) and should submit one (1) electronic copy (cd or flash drive) of the entire proposal and six (6) hard copies of the proposal. Proposer may provide one electronic copy of the Redacted 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.
Veteran and Hudson Initiatives – Please specifically describe how non-Veteran and non-Hudson Initiative prime vendors can secure the 10 points associated with the requirement. It is not clear what the specific requirements are to secure these 10 points via teaming with Veteran and Hudson Initiative eligible subcontractor(s) or other methods.	All available information regarding the Veteran and Hudson Initiatives is outlined in attachment 1 of the RFP. 10 points are reserved if proposer is a certified small entrepreneurship
Cost Evaluation – Please confirm that State intends to award the cost points proportionally based on <u>lowest total hourly rate</u> versus the total cost of the engagement (RFP page 39). We do not see where the RFP requests hours in the cost proposal and thus can calculate an hourly rate with which to support a lowest blended rate comparison between vendors.	RFP has been amended to state that points will be awarded according to lowest total cost. Section III P. 4. a.
System Certification – Please describe how the State intends to hold the IV&V vendor accountable for determining the system is “free from defects, that it functions per the approved system design, has validated requirements, and is ready for user	Review Liquidated Damages in Section II C

acceptance testing” (RFP page 17)? The goal of UAT is to identify and remediate defects prior to system acceptance by the State. We are unclear how the State will penalize the IV&V vendor for actual damages if the system (or any component) is eventually de-certified when State staff will be involved in the UAT process and will eventually accept the System Integrator’s system (RFP page 25).

Team On-Site Requirements – Please confirm that the IV&V Team on-site requirement of Monday-Friday from 8:00am – 5:00pm is negotiable based on project phase and need to be on-site. As currently required, vendor staff that commute to Baton Rouge will have to travel on Friday nights and Sundays. This type of travel schedule can cause vendor staff turnover problems in the long-run that could adversely impact the project.

This may be negotiable

Proposer IV&V Experience – Please confirm that the bidding entity needs recent (24 month or less) direct Medicaid IES/replacement project IV&V experience or whether other recent large Health and Human Services (HHS) system project IV&V qualifications are acceptable.

Section O. Proposal Content, 6. States; 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.

Page 8 – Section I General Information C. Invitation to Propose: “DHH Bureau of Health Services Financing is inviting qualified proposers to submit proposals for services to provide Independent Verification and Validation services in accordance with the specifications and conditions set forth herein. “ Other than the items described in Section III.O.6 (Relevant Corporate Experience) are there any other specific qualifications required to submit a proposal?

No

Page 34 – Section III Proposals O Content 5a Work Plan/Project Execution for Operations: “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.”

As stated in the RFP the IV&V vendor should provide a written explanation of their own organizational structure for both operations and program administration. The IV&V should identify appropriate training, if any, their own staff will require.

Which organization is the “written explanations of organizational structures” intended to cover? Is this for

the MEDS replacement system contractor or DHH BHSF? What training is to be provided by the IV&V contractor?	
Page 38 – Section III Proposal O Content 71: Will a contractor who proposes that all of their staff spend 100% on-site be judged more favorable during evaluation over a contractor who proposes a solution that has less than 100% on-site staffing?	No
Page 53-54 – Attachment V Sample Cost Breakdown Template Some deliverables appear to be one-time items, but could be performed multiple times if change orders or other modifications to the base requirements are made after the initial contract is finalized. Is the state willing to entertain proposals that have a cost breakdown with a 3 rd category for deliverables that may be performed more than once, but wouldn't have a flat monthly rate? For example, "Analyze Data Conversion Results" may be a one-time effort, but if the initial data conversion doesn't produce data that is cleansed sufficiently for loading, or the loading results in too many errors, the DDI Vendor would need to perform more than one conversion. This would require more than one analysis of the results.	See Revised Cost Template in addendum #4 .
General - Is there a contractor or contractors who currently provide IV&V services to the Department or other State Departments? And if so, who is/are the contractor(s)?	The Department has IV&V contract with Public Consulting Group (PCG). This department is unaware of IV&V contractors in other state departments.
Page 11 – Section 2 A: Who/what contractor is accomplishing current ongoing project management support?	The Joint PMO will consist of approximately 5 State staff in addition to MEDS Replacement Vendor staff and IV&V staff.
Page 11 – Section 2 A: Is there a current requirement for a transition plan for the current provider to support the winner of this competition?	No.
Page 11 – Section 2 A: What contractor is currently providing support to the MEDS Replacement joint PMO?	DHH does not have a current contractor. Contract negotiations are ongoing.
Page 11 – Section 2 A: Did the current MEDS Replacement joint PMO contractor assist with developing this RFP?	No
Page 11 – Section 2 A: Does the current MEDS Replacement joint PMO contractor have a Conflict of	DHH does not have a current contracgtor. Contract negotiations are ongoing.

Interest in bidding this RFP?	
Page 39 – Item 10: Is the title of this item; “Cost and Pricing Analysis?”	The title is “Cost and Pricing Analysis”. The RFP has been amended to add this Title which was inadvertently omitted.
Page 39 – Item 10: Is there a proposal requirement for the Cost and Pricing Analysis data to be furnished separate from the other parts of the proposal?	Yes, The Cost and Pricing Analysis <u>should</u> be furnished separate from the other parts of the proposal.
Page 39 – Paragraph III P, Evaluation Criteria: RFP provides evaluation criteria scoring methodology for only the cost criteria. Can you provide the evaluation and scoring methodology for the remaining Evaluation Criteria elements?	All information regarding Evaluation criteria is available in Section P of the RFP. Evaluation Criteria beginning on page 39 of the RFP. The assigned weight for each item is listed on page 40.
Page 39 – Paragraph III P, Evaluation Criteria: How is the “lowest total hourly rate” to be calculated in meeting the Cost Evaluation criteria?	“RFP has been amended to state that points will be awarded according to lowest total cost. Refer to addendum #1
Other: What is the governance relationship between the MEDS project and the MMIS project?	MMIS and MEDS do not share governance.
Other: What commodity code is this requirement posted under?	Unable to respond; Commodity code is not relevant to this RFP.
Page 42, item 5: Is the Board Resolution required to be submitted with the proposal?	The Board Resolution is not required to be submitted with the proposal; however selected vendor will be required to provide a Board Resolution prior to signing a contract.
Page 23 – Section II B 7: Transition Plan: This section states an initial transition is to be submitted with the proposal. Is an initial transition plan required within the proposal and if so, in what proposal section?	The transition plan shall be submitted within the proposal under additional information
Page 24 – Section II C: Liquidated Damages: Please identify the performance standards subject to liquidated damages or where they are stated in the RFP.	Refer to Section II of RFP.
Page 25 – Section II E: Technical Requirements: Our standard issue laptop for our consultant’s use has a 14” screen and 128 GB solid state drive. Since this is not equipment being provided for the state’s use, would the state consider allowing IV&V consultants to use their standard issue equipment?	The contractor must utilize and maintain hardware and software compatible with current DHH requirements. See Page 25 of the RFP.
Page 31 – Section III K 2: Proposal Submission: This section states that the Cost Proposal and financial statements must be separately sealed from the Technical Proposal. Can the Cost Proposal and financial statements be sealed together or are vendors	“Cost Proposal and Financial Statement” 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”. It is recommended that

to submit three separate packages (Technical, Cost, and Financial Statements)?	you cut and paste from the RFP to ensure that the words are exactly the same.
Page 31 – Section III K 3: Proposal Submission: To meet delivery couriers' requirements, please provide a telephone number.	(225)342-5266
Page 33 – Section III O 4 c i: Introduction/Administrative Data: This section requires vendors to provide the addresses of all offices with full time personnel. As a large company, we have more than 200 offices. Would it be acceptable to provide the addresses of only our regional offices (i.e., southeast region) or those located in Louisiana?	All office locations housing full time personnel assigned to the Louisiana MEDS Replacement IV&V contract must be identified.
Page 39 – Section III P 4 a: Evaluation Criteria: The Cost Evaluation criteria states the "lowest total hourly rate" is to be evaluated. The formula on page 40, states "lowest proposal cost" is to be evaluated. Attachment V – Sample Cost Breakdown Template will provide a breakdown of task cost and a "total contract cost". Is the "lowest total hourly rate" incorrect and is it the "total contract cost" what is being evaluated as "lowest proposal cost"?	RFP has been amended to state that points will be awarded according to lowest total cost. Refer to addendum #1.
General: The MEDS IT Architecture Upgrade RFP (#305PUR-DHHRFP, indicated the MEDS Upgrade would be in two phases: Phase 1 - contract start through June 30, 2013 and Phase 2 – July 2013 through January 15, 2015. Is this still the current schedule? Will the state please provide the current phases and schedule, including anticipated certification.	Contract negotiations are ongoing with the MEDS Replacement vendor.
Do you have any project management tool in use currently?	Microsoft Project 2010 and Microsoft Project Server 2010
Is SDLC adapted as the standard life cycle management methodology by Louisiana? Can we suggest other models like Agile, etc.?	Selected contractor shall be capable of overseeing and validating all SDLC approaches.
Is there a detailed task information of deliverables on MEDS replacement project? If so, please share.	Please refer to the MEDS IT Architecture Upgrade RFP located in the procurement library. .
Do you have any existing tool to record the unit test results?	DHH uses Microsoft Team Foundation Server 2012 for unit testing.
If yes to question # 6, can it be used by IV&V contractor for review and evaluation of unit test results?	Microsoft Team Foundation Server 2012 can be made available to the selected contractor for review and evaluation of unit test results.
Do you have any existing tool for performance monitoring /load testing of the system? If so, will that be part of unit test results?	DHH has Microsoft Team Foundation Server 2010. Microsoft Visual Studio and Microsoft Test Manager available for load testing the system. Load testing will be part of the unit test results.
Page 18: The scope of work for IVV contractor involves tracking the status of change request. Who will be responsible on for estimating the change request? Also, when estimates are done for CR, can IVV contractor be part of it?	The DDI vendor will be responsible for estimating change request. The IV&V contractor will participate in validating the estimate.
Page 29/55:The contract term is written as 36 months. MEDS replacement project management and IVV work	No

will only be the scope during this period? Or any other projects will be added?	
Is there any existing document available for this MEDS replacement project?	The MEDS IT Architecture Upgrade RFP is available in the procurement library. http://new.dhh.louisiana.gov/index.cfm/page/1189
Are we using any project plan tool to track the project management activities? If not, how the existing project management system is implemented?	DHH used Microsoft Project 2010 and Project Server 2010 to track PM activities.
Do we have any deadline towards completion of this MEDS replacement project by development team Or it is yet to be decided?	The anticipated implementation date for the MEDS Replacement is January 2015
What would be the team size for DDI activities of MEDS replacement?	An adequate number of full time vendor and state staff will be assigned to the project.
Is the customer particular about any technology selection towards MEDs replacement?	Technology selections must meet Department standards and approval. The MEDs replacement system will be developed using the Microsoft Dynamics CRM platform along with the following technologies: BizTalk, SharePoint, Microsoft SQL Server, SSRS, SSIS, SSAS, VisionWare, MultiView, InRule and HP Exstream
Is the customer particular about any database selection towards MEDs replacement?	Database selections must meet Department standards and approval. The MEDS replacement database will be based on the Microsoft SQL platform.
What is the start date of the CMS Replacement Project for DDI?	The estimated start date is April 1, 2013
What is the duration of the CMS Replacement Project for DDI?	The MEDS Replacement project is expected to take approximately 21 months to implement.
What is the location from where DDI contractor will execute its work?	The DDI contractor will have dedicated staff on-site as well as off-site.
Where can we find the requirements document for CMS certification?	This section of the RFP has been amended. Requirements can be found at CMS.GOV
Please share the project plan/schedule of the DDI Vendor	Please refer to the MEDS IT Architecture Upgrade RFP located in the procurement library.
Please clarify if this is a firm fixed price bid or T&M	Deliverables based fixed rate
What is the budget for this project?	The budget for the IV&V is \$2.4M
Please clarify if the work resulting from this contract should be performed only within US.	Key personnel assigned to the IV&V must maintain a presence in Baton Rouge, Louisiana.
Please clarify if the work resulting from this contract should be performed only within Louisiana	Key personnel assigned to the IV&V must maintain a presence in Baton Rouge, Louisiana.
Will the State provide workspace for the team members engaged in this project?	Designated work space in the DHH Bienville Building is available for 3 staff members. Any additional IV&V staff will need to be housed in another facility secured by the vendor. Meeting space within the Bienville Building may be used on a part-time basis if needed and if available. IV&V staff shall arrive onsite to attend meetings in person.
Section II.B.1.g; page 12, RFP states, "Maintain all 'Seven Standards' business process changes and updates resulting from DDI, including tracking and documentation for submittal to CMS."	The "Seven Standards" references the Seven Standards as identified in the CMS document Enhanced Funding Requirements: Seven Conditions and Standards; Centers for Medicare & Medicaid Services; Medicaid IT Supplement (MITS-11-01-v1.0); Version

<p>Does this reference the Seven Conditions and Standards as identified in the CMS document Enhanced Funding Requirements: Seven Conditions and Standards; Centers for Medicare & Medicaid Services; Medicaid IT Supplement (MITS-11-01-v1.0); Version 1.0; April 2011?</p>	<p>1.0; April 2011.</p>
<p>Section II.B.1.j; page 12: RFP states, “Attend all meetings, face to face, with the MEDS Replacement joint PMO and provide meeting minutes to the Department for review within three (3) business days, review meeting minutes submitted by the MEDS Replacement Contractor, and provide comments to the DHH BHSF Project Director within two (2) business days of the meeting.” There appears to be two parties responsible for developing meeting minutes, the IV&V vendor and the MEDS Replacement Contractor. Is it correct to assume that IV&V is only responsible for providing meeting minutes for meetings that IV&V conducts? If not, please describe what meeting minutes the IV&V Vendor is responsible for producing as well as the meeting minutes the MEDS Replacement Contractor is responsible for producing.</p>	<p>IV&V vendor will not be conducting meetings. IV&V vendor will participate in all meetings and will be required to provide minutes of those meetings.</p>
<p>Section II.B.2.d; page 13: RFP states, “Assist in facilitating design requirements analysis (RA) sessions, and provide staff to validate documentation provided by the MEDS Replacement Contractor; “ Please describe the scope of “assist in facilitating”. The word assist is open to interpretation.</p>	<p>DHH expects the IV&V contractor to provide support in facilitation of design requirements analysis sessions and staff to validate documentation.</p>
<p>Section II.B.2.e; page 13: RFP states, “Participate with the MEDS Replacement joint PMO to perform validation of system integration testing, participate in interface testing, pilot operations, operational readiness assessment, and participate in the preparation and management of the user acceptance test plans, including test criteria and procedures for DDI.” What is the level of participation expected during interface testing, pilot operations, and operational readiness assessment?</p>	<p>Full participation is required by the IV&V contractor during all phases of the project.</p>
<p>Section II.B.2.j; page 14: RFP states, “Attend all project</p>	<p>Contract negotiations are ongoing for the MEDS</p>

<p>meetings, status meetings, and walk-throughs in order to have a full understanding of all processes.”</p> <p>What is the maximum number of simultaneous, that is occurring at the same time or overlapping time periods, project meeting, status meetings and walk-throughs?</p>	<p>Replacement project. The maximum number of simultaneous meetings and walk throughs has not yet been determined.</p>
<p>Section II.B.3.d; page 15: RFP states “Monitor the performance of the selected MEDS Replacement Contractor along with DHH... “</p> <p>Does this mean monitor the performance of ‘both’ the MEDS Replacement Contractor and DHH or does this mean that ‘both’ the IV&V Contractor and DHH are monitoring the MEDS Replacement Contractor?</p>	<p>Both the IV&V contractor and DHH are monitoring the MEDS Replacement Contractor.</p>
<p>Section II.B.3.f; page 17: RFP states, “Manage Requirements Traceability Matrix”</p> <p>Traditionally, the DDI vendor has this responsibility and the IV&V vendor reviews and monitors the RTM and the traceability. Please elaborate on how the state is defining ‘manage’ as it relates to this task.</p>	<p>The State is defining “manage” as a review and confirmation that all requirements are met by a system function.</p>
<p>Section II.B.3.g; page 17: RFP states, “Verify and validate unit test results of all program modules and processes, including code review as necessary, before they are integrated and system tested and ensure results of the unit tests are fully documented.”</p> <p>Please provide the maximum number of program modules and processes that will be unit tested. This information is necessary to size the effort of this review.</p> <p>Please provide the by program module and process the lines of code to be reviewed.</p> <p>This information is necessary to size the effort of this review.</p>	<p>All documentation for the legacy MEDS system is available in the procurement library. Contract negotiations are ongoing with the MEDS Replacement vendor. The number of program modules and processes to be unit tested, as well as lines of code are not yet known.</p>
<p>Section II.B.3.h; pages 17-18: RFP states, “Evaluate Integration/System Test EnvironmentThe State of Louisiana is placing major emphasis on the testing of the system prior to acceptance testing and implementation activities and, for this reason, has broken out testing to be conducted by the IV & V Contractor.”</p> <p>Up until the last sentence, there is no mention of the IV&V contractor ‘executing’ their own test cases/scenarios. What is the level of testing, by the IV&V Contractor, expected by the State in support of this requirement?</p>	<p>As stated in the RFP, in depth, process driven, and fully documented testing is required. The IV&V contractors are expected to follow a strategy to review the developer test plans and oversee the UAT process to ensure the features and functionality are adequately and successfully tested and mapped back to the required project requirements.</p>

<p>Section II.B.3.d; page 19: RFP states, "Prepare UAT Plan, Prepare a user acceptance test validation strategy"</p> <p>Based in the description, this is a strategy document, not a plan. Please clarify what document or documents are to be completed by the IV&V contractors.</p>	<p>UAT test validation strategy document. The IV&V contractors are expected to follow a strategy to review the developer test plans and oversee the UAT process to ensure the features and functionality are adequately and successfully tested and mapped back to the required project requirements.</p>
<p>Section II.B.3.e; page 19: RFP states, "Participate in the Execution of UAT "</p> <p>What is the level of participation expected of the IV&V Contractor during UAT?</p>	<p>Refer to RFP page 13 -14 2. E, F, G</p>
<p>Section II.4.c, page 20 Will the DHH accept other health and human service projects as experience toward what is needed for the Project Manager role?</p>	<p>The Project Manager shall have extensive experience in the implementation, operations, and maintenance of a Medicaid eligibility processing system or similar large health care claims processing system</p>
<p>Section II.C Liquidated Damages; page 24: Would the state add a 'cure' period of 30 days for items 1 and 2 of this subsection?</p>	<p>The decision to impose liquidated damages may include consideration of some or all of the following factors:</p> <ol style="list-style-type: none"> 1. The duration of the violation; 2. Whether the violation (or one that is substantially similar) has previously occurred; 3. The Contractor's history of compliance; 4. The severity of the violation and whether it imposes an immediate threat to the health or safety of the consumers; 5. The "good faith" exercised by the Contractor in attempting to stay in compliance.
<p>Section II.C.2; page 24: RFP states, "\$500 per business day for any deliverable that has already been approved by the Department but has been found to be incorrect at a later date due to Contractor's error."</p> <p>What is the starting point of the liquidated damages in this case, a) the original delivery date, b) the date the 'incorrectness' was identified, or c) the date following an agreed upon 'cure' date?</p>	<p>Each circumstance will be evaluated by DHH and damages assessed accordingly.</p>
<p>Section III.K.2; page 31: May the electronic copy of the proposals be in a PDF format?</p>	<p>Yes</p>
<p>General: If possible, please provide guidance on the budget for these IV&V services</p>	<p>The budget for the IV&V project is \$2.4 M.</p>

