STATE OF HAWAII

Department of Human Services

REQUEST FOR PROPOSAL (RFP)

Electronic Health Record Incentive Program State Level Repository Implementation and Fiscal Agent Operations

RFP-MQD–2013-008

APPENDICES

Med-QUEST Division – Finance Office

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APPENDIX A - OFFER FORM

EHR SLR Implementation and FA Operations (RFP-MQD-2013-008)

Dr. Kenneth Fink
c / o Dona Jean Watanabe
Department of Human Services, Med-QUEST Division
1001 Kamokila Blvd. Suite 317
Kapolei, Hawaii 96707

Dear Sir:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Conditions, Form AG-008-GC (04/15/09), by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived without collusion.

Offeror is:

☐ Sole Proprietor ☐ Partnership ☐ *Corporation ☐ Joint Venture

☐ Other_____

*State of incorporation _____

Federal I.D. No.: _____

Hawaii General Excise Tax License **I.D. No.:** _____

Payment address (other than street address below): _____

City, State, Zip Code: _____

Business address (street address): _____

City, State, Zip Code: _____

Respectfully submitted,

(x) _____

Authorized (Original) Signature

Date: _____

_____

Name and Title (Please Print or Type)

Telephone No.: _____

Fax No: _____

_____

Exact Legal Name of Company (Contractor)

Email Address:

*If Offeror is a "d.b.a." or a "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

_____

_____

APPENDIX B - WRITTEN QUESTIONS FORM

EHR SLR Implementation and FA Operations
RFP-MQD 2013-008

OFFEROR NAME	DATE SUBMITTED	QUESTION #	RFP SECTION #	RFP PAGE #	PARAGRAPH	QUESTION

APPENDIX C - GENERAL CONDITIONS

APPENDIX D - CONTRACTOR'S STANDARDS OF CONDUCT DECLARATION

STATE OF HAWAII

CONTRACTOR'S
STANDARDS OF CONDUCT DECLARATION

For the purposes of this declaration:

"Agency" means and includes the State, the legislature and its committees, all executive departments, boards, commissions, committees, bureaus, offices; and all independent commissions and other establishments of the state government but excluding the courts.

"Controlling interest" means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty per cent (50%).

"Employee" means any nominated, appointed, or elected officer or employee of the State, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges. (Section 84-3, HRS).

On behalf of_____, CONTRACTOR, the undersigned does declare as follows:

1. CONTRACTOR is not a legislator or an employee or a business in which a legislator or an employee has a controlling interest. (Section 84-15(a), HRS).
2. CONTRACTOR has not been represented or assisted personally in the matter by an individual who has been an employee of the agency awarding this Contract within the preceding two years and who participated while so employed in the matter with which the Contract is directly concerned. (Section 84-15(b), HRS).
3. CONTRACTOR has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Contract and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of this Contract, if the legislator or employee had been involved in the development or award of the Contract. (Section 84-14 (d), HRS).
4. CONTRACTOR has not been represented on matters related to this Contract, for a fee or other consideration by an individual who, within the past twelve (12) months, has been an agency employee, or in the case of the Legislature, a legislator, and participated while an employee or legislator on matters related to this Contract. (Sections 84-18(b) and (c), HRS).

CONTRACTOR understands that the Contract to which this document is attached is voidable on behalf of the STATE if this Contract was entered into in violation of any provision of chapter 84, Hawaii Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the declarations above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the STATE.

CONTRACTOR
By _____

(Signature)

Print Name _____

Print Title _____

Name of Contractor _____

Date _____

Reminder to Agency: If the "is" block is checked and if the Contract involves goods or services of a value in excess of $10,000, the Contract must be awarded by competitive sealed bidding under section 103D-302, FIRS, or a competitive sealed proposal under section 103D-303, HRS. Otherwise, the Agency may not award the Contract unless it posts a notice of its intent to award it and files a copy of the notice with the State Ethics Commission. (Section 84-15(a), HRS)

APPENDIX E - FORMS

Appendix E – Forms contains the following disclosure statements:

- E.1 – Wage Certification
- E.2– Insurance Requirements Certification
- E.3 – Business Associate Agreement

Appendix E.1 - WAGE CERTIFICATION

Pursuant to Section 103-55, Hawaii Revised Statutes, I hereby certify that if awarded the contract in excess of $25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than wages paid to the public officers and employees for similar work, if similar positions are listed in the classification plan of the public sector.

2. All applicable laws of the Federal and State governments relating to worker's compensation, unemployment insurance, payment of wages, and safety will be fully complied with.

I understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wages required by Section 103-55, HRS.

Offeror:_____

Signature:_____

Title: _____

Date: _____

Appendix E.2 - INSURANCE REQUIREMENTS CERTIFICATION

Proposals submitted in response to the RFP must include a Certificate of Liability Insurance (COLI) that meets the requirements of the RFP, summarized in the Checklist and sample Form Acord 25 attached hereto. The successful bidder will be required to provide an updated COLI upon contract award.

Time is of the essence in the execution and performance of the contract resulting from this RFP. Therefore, the Offeror must ensure that the COLI submitted with the proposal and, if applicable, the resulting contract, fully and timely complies with the insurance requirements of this RFP.

By signing below, the Offeror certifies that it has completed the attached Checklist and:

(Check and complete one)

❒ Offeror has included a current COLI with its proposal that fully meets the insurance coverage requirements contained in the RFP and in the attached Checklist.

❒ Offeror has included a current COLI with its proposal that meets the insurance coverage requirements contained in the RFP and in the attached Checklist and Form, *except for the following* (explain in detail):

_____
___
_____
___
_____
___
_____
___
_____
___
_____
___
_____
___

If Offeror is awarded a contract, then Contractor certifies that the foregoing deficiencies will be corrected within 30 days after contract award.

_____

Name of Offeror

_____ _____

Authorized Representative Signature Date

_____

Print Name and Title

CERTIFICATE OF LIABILITY INSURANCE (COLI)

CHECKLIST & SAMPLE FORM (ACORD 25 Form (2009/09)[1])

This Checklist must accompany the completed COLI submitted with the proposal and subsequent contract. In the event of a conflict between this Checklist and the terms of the contract, the latter shall prevail.

If a requirement noted below is reflected in a current policy endorsement, a copy of the endorsement may be submitted in lieu of the statement on the COLI. Insurance requirements are subject to oversight by the State of Hawaii Department of Accounting and General Services, Risk Management Office.

NO.	CERTIFICATE OF INSURANCE LIABILITY REQUIRED ELEMENTS	✓
(1)	The date the COLI was issued should not be more than 15 days from date the of request. The COLI should not be issued over 30 days from the date of submission.	
(2)	The name of the "Insured" must match the name of the Contractor/Provider.	
(3)	The insurer must be licensed to do business in the State of Hawaii or meet the requirements of Section 431:8-301, Hawaii Revised Statutes.	
(4)	The "Commercial General Liability" coverage should indicate coverage on a "Per Occurrence" basis.	
(5)	A "Policy Number" or binder number should be indicated.	
(6)	The "Effective Date" should be no later than the contract date or the first date that the Contractor commences work for the State.	
(7)	The "Expiration Date" should be after the effective date of the agreement or supplemental agreement, as applicable, and be monitored to ensure that renewal COLI are received on a timely basis.	

[1] The Contractor should use the Acord form currently in use at the time of submission with the contract.

NO.	CERTIFICATE OF INSURANCE LIABILITY REQUIRED ELEMENTS	✓
(8)	The Limits of Liability for the following types of coverage should be for at least as much as required by the contract, normally in the following amounts (check contract language for specifics): a. Commercial General Liability $1 million per occurrence, and $2 million in the aggregate b. Automobile – may be combined single limit: Bodily Injury: $1 million per person, $1 million per accident Property Damage: $1 million per accident c. Workers Compensation/Employers Liability (E.L.) E.L. each accident: $1 million E.L. disease: $1 million per employee, $1 million policy limit E.L. $1 million aggregate d. Professional Liability $1 million per claim, and $2 million annual aggregate	
(9)	"Any Auto" coverage is required, or if not marked, "Hired Autos" and "Non-Owned Autos" should be indicated. If there are no corporate-owned autos, then the "Hired & Non-Owned Auto" may be endorsed to the Commercial General Liability to satisfy this requirement.	
(10)	If the limits of liability shown for General Liability or Automobile Liability are less than required by contract, then Umbrella Liability with combined limit may satisfy the minimum requirement and the State listed as "Additional Insured" on the Umbrella Policy or the Umbrella policy is noted as "Follow Form" on the certificate.	
(11)	NOTE: The State requires higher limits of $1 million, as compared to the basic limits required by State law regarding Workers Compensation coverage.	
(12)	The required "Professional Liability" coverage should be indicated in this section.	
(13)	The "ADDL INSR" box should be checked to indicate that the State is an additional insured under the policy(ies), or noted in the Description of Operation box at the bottom of the form.	

NO.	CERTIFICATE OF INSURANCE LIABILITY REQUIRED ELEMENTS	✓
(14)	The "Certificate Holder" should be the name and address of the Department of Human Services/Med-QUEST Division, 1001 Kamokila Blvd, Suite 317, Kapolei, Hawaii 96707.	
(15)	The COLI should be signed by the insurance agent or an insurance company representative. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES box: This section should contain the following language: The State of Hawaii is an additional insured with respect to operations performed for the State of Hawaii. Any insurance maintained by the State of Hawaii shall apply in excess of, and not contribute with, insurance provided by this policy.	

Appendix E.3 - BUSINESS ASSOCIATE AGREEMENT

RECITALS

A. STATE is a Covered Entity as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore subject to HIPAA and its implementing regulations, including the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") and the Security Standards for the Protection of Electronic Protected Health Information (the "Security Rule"), and Subtitle D of the Health Information Technology for Economic and Clinical Health Act ("HITECH") enacted as part of the American Recovery and Reinvestment Act of 2009 (collectively, HIPAA, the Privacy Rule, Security Rule and HITECH shall be referred to herein as the "HIPAA Regulations").

B. Protected Health Information received from STATE or created or received by CONTRACTOR on behalf of STATE ("PHI") may be needed for CONTRACTOR to perform the services (the "Services") requested by STATE and described in any underlying agreement between the parties (the "Underlying Agreement").

C. To the extent CONTRACTOR needs to access PHI to perform the Services, it will be acting as a Business Associate of STATE and will be subject to certain provisions of the HIPAA Regulations.

D. CONTRACTOR and STATE wish to set forth their understandings with regard to the use and disclosure of PHI by CONTRACTOR so as to comply with the HIPAA Regulations.

AGREEMENTS

In consideration of the Recitals and the mutual agreements below, the parties agree as follows:

1. Defined Terms. Capitalized terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the HIPAA Regulations.

2. CONTRACTOR's Obligations and Permitted Activities.

(a) CONTRACTOR agrees to not use or further disclose PHI other than as required to perform the Services, requested by STATE or Required By Law, or as otherwise permitted herein.

(b) CONTRACTOR agrees to use reasonable safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement, and shall develop, implement, maintain and use appropriate administrative procedures, and physical and technical safeguards, to reasonably preserve and protect the confidentiality, integrity and availability of electronic PHI.

(c) CONTRACTOR agrees to report to STATE, without unreasonable delay and in no case later than two (2) business days following actual knowledge by CONTRACTOR:

(i)Any use or disclosure of PHI not provided for by this Agreement.

(ii) Any Breach of Unsecured PHI, as defined in 45 CFR 164.402. Following the initial notification of any such Breach, CONTRACTOR shall provide a report to STATE that includes, to the extent possible: [A] a brief description of what happened, including the date of occurrence and the date of the discovery by CONTRACTOR; [B] a description of the PHI affected, including the names of any Individuals whose PHI has been or is reasonably believed to have been accessed, acquired or disclosed and the types of PHI involved (such as full name, social security number, date of birth, home address, account numbers, etc.); and [C] a brief description of what CONTRACTOR has done to investigate the Breach, to mitigate harm to Individuals, and to protect against any further Breaches. CONTRACTOR also shall provide to STATE any other available information STATE is required to include in its notification to affected Individual(s).

(d) CONTRACTOR agrees to promptly report to STATE any Security Incident of which CONTRACTOR becomes aware with respect to PHI that is in the custody of CONTRACTOR by calling the MQD Civil Defense Coordinator at (808) 348-9171.

(i) Written notice shall be provided within 2 business days of discovery. CONTRACTOR shall take prompt corrective

action to cure any deficiencies, and any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations. CONTRACTOR shall investigate such breach and provide a written report of the investigation and resultant mitigation within thirty (30) calendar days of the discovery of the breach.

(ii) The parties acknowledge and agree that this section constitutes notice by CONTRACTOR to STATE of the ongoing existence and occurrence of attempted but Unsuccessful Security Incidents of which no additional notice to STATE shall be required. Unsuccessful Security Incidents shall include, but not be limited to, pings and other broadcast attacks on CONTRACTOR's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as such incidents do not result in unauthorized access, use or disclosure of STATE's electronic PHI.

(e) CONTRACTOR agrees to train and use reasonable measures to ensure compliance with the requirements of these special conditions by employees who assist in the performance of functions or activities on behalf of the STATE under this Agreement and use or disclose PHI; and discipline such employees who intentionally violate any provisions of these special conditions, which may include termination of employment.

(f) CONTRACTOR agrees to ensure that any agent or subcontractor to whom it provides PHI agrees to the same or substantially similar restrictions and conditions as those that apply to CONTRACTOR through this Agreement with respect to such PHI.

(g) CONTRACTOR shall make its internal policies, procedures and records relating to the use and disclosure of PHI reasonably available to the Secretary or to STATE if necessary or required to assess CONTRACTOR's or the STATE's compliance with the HIPAA Regulations.

(h) It is not anticipated that CONTRACTOR will maintain a Designated Record Set on behalf of STATE; however, if CONTRACTOR maintains a Designated Record Set on behalf of STATE, CONTRACTOR agrees to, at STATE's written request: (i) provide access to such PHI in order to assist STATE in meeting its obligations under the Privacy Rule, and (ii) make any amendment(s) to such PHI as STATE so directs or agrees to pursuant to the Privacy Rule.

(i)So that STATE may meet its disclosure accounting obligations under the HIPAA Regulations, CONTRACTOR agrees to document disclosures of PHI made by CONTRACTOR which are not excepted from disclosure accounting requirements under the HIPAA Regulations.

(j) CONTRACTOR may use PHI for CONTRACTOR's proper management and administration or to carry out its legal responsibilities. CONTRACTOR may disclose PHI for CONTRACTOR's proper management and administration, provided that: (i) CONTRACTOR obtains reasonable assurances from the person to whom PHI is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person; and (ii) the person notifies CONTRACTOR of any instances of which it is aware in which the confidentiality of PHI has been breached. CONTRACTOR also may make disclosures that are required by law.

(k) CONTRACTOR may use PHI to provide Data Aggregation services to STATE as permitted by the Privacy Rule.

(l)CONTRACTOR may, at its option:

(i)Deidentify PHI in accordance with the requirements of the Privacy Rule and maintain such deidentified health information indefinitely; provided that all identifiers are destroyed or returned in accordance with this Agreement.

(ii) Create a Limited Data Set for the purpose of providing the Services, provided that CONTRACTOR:

[a] Does not use or further disclose PHI contained in the Limited Data Set except as necessary to provide the Services or as provided for in this Agreement or otherwise Required By Law;

[b] Uses appropriate safeguards to prevent the use or disclosure of PHI contained in the Limited Data Set other than as provided for by this Agreement;

[c] Reports to STATE any use or disclosure of PHI contained in the Limited Data Set of which CONTRACTOR becomes aware that is not provided for by this Agreement;

[d] Ensures that any agents or subcontractors to whom it provides access to the Limited Data Set agree to the same restrictions and conditions that apply to CONTRACTOR under this Agreement; and

[e] Does not re-identify PHI or contact the Individuals whose information is contained within the Limited Data Set.

3. STATE's Obligations.

(a) STATE shall not request CONTRACTOR to use or disclose PHI in any manner that would not be permissible under the Privacy Rule or the Security Rule if done by STATE.

(b) STATE shall not provide CONTRACTOR with more PHI than that which is minimally necessary for CONTRACTOR to provide the Services and, where possible, STATE shall provide any PHI needed by CONTRACTOR to perform the Services in the form of a Limited Data Set, in accordance with the HIPAA Regulations.

(c) STATE acknowledges and agrees that neither this Agreement nor the Underlying Agreement requires CONTRACTOR to make any disclosure for which an accounting would be required under the HIPAA Regulations. STATE further agrees that it shall be solely responsible for tracking and providing Individuals an accounting of any disclosures made by STATE to CONTRACTOR.

(d) STATE acknowledges and agrees that the provisions of section 2(j)(ii) of this Agreement shall constitute a Data Use Agreement between the parties.

4. Term and Termination.

(a) Term. This Agreement shall be effective as of the date first written above, and shall terminate when all PHI is destroyed or returned to STATE. If CONTRACTOR determines, in accordance with subsection 4(c)(ii) below, that it is infeasible to return or destroy PHI, the protections of this Agreement with respect to such PHI shall remain in effect until such PHI is returned or destroyed.

(b) Termination. Upon a party's knowledge of a material breach by the other party, the nonbreaching party shall either:

(i)Provide an opportunity for the breaching party to cure the breach or end the violation and terminate this Agreement if the breaching party does not cure the breach or end the violation within the time specified by the nonbreaching party; or

(ii) Immediately terminate this Agreement if the breaching party has breached a material term of this Agreement and cure is not possible.

(c) Effect of Termination.

(i)Except as otherwise provided in subsection 4(c)(ii) below, upon termination of this Agreement for any reason, CONTRACTOR shall return or destroy all PHI. This provision shall also apply to PHI that is in the possession of subcontractors or agents of CONTRACTOR.

(ii) If CONTRACTOR determines that returning or destroying any or all PHI is infeasible, the protections of this Agreement shall continue to apply to such PHI, and CONTRACTOR shall limit further uses and disclosures of PHI to those purposes that make the return or destruction infeasible, for so long as CONTRACTOR maintains such PHI. STATE hereby acknowledges and agrees that infeasibility includes CONTRACTOR's need to retain PHI for purposes of complying with its work product documentation standards.

5. Miscellaneous.

(a) Regulatory References. A reference in this Agreement to a section in the HIPAA Regulations means the section as in effect or as amended, and for which compliance is required.

(b) Amendment. Upon the effective date of any final regulation or amendment to the HIPAA Regulations, this Agreement shall be deemed automatically amended so that the obligations it imposes on the parties remain in compliance with such regulations. Following amendment of the Agreement in this manner, the parties shall, as necessary, work together to clarify their respective obligations with respect to any new requirements under the modified HIPAA Regulations.

(c) Independent Contractors. CONTRACTOR and STATE are independent contractors and this Agreement will not establish any relationship of partnership, joint venture, employment, franchise or agency between CONTRACTOR and STATE. Neither CONTRACTOR nor STATE will have the power to bind the other or incur obligations on the other party's behalf without the other party's prior written consent, except as otherwise expressly provided in this Agreement.

(d) Conflicts. In the event that any terms of this Agreement are inconsistent with the terms of the Underlying Agreement, then the terms of this Agreement shall control. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Regulations, as amended, the HIPAA Regulations shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Regulations, but are nonetheless permitted by the HIPAA Regulations, the provisions of this Agreement shall control. Any ambiguity in this Agreement shall be resolved to permit STATE to comply with the HIPAA Regulations.

(e) Entire Agreement. This Agreement shall constitute the entire agreement of the parties hereto with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties hereto relating to such subject matter.

(f) Notices: Whenever written notice is required by CONTRACTOR to the STATE under this Agreement, it should be mailed and/or faxed to:

MQD HIPAA Project Manager
P.O. Box 700190
Kapolei, Hawaii 96709-0190

APPENDIX F - OFFEROR ACKNOWLEDGEMENT FORM

By signing below, the Offeror confirms that it will fulfill each requirement detailed in Appendices O, P, and Q (SLR Requirements, FA Requirements, and Administrative Requirements). Any exceptions to these requirements should be listed in the table below. For all exceptions, the Offeror must provide an alternative approach to meeting requirements.

_____ _____

Signature Title

REQUIREMENT #	REQUIREMENT	ALTERNATIVE FOR FULFILLING REQUIREMENT

APPENDIX G - EXCEPTIONS TO RFP LANGUAGE

By signing below, the Offeror confirms that they are requesting the following exceptions to specific language in the RFP. Please list below.

_____ _____

Signature Title

PAGE #	SECTION	ORIGINAL LANGUAGE	REQUESTED CHANGE/ EXCEPTION

APPENDIX H - CONFIDENTIAL AND PROPRIETARY INFORMATION

By signing below, the Offeror confirms that those pages that are indicated in the table and marked throughout the response should be considered as "Confidential" or "Proprietary". For all areas that are listed, the Offeror must provide an explanation to MQD of how substantial competitive harm would occur if the information is released. Please list these "Confidential" or "Proprietary" areas and provide explanations below.

_____ _____

Signature Title

PAGE #	SECTION	EXPLANATION

APPENDIX I - COST PROPOSAL

Introduction

The Offeror shall calculate and propose a firm fixed price for each of the requirements contained on the pricing schedules within this section. The requirements and schedules are:

- Pricing Schedule A – Total Evaluated Proposal Price.
- Pricing Schedule B – Evaluated SLR Proposal Price.
- Pricing Schedule C – Evaluated FA Proposal Price.
- Pricing Schedule D – Evaluated Proposal Price for Project Management, Disaster Recovery, Privacy and Security, Testing, Provider Hotline, and Payment of SLR and FA functions.
- Pricing Schedule E - Personnel Billing Rates & Related Services.

Required formats for the pricing schedules that shall be used by Offerors in preparing their business proposals are included later in this RFP Appendix.

PRICING SCHEDULE A – Total Evaluated Proposal Price

This section shall present the Offeror's total proposal price of this contract (i.e. Start-up and On-going Tasks) and their associated tasks. Annual contract proposal price is based upon annual contract year and may be subject to annual negotiation.

The total price for the proposal shall be the sum of the total price for each of the project components. The price shall include the following:

- The firm fixed price for all tasks associated with the SLR.
- The firm fixed price for all tasks associated with the FA.
- The firm fixed price for all tasks associated with the planning, development, implementation and operation of the SLR and FA functions.

Pricing Schedule A

TOTAL EVALUATED PROPOSAL PRICE		
Line Item 1	Total for Payment Deliverables for SLR start-up and ongoing tasks from Pricing Schedule B	$
Line Item 2	Total for Payment Deliverables for FA start-up and ongoing tasks from Pricing Schedule C	$
Line Item 3	Total for Payment Deliverables for Project Management, Disaster Recovery, Privacy and Security, Testing, Provider Hotline, and Payment of SLR and FA functions from Pricing Schedule D	$
Total Evaluated Proposal Price:		$

Signature Title Date

PRICING SCHEDULE B – Evaluated SLR Proposal Price

Start-Up Price

Pricing for this component consists of the total firm fixed price for tasks associated with the SLR's implementation, or start-up. MQD considers these tasks to be associated with one-time costs and exclude ongoing costs of the SLR. The firm fixed price for start-up tasks shall consist of the total amount of the firm fixed price for each of the individual tasks contained within the Start-Up phase:

START-UP PRICE		
TASK NAME	**ASSOCIATED DELIVERABLES**	**PROPOSAL PRICE**
Software	• SLR Requirements Specification Document • Test/Production Environment	$
Configuration	• Configurations Traceability Matrix	$
Implementation	• Implementation Plan • Service Level Agreements	$
Total Evaluated Start-Up Price		$

Ongoing Operations Price

Pricing for this component consist of the total firm fixed annual price for the SLR's ongoing operations, subject to negotiation at the end of each contract term. MQD considers these tasks to be associated with the ongoing operations of the SLR and include the tasks listed below. The firm fixed price for Ongoing Operations shall consist of the total amount of the firm fixed price for each of the individual tasks contained within the Ongoing Operations phase:

ONGOING OPERATIONS PRICE		
TASK NAME	**ASSOCIATED DELIVERABLES**	**ANNUAL PROPOSAL PRICE**
Administration & Oversight	• SLR Ops Plan • Communication Plan • Outreach Website • Attestations Reports, as requested	$
Maintenance & Operations	• M& O Status Meetings (as necessary) • M&O Manual and Updates • Release Schedules • Operational Help Desk Telephone Number/Email • User Manual	$

	• Modifications Service Requests	
Total Evaluated Ongoing Operations Price		$

On Pricing Schedule A, Line Item 1, the Offeror shall enter the total proposed price for all activities listed for start-Up and ongoing operations of the SLR.

PRICING SCHEDULE C – Evaluated FA Proposal Price

Start-Up Price

Pricing for this component consists of the total firm fixed price for tasks associated with the FA's implementation, or start-up. MQD considers these tasks to be associated with one-time costs and exclude ongoing costs of the FA. The firm fixed price for start-up tasks shall consist of the total amount of the firm fixed price for each of the individual tasks contained within the Start-Up phase:

START-UP PRICE		
TASK NAME	**ASSOCIATED DELIVERABLES**	**PROPOSAL PRICE**
System	• FA Requirements Specification Document • System Framework	$
Planning	• Weekly Status Reports • Detailed Desk-Level Procedures	$
Transfer	• Transfer Strategy	$
Total Evaluated Start-Up Price		$

Ongoing Operations Price

Pricing for this component consist of the total firm fixed annual price for the FA's ongoing operations, subject to negotiation at the end of each contract term. MQD considers these tasks to be associated with the ongoing operations of the FA and include the tasks listed below. The firm fixed price for Ongoing Operations shall consist of the total amount of the firm fixed price for each of the individual tasks contained within the Ongoing Operations phase:

ONGOING OPERATIONS PRICE		
TASK NAME	**ASSOCIATED DELIVERABLES**	**ANNUAL PROPOSAL PRICE**
Claims Processing	• Monthly reports • Imaged document storage • Monthly extract file of all imaged data to support reconciliation report of CRM numbers between the imaging systems and HPMMIS	$

ONGOING OPERATIONS PRICE		
TASK NAME	**ASSOCIATED DELIVERABLES**	**ANNUAL PROPOSAL PRICE**
	• Report on reconciliation and resolution of missing documents between the image and HPMMIS	
Claims Adjudication	• Weekly inventory status report of all claims • Detailed claims inventory report on weekly basis • Image of medical authorization requests and determination letters	$
Correspondence and Identification Cards	• Counts of mailings by type • Forward all returned mail to MQD	$
Prior Authorization	• Monthly PA status reports of all claims including receipts, pends, approved and denied • Report explaining trends, variances in PA status and corrective action plan • Image of prior authorization requests and determination letters • Provider memos and training materials to communicate changes to Hawaii FFS Medicaid PA requirements	$
Medicaid LTC Audit and Recovery	• Monthly report identifying potential overpayments	$
EPSDT Form Capture	• Documents capturing EPSDT visit information from the existing DHS 8015 and DHS 8016 EPSDT forms • Documents capturing data from future DHS 8015 and DHS 8016 EPSDT forms • Quarterly reports on both the summary and detail of the information extracted from the DHS 8015 and DHS 8016	$
DOH Claims Processing	• Provide staff to support the following tasks associated with claims processing activities for DOH. • Prior Authorization Processing • Receive and input approved PAs from the DOH • Make changes to existing PA records as required by the DOH • Print and Mail PA letters	

ONGOING OPERATIONS PRICE		
TASK NAME	**ASSOCIATED DELIVERABLES**	**ANNUAL PROPOSAL PRICE**
	• Provider Training • Develop and conduct provider training for WINASAP 2003, EZ-RA, and Medicaid Online. • Conduct training sessions on Oahu, Maui, Kauai, and Hawaii • Provide a field representative to conduct follow up training and to address claims processing issues • Call Center Operations • Provider call center operations Monday through Friday from 8:00 AM to 5:00 PM HST, except for observed State and Federal Holidays • Modify existing phone system to provider a prompt for DOH providers • Conform to current Report Card standards • Claims Resolutions • Resolve DOH claims pending to various locations • Work with DOH representatives to create resolutions text • Conform to current Report Card standards	
Total Evaluated Ongoing Operations Price		$

On Pricing Schedule A, Line Item 2, the Offeror shall enter the total proposed price for all activities listed for start-Up and ongoing operations of the FA.

PRICING SCHEDULE D – Evaluated Proposal Price for Project Management, Disaster Recovery, Privacy and Security, Testing, Provider Hotline, and Payment of SLR and FA functions

Pricing for this component consist of the total firm fixed annual price for the SLR and FA administrative functions, subject to negotiation at the end of each contract term. The firm fixed price for administrative tasks shall consist of the total amount of the firm fixed price for each of the individual tasks contained within this RFP:

ADMINISTRATIVE FUNCTIONS PRICE				
TASK NAME	**ASSOCIATED DELIVERABLES**	**ANNUAL PROPOSAL PRICE AS PERCENTAGE OF FA COST AND SLR COST**		**TOTAL COST**
		SLR	**FA**	$
Project Management	• Project Kick-Off Meeting(s) • Project Plan – SLR • Project Plan – FA • Weekly Status Reports • Internal Status Meetings • DEDs, as requested by MQD	$	$	$
Disaster Recovery	• SLR DRP • FA DRP • Annual Updates	$	$	$
Privacy & Security	• SLR Privacy & Security Plan • FA Privacy & Security Plan • Annual Updates	$	$	$
Testing	• Test Environment • Test Plan • Test Cases • Test Results • UAT Training Plan • UAT Training • UAT Cases • UAT Defect Reports	$	$	$
Provider Relations & Training	• Methodology for evaluating and responding to	$	$	$

	provider training questionnaires • Reports of all providers (by type) who participate in provider trainings • Provider manuals • Bulletins and correspondence • Provider training package • Reports of all provider inquiries • Imaged copies of provider correspondence files • Provider application • Provider-facing informational website • Monthly report of provider calls			
Provider Hotline	• Toll-free telephone number • Provider Hotline Usage Reports	$	$	$
Payment	• Annual summary of FFS checks & remittance advices • Quarterly summary of Medicaid EHR Incentive payments • Monthly bank conciliation • 1099s	$	$	$
Document Management	• Document library	$	$	$
Reporting	• Administration & oversight reports • FA Reports	$	$	$
Appeals	• Appeals processing manual	$	$	$
Total Evaluated Price		$	$	$

On Pricing Schedule A, Line Item 3, the Offeror shall enter the total proposed price for all activities listed for administrative functions of the SLR and FA.

PRICING SCHEDULE E – Other Personnel Billing Rates & Related Services

Personnel Billing Rates Proposed Price

The Offeror shall propose Personnel Billing Rates. Personnel billing rates shall be fully loaded hourly rates, for personnel services that may be provided outside of the SOW for this RFP. The Offeror shall propose a rate for each category of personnel outlined in the Offeror's proposed staffing plan. Personnel billing rates shall be subject to negotiation upon each contract term renewal.

SLR and FA Related Services

The Offeror is provided the opportunity to offer information on other SLR and FA related services which are not in the SOW for this RFP that the Offeror is able and willing to provide. In doing so, the Offeror should provide a detailed description of the service as well as a pricing proposal for the service(s).

APPENDIX J - OFFEROR REFERENCES

The Offeror is required to supply MQD with names, addresses, and telephone numbers of three (3) customers for which the Offeror has supplied products and services that are similar to those being requested in this RFP. All work for these references must have been performed within the past five (5) years. Only three (3) references should be submitted.

Client Name: _____

Client Address: _____

Reference Name and Title: _____

Current Phone: _____

Email: _____

Description of Services Provided: _____

_____

Client Name: _____

Client Address: _____

Reference Name and Title: _____

Current Phone: _____

Email: _____

Description of Services Provided: _____

_____

Client Name: _____

Client Address: _____

Reference Name and Title: _____

Current Phone: _____

Email: _____

Description of Services Provided: _____

_____

APPENDIX K - KEY PERSONNEL/PREFERRED QUALIFICATIONS

Key Personnel and Required Experience

POSITION	RECOMMENDED QUALIFICATIONS
Project Manager	The Project Manager assigned to the engagement by the successful Offeror shall have full authority to administer the contract on behalf of the Offeror, including all implementation activities and ongoing day-to-day operations. The account/project manager must have the following experience within the last ten (10) years within the government or private sector: A minimum of three (3) years of large-scale project management experience; a minimum of two (2) years experience in the state or federal health and human services sector is desired. A minimum of three (3) years of experience managing SLR implementation and projects of similar size and complexity; A minimum of two (2) years of experience with systems analysis and design. A minimum of two (2) years of experience with large scale enterprise software systems implementation in a Service Oriented Architecture (SOA) environment. Excellent communication, presentation and interpersonal skills. The following qualifications are not required for the Project Manager, but are desired Project Management Professional (PMP) certification. A minimum of two (2) years of experience using Microsoft Project or similar software.
SLR Subject Matter Expert	The SLR Subject Matter Expert assigned to the engagement by the successful Offeror must have the following experience within the last 10 years within the government or private sector: A minimum of three (3) years of experience with SLR implementation; a minimum of two (2) years experience with state or federal health and human services sector is desired. Strong management and communication skills.
FA Subject Matter Expert	The FA Subject Matter Expert assigned to the engagement by the successful Offeror must have the following experience within the last 10 years within the government or private sector: A minimum of three (3) years experience with FA operations; a minimum of two (2) years experience with state or federal health and human services sector is desired. Strong management and communication skills.

APPENDIX L - KEY PERSONNEL REFERENCE SHEET

The Offeror is required to provide information on three (3) customers for all individuals who are considered key personnel as defined in Section 70.20.10 and Appendix K.

Client Name: _____

Client Address: _____

Reference Name and Title:_____

Current Phone: _____

Email:_____

Description of Services Provided: _____

_____

Client Name: _____

Client Address: _____

Reference Name and Title:_____

Current Phone: _____

Email:_____

Description of Services Provided: _____

_____

Client Name: _____

Client Address: _____

Reference Name and Title:_____

Current Phone: _____

Email:_____

Description of Services Provided: _____

_____

APPENDIX M - MANDATORY PROPOSAL SUBMISSION CHECKLIST

This appendix includes the Mandatory Technical Proposal Requirements Checklist. Offeror to complete the column labeled "Offeror Check" and include completed signed form in proposal. MQD will verify Offeror's submission.

Mandatory Technical Proposal Requirements Checklist

#	RFP REQUIREMENT	OFFEROR CHECK	MQD VERIFICATION
1	**Offeror Proposal General Requirements**		
1.1	Offerors Proposal was received on time at Department of Human Services, Med-Quest Division by date and time specified in the RFP.		
1.2	Proposals are sealed and labeled on the outside of the package "SEALED BID" and shows the title, "Hawaii EHR Incentive Program SLR Implementation and FA Operations, RFP-MQD-2013-008" and includes the name of the Offeror.		
1.3	Technical Proposals and Cost Proposals are sealed in separate envelopes or boxes within the "Sealed Bid." Each Proposal is clearly marked "Technical Proposal" or "Cost Proposal".		
1.4	**Delivery Method** – Proposals were received via U.S. Mail, Express Delivery or Hand Delivery.		
1.5	**Number of Copies**- Technical Proposal includes: One (1) original hard copy with original signatures and is clearly marked as the "Original Technical Proposal " in a three-ring binder Three (3) identical hard copies of the original each in a three-ring binder One (1) electronic copy (CD—ROM) in Microsoft Office (Word, Excel and PowerPoint) format or Adobe Acrobat (PDF) format.		
1.6	**Paper/font Size** – Technical Proposal is printed on 8½ X 11 inch paper (letter size) and double sided. Proposals are single-spaced and the text font is no smaller than 12 points.		

#	RFP REQUIREMENT	OFFEROR CHECK	MQD VERIFICATION
1.7	**Order/Tabs** – Technical Proposal is ordered and includes tabs for the following sections: Tab 1: Offer Form (OF-1) Tab 2: Transmittal letter Tab 3: Mandatory Technical Proposal Requirement Checklist Tab 4: Notes and Certifications Tab 5: Executive Summary Tab 6: Offeror Identification Information Tab 7: Offeror Qualifications and Experience Tab 8: Offeror Financial Condition Tab 9: Approach to Completing the Scope of Services Tab 10: Approach to Project Staffing Tab 11: Work Plan and Schedule Tab 12: Assumptions Tab 13: Proposal for SLAs		
1.8	**Cost Information** – Offeror's Technical Proposal contains no cost information.		
1.9	**Cover Page –** Cover page of Technical Proposal includes the following information: • Name and address of the Offeror • Date of submission • Title "Technical Proposal for Hawaii EHR Incentive Program SLR Implementation and FA Operations		
2	**Offer Form (Tab 1)**		
2.1	A completed Offer Form (OF-1) signed by an individual authorized to legally bind the Offeror.		
3	**Transmittal Letter (Tab 2)**		
3.1	Transmittal Letter is submitted as Tab 2 on official business letterhead and contains the firm's name and address.		
3.2	Transmittal Letter is signed in ink on the "Original Technical Proposal" by the individual authorized to commit the Offeror to the proposed scope of work and clearly indicates the name and title.		

#	RFP Requirement	Offeror Check	MQD Verification
3.3	The Transmittal Letter contains a statement indicating that the Offeror is a corporation or other legal entity. All subcontractors shall be identified and a statement included indicating the percentage of work to be performed by the prime Offeror and each subcontractor, as measured by percentage of total contract price.		
3.4	The Transmittal Letter contains a statement that the Offeror has included its qualifications as required in Section 70. and a list of the Offeror's experience. The Offeror should cross-reference the experience from Section 70.27 and References in Appendix J and K that support this statement.		
3.5	The Transmittal Letter contains a statement that the Offeror is/will be registered to do business in Hawaii and has/will obtain a State of Hawaii General Excise Tax License by the start of work. Offerors should provide the Hawaii excise tax number (if available).		
3.6	The Transmittal Letter contains a statement identifying all amendments and addenda to this RFP issued by MQD and received by the Offeror. If no amendments or addenda have been received, Offerors must include a statement that none were issued.		
3.7	The Transmittal Letter contains a statement that the person signing this Proposal is authorized to make decisions as to the proposed work, the prices quoted, that the offer is firm and binding, and that he or she has not participated, and will not participate, in any action contrary to the RFP.		
3.8	The Transmittal Letter contains the name and telephone number of the Offeror's representative who may be contacted for all contractual matters.		
3.9	The Transmittal Letter contains a statement that the Offeror has read, understands and agrees to all provisions of this RFP and inclusion of a signed copy of Appendix G.		
3.10	The Transmittal Letter contains a statement of the Offeror's willingness to enter into an agreement with the State of Hawaii, which includes a reference to the terms and conditions presented in Section 60 of this RFP.		

#	RFP REQUIREMENT	OFFEROR CHECK	MQD VERIFICATION
3.11	The Transmittal Letter contains a statement that it is understood that if awarded the contract, the Offeror's organization will deliver the goods and services meeting or exceeding the specifications in the RFP and amendments.		
3.12	The Transmittal Letter contains the Offeror's Federal Tax Identification Number.		
3.13	The Transmittal Letter contains a statement of affirmative action that the Offeror does not discriminate in its employment practices with regard to race, color, religion, creed, age, sex, national origin or mental or physical handicap, except as provided by law.		
3.14	The Transmittal Letter contains a statement that neither cost nor pricing is included in the transmittal letter or any part of the Technical Proposal.		
3.15	If the use of subcontractor(s) is proposed, the transmittal letter contains a statement from each subcontractor must be appended to the transmittal letter. The statement must be signed by an individual authorized to legally bind the subcontractor and state the general scope of work to be performed by the subcontractor(s) including: • The scope and percentage of work to be performed by the subcontractor (measured as a percentage of the total agreement price paid directly to the subcontractor) • The subcontractor's willingness to perform the work indicated; and the subcontractor's intent to sign a formal agreement with the Offeror if the Offeror is awarded the Contract		
3.16	The Transmittal Letter contains a statement that no attempt has been made or will be made by the Offeror to induce any other party to submit or refrain from submitting a Proposal.		
3.17	The Transmittal Letter contains a statement that the bid was arrived at independently without collusion, consultation, communication, or agreement as to any matter relating to such prices with any other Offeror or with any competitor.		

#	RFP Requirement	Offeror Check	MQD Verification
3.18	If any page is marked "Confidential" or "Proprietary" in the Offeror's Proposal, The Transmittal Letter contains an explanation to MQD of how substantial competitive harm would occur if the information is released and inclusion of the completed form in Appendix H.		
3.19	The Transmittal Letter contains a statement that neither the Offeror nor any proposed subcontractor has been found in default of previous contracts in the State of Hawaii.		
3.20	The Transmittal Letter contains the Offeror's assurance that the Proposal will remain in full force and effect for at least 180 days from the Proposal due date, which will be specified in the Transmittal Letter.		
3.21	The Transmittal Letter contains a statement that the Offeror does not and will not have any interest that will conflict, in any manner or degree with the performance of services required under this RFP.		
3.22	The Transmittal Letter contains an affirmative statement agreeing to the payment and liquidated damage terms stated in this RFP.		
4	**Mandatory Technical Proposals Requirement Checklist (Tab 3)**		
4.1	The signed Mandatory Technical Proposals Requirement Checklist is submitted as Tab 3.		
5	**Notes and Certifications (Tab 4)**		
5.1	Offerors have included a signed copy of the State of Hawaii Contractor's Standards of Conduct Declaration (Appendix D)		
5.2	Offerors have included a signed copy of the Disclosure Statement, Wage Certification, and Insurance Requirements Certification (COLI) Certification Forms (Appendix E)		
5.3	Offerors have included a signed copy of the Offeror Acknowledgement Form (Appendix F)		
5.4	Offerors have included a signed copy of the Exceptions to RFP Language (Appendix G)		
6	**Executive Summary (Tab 5)**		
6.1	The Technical Proposal includes an Executive Summary as Tab 5 of the Technical Proposal		

#	RFP Requirement	Offeror Check	MQD Verification
7	**Offeror Identification Information (Tab 6)** Offeror includes the following identification information as Tab 6 of the Technical Proposal:		
7.1	The organization's full company or corporate name.		
7.2	How the entity is organized (proprietorship, partnership, corporation).		
7.3	An organization chart of the entity clearly depicting the Offeror's reporting relationships.		
7.4	The address of the organization's headquarters office.		
7.5	The names and addresses of any parent organization, any partially or wholly owned subsidiaries, and any other related organizations.		
7.6	The state in which the Offeror is incorporated.		
7.7	The address of the Offeror's office location responsible for performance under the resulting contract if awarded the Contract.		
7.8	The Offeror's Federal Tax Identification Number.		
7.9	A brief history and current company ownership including the ultimate parent organization and major shareholders and principals. If an out-of-state Contractor, intent must be made clear to become duly qualified to do business in the State of Hawaii before a contract is executed.		
7.10	A general description of the primary business of the organization and its client base.		
7.11	The number of employees both locally and nationally.		
7.12	The size of organization in assets, revenue and people.		
7.13	The areas of specialization.		

#	RFP Requirement	Offeror Check	MQD Verification
7.14	If the Offeror intends to subcontract any part of the scope of work to be performed under this Contract, the Offeror must indicate the following for each subcontractor: • The subcontractor's name, address, and telephone number • The subcontractor's intent to sign a formal agreement with the Offeror if the Offeror is awarded the Contract		
8	**Offeror Qualifications and Experience (Tab 7)**		
8.1	The Technical Proposal includes Offeror Experience as Tab 7 of the Technical Proposal.		
8.2	Offeror's Proposal includes a minimum of three (3) references for the Offeror and Key Personnel using the form in Appendix J and L.		
8.3	Offeror provides a list of prior and existing contracts or agreements that the Offeror has entered into with the State of Hawaii		
8.4	Offeror provides a description of any contract termination for the Offeror or any proposed subcontractor during the past three (3) years for convenience, nonperformance, non-allocation of funds, or any other reason, or a statement that no such terminations have occurred		
9	**Offeror Financial Condition (Tab 8)**		
9.1	Offeror has provided financial information about the stability and financial strength of the organization such as a current Dun and Bradstreet Report, an Annual Report containing a Compiled Income Statement and Balance Sheet verified by a CPA firm, or tax returns and financial statements including income statements and balance sheets for the most recent three (3) years and any available credit reports.		
9.2	This section includes company size, organization, date of incorporation, ownership, number of employees, revenues for the previous three (3) fiscal years.		

#	RFP Requirement	Offeror Check	MQD Verification
9.3	Offeror has disclosed any and all judgments, pending or expected litigation, or other real potential financial reversals, which might materially affect the viability or stability of the Offeror's organization; or certified that no such condition is known to exist.		
9.4	If the Offeror is either substantially or wholly owned by another corporate entity, the Offeror has included similar financial information for the parent organization and a statement that the parent will unconditionally guarantee performance by the Offeror in each and every term, covenant, and condition of such contract as may be executed by the parties.		
9.5	Required financial information is provided for any proposed subcontractor whose percentage of work to be performed (measured as percentage of total contract price) equals or exceeds 20 percent.		
10	**Approach to Completing the Scope of Services (Tab 9)** Offeror includes the following sections as Tab 9 of the Technical Proposal:		
10.1	Introduction		
10.2	State Level Repository		
10.3	Fiscal Agent		
10.4	Administrative Tasks		
11	**Approach to Project Staffing (Tab 10)** Offeror includes the following sections as Tab 10 of the Technical Proposal:		
11.1	Approach to Staffing to successfully complete activities in Section 40 of the RFP		
11.2	Project Organization Charts and Position Descriptions		
11.3	Resumes of Key Personnel		
12	**Work Plan and Schedule (Tab 11)**		
12.1	Offeror includes a Work Plan and Schedule for all major activities, tasks and subtasks, showing the responsible party.		

#	RFP Requirement	Offeror check	MQD Verification
13	**Assumptions (Tab 12)**		
13.1	The Offeror's Proposal includes a list of assumptions or a statement that no assumptions are made as Tab 12.		
14	**Proposal for SLAs (Tab 13)**		
14.1	The Offeror's Proposal includes Appendix N with the percentage of penalty to be applied if the SLA is not met.		

Signature

Title

APPENDIX N - SERVICE LEVEL AGREEMENTS

Service Level Agreements (SLAs) play an important role in defining and managing the expectations that will be placed upon the Contractor. MQD is interested in Offeror provided recommendations for SLAs and Key Performance Indexes (KPI). Each of the SLA categories listed below will have SLAs associated with them in the contract. Rather than MQD determining appropriate SLAs and KPIs for each of the categories below, please provide recommendations. This Appendix will not be included in scoring and is for informational purposes only. Final SLAs and KPIs will be included in the contract.

Key Performance Indicator	Liquidated Damages
1. Service Level Agreement – SLR Implementation Timeline	
2. Service Level Agreement – SLR Configuration Management	
3. Service Level Agreement – System Availability	
4. Service Level Agreement – Operational Problem Management	
5. Service Level Agreement – Customer Service Support	

APPENDIX O - DETAILED SLR REQUIREMENTS MATRIX

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
SOFTWARE		
SOFT1	Software	Propose a Medicaid EHR Incentive Payment administration solution that meets the requirements of the RFP and includes Center for Medicare and Medicaid Services (CMS) approved standards.
SOFT2	Software	Manage the data exchange processes between Federal systems, specifically the CMS National Level Repository (NLR).
SOFT3	Software	Manage the data exchange processes between other State systems, specifically the State's Hawaii Prepaid Medicaid Management Information System (HPMMIS).
SOFT3	Software	Provide a method to identify professionals and hospitals that are eligible for Medicaid Electronic Health Records (EHR) Incentive Program payments.
SOFT4	Software	Automatically generate notification to SLR when an NLR registration has been submitted to the Hawaii Medicaid EHR Incentive Program.
SOFT5	Software	Provide a method to create an SLR provider master file (SLR PMF) for the identification of eligible providers.
SOFT6	Software	Provide the ability for attesters to review NLR information received by the SLR.
SOFT7	Software	Validate and return provider information as entered into the system with provider information known by the State, including but not limited to all information required by the NLR and collected by the SLR PMF.
SOFT8	Software	Provide the capability to determine initial eligibility for the Hawaii Medicaid EHR Incentive Program using HPMMIS data points as defined by Med-Quest Division (MQD) and CMS.
SOFT9	Software	Be scalable and flexible to accommodate and adapt to EHR Incentive Payment Program changes required by State and/or Federal statute, regulation, mandate, decision, or policy.
SOFT10	Software	Be scalable and flexible to allow components of the commercial-off-the-shelf (COTS) system SLR to be utilized (or not be utilized) by MQD at their discretion and in accordance with the Hawaii State Medicaid Health Information Technology Plan (SMHP).
SOFT11	Software	Incorporate the policy choices and priorities of the Hawaii policymakers.
SOFT12	Software	Comply with applicable Health Insurance Portability and Accountability Act (HIPAA) requirements.
SOFT13	Software	Provide web-based functionality to allow providers or authorized representative to submit attestations online for eligibility for the EHR Incentive Program, including exceptions for provider type (i.e. pediatrician, group Medicaid eligibility, Physicians Assistant, provider in a Federally Qualified Health Clinic (FQHC)/Rural Health Clinic (RHC)/.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
SOFT14	Software	Provide web-based functionality to allow providers or authorized representative to submit attestations online to adoption, implementation or upgrade (A/I/U) of certified EHR technology, per provider type (i.e. eligible professional, eligible hospital or group of eligible professionals).
SOFT15	Software	Provide web-based functionality to allow providers or authorized representative to submit attestations online to the Meaningful Use of certified EHR technology (i.e. core and menu objectives and core and menu Clinical Quality Measures), per provider type (i.e. eligible professional, eligible hospital or group of eligible professionals).
SOFT16	Software	Provide web-based functionality to support the intake of documentation in support of provider's attestations to any or all portions of the Medicaid EHR Incentive Program.
SOFT17	Software	Provide web-based functionality to support the electronic submission of Meaningful Use data, including Clinical Quality Measures, for collection by MQD in accordance with CMS requirements.
SOFT18	Software	Provide a separate web-based, role-based functionality to support the review of submitted attestations by staff.
SOFT19	Software	Check each incoming attester against existing database to determine if the incoming attester is new to the system, reopening an incomplete attestation or accessing a previously submitted attestation.
SOFT20	Software	Provide a flag to indicate providers that are considered ineligible, excluded, rejected, recouped or adjusted, on a Federal and State basis.
SOFT21	Software	Assign a unique identifier as specified by MQD to be for each attester-created attestation.
SOFT22	Software	Allow eligible professionals to meet eligibility requirements under different categories as well as receive varying incentive payments based on individual information.
SOFT23		Allow eligible hospitals to meet eligibility requirements under different categories as well as receive varying incentive payments based on individual information.
SOFT24	Software	Provide the capability to automatically calculate provider incentive payments, based on provider type and other relevant attestation information such as pediatrician status and cost report information.
SOFT25	Software	Accommodate special characters in attestation fields, e.g., commas, apostrophes, hyphens, etc.
SOFT26	Software	Display the attestation information and result in a manner that is comprehensive and easy to understand.
SOFT27	Software	Feature a progress bar and/or navigation menu to highlight attester's progress.
SOFT28	Software	Provide an automated and/or Contractor staff guided attestation process to enable the attester to easily enter required information.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
SOFT29	Software	Operate according to all CMS requirements regarding proxy representative entering and submitting information on behalf of a provider as an attester.
SOFT30	Software	Allow an attester to save and amend the attestation in order to allow adequate time for attester to gather appropriate information.
SOFT31	Software	Allow an attester to replicate information across attestation steps for all providers attesting for, as permitted by program rules for group attestations.
SOFT32	Software	Allow the attester to jump back to sections previously completed without losing data entered.
SOFT33	Software	Point out missing data, errors and inconsistencies as attesters progress through the attestation.
SOFT34	Software	Allow continuance of the attestation process for attestations missing information not mandatory for program eligibility, as designated by MQD.
SOFT35	Software	Disallow the continuance of the attestation process for attestations missing information considered mandatory for program eligibility, as designated by MQD.
SOFT36	Software	Provide a mechanism to manually navigate/skip to any screens that the attester is authorized to access.
SOFT37	Software	Allow the attester to upload and attach source documents to support eligibility determination for Medicaid EHR Incentive Program payments.
SOFT38	Software	Capture and track eligibility information as required by MQD for the Medicaid EHR Incentive Program.
SOFT39	Software	Provide the capability to automatically calculate Eligibility and EHR Reporting Periods.
SOFT40	Software	Disallow time periods (including Eligibility and EHR Reporting Periods) to fall outside the timeframe designated by MQD and CMS.
SOFT41	Software	Provide the capability to automatically calculate eligible hospital's average length of stay (ALOS).
SOFT42	Software	Capture and track A/I/U information, as required by MQD for the Medicaid EHR Incentive Program.
SOFT43	Software	Capture and track Meaningful Use information, as required by MQD for the Medicaid EHR Incentive Program.
SOFT44	Software	Capture and track attestation to program rules and regulations, as outlined by CMS and MQD.
SOFT45	Software	Verify attestation data through other State and Federal systems as designated by MQD, including the Office of the National Coordinator Certified HIT Product List (ONC CHPL) site, State licensing agency, etc.
SOFT46	Software	Verify attestation data through the NLR.
SOFT47	Software	Verify attestation data through the HPMMIS.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
SOFT48	Software	Provide the capability to automatically validate attestation information against a provider's information previously obtained by MQD at each step.
SOFT49	Software	Provide the capability to automatically validate attestation information against the SLR PMF at each step.
SOFT50	Software	Provide the capability to automatically validate attestation information against the NLR system at each step.
SOFT51	Software	Provide a mechanism to indicate electronically that verification documents have or have not been adequately provided.
SOFT52	Software	Provide the capability to automatically validate CMS EHR Certification ID Number against the ONC CHPL website.
SOFT53	Software	Provide the capability to automatically validate Meaningful Use thresholds have been met using information entered into the attestation.
SOFT54	Software	Provide the capability to automatically validate the selection of A/I/U for the first program year only.
SOFT55	Software	Provide the capability to automatically validate the National Provide Identifier.
SOFT56	Software	Provide the capability to automatically validate the Tax Identification Number against death records on a Federal and State level.
SOFT57	Software	Provide the capability to automatically validate the CMS Certification Number (CCN) for eligible hospitals and validate that it falls within the range of eligibility.
SOFT58	Software	Provide the capability to automatically validate that a given attestation meets patient volume criteria based on provider type.
SOFT59	Software	Provide the capability to automatically validate that an EHs average length of stay is less than 25 days.
SOFT60	Software	Allow for help text or notification of alternative verification document options to the attester, as designated by MQD.
SOFT61	Software	Provide attesters the ability to submit verification documentation via multiple avenues (e.g., email, mail, phone, fax, walk- in).
SOFT62	Software	Provide a mechanism to notify attester that information entered may require further review and revision pending MQD approval.
SOFT63	Software	Allow attester to print /save an electronic copy of completed attestation for their records.
SOFT64	Software	Present the attester with a summary view of the information entered prior to submission.
SOFT65	Software	Allow attester to submit attestation via an Internet browser.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
SOFT66	Software	Provide system-generated date and time stamp for receipt of electronic attestations to be used in monitoring standards of promptness by program
SOFT67	Software	Route submitted attestations to MQD and or Contractor staff as designated by MQD
SOFT68	Software	Provide the capability for staff to review site and act on attestations using role-based definitions, as defined by MQD
SOFT69	Software	Provide the capability for MQD and or Contractor staff to save review work in progress, exit the workflow, access work at a later point with all of the information still populated from the previous staff actions so previous work will not need to be repeated.
SOFT70	Software	Track, monitor, and display work done/in queue, by credential, to MQD and or Contractor staff.
SOFT71	Software	Provide the flexibility to create/modify existing MQD and or Contractor staff credentials, as requested by MQD.
SOFT72	Software	Support the capability for MQD and or Contractor staff to search providers by various identifiers, including, but not limited to, name, Tax Identification Number, National Provider Identifier, provider type, status, etc.
SOFT73	Software	Support the capability for MQD and or Contractor staff to search providers by various characteristics, including, but not limited to, patient volume, status, A/I/U method, and Meaningful Use thresholds.
SOFT74	Software	Provide the ability for MQD and or Contractor staff to search and sort attestations in listable format, including, but not limited to, attestation status, submission date, and payment date.
SOFT75	Software	Provide the capability for MQD and or Contractor staff to examine individual attestations, including all information transmitted, submitted or attached.
SOFT76	Software	Provide the capability for MQD and or Contractor staff to approve, pass, deny, reject, and fail any or all of an attestation.
SOFT77	Software	Allow MQD and or Contractor staff to create customizable messages to attesters throughout the attestation review process.
SOFT78	Software	Support the capability of MQD and or Contractor staff to view all attestations attached to a given group administrator.
SOFT79	Software	Provide a role-based capability for MQD and or Contractor staff to approve an attestation for payment by MQD.
SOFT80	Software	Provide the capability for MQD and or Contractor staff to batch attestations approved by MQD for D16 approval.
SOFT81	Software	Provide the capability for MQD and or Contractor staff to batch attestations with D16 approval to be sent as payment files to the Fiscal Agent.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
SOFT82	Software	Provide the capability for MQD and or Contractor staff to mark any or all parts of an attestation for pre- or post-payment audit.
SOFT83	Software	Provide the capability for MQD and or Contractor staff to track progress of an audit, including documentation, reference notes, and status, in accordance with the Hawaii SMHP Audit Strategy.
SOFT84	Software	Provide the capability for MQD and or Contractor staff to make payment adjustments or recoupment, as the result of an audit.
SOFT85	Software	Provide the capability for MQD and or Contractor staff to mark an attestation based on risk assessment outcome, as the result of a pre- or post-payment audit.
SOFT86	Software	Capture and display date that a change was made by an attester per request by MQD and/or Contractor staff to amend any or all of an attestation.
SOFT87	Software	Provide the ability for attesters to send secure messages regarding their attestation to MQD and/or Contractor staff.
SOFT88	Software	Allow an attester to amend an attestation as directed by MQD and/or Contractor staff as long as incentive payment has not been disbursed.
SOFT90	Software	Allow and record an attester's request to withdraw an attestation as long as an incentive payment has not been disbursed.
SOFT91	Software	Monitor the number of attestations submitted and abandoned.
SOFT92	Software	Monitor the number of attesters who requested assistance via chat, telephonic, etc.
SOFT93	Software	Provide a mechanism through which attesters can check the status of an attestation, including State review, payment distribution, etc.
SOFT94	Software	Provide capability to track incomplete, new, add-on, and pending attestations.
SOFT95	Software	Notify attesters of failed verifications, including but not limited to failed data field values, failed verification documentation, and failed validations with disparate State systems.
SOFT96	Software	Provide the ability for attesters to view, confirm, dispute and submit corrections to attestations in process or previously submitted to MQD and/or Contractor staff for review.
SOFT97	Software	Generate reports related to attestation information, including but not limited to successful payments, approved eligible professionals and hospitals, and eligible professionals associated with a group clinic patient volume.
SOFT98	Software	Automatically generate notices by email to notify attesters of attestation status changes.
SOFT100	Software	Support attesters "Rights and Responsibilities" text, including, but not limited to, the attesters right to appeal administrative decisions regarding the Medicaid EHR Incentive Program and Terms of Use for system.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
SOFT101	Software	Record and track how correspondence was issued to attester by program year.
SOFT102	Software	Provide the capability for mass notifications to attesters, including the ability to send mass notifications to attesters with known affiliation within the system.
SOFT103	Software	Provide the capability to issue notices at set timeframes according to program rules and at the request of MQD.
SOFT104	Software	Provide a mechanism to suppress and track specific notices at the discretion of MQD.
SOFT105	Software	Provide a mechanism to permanently suspend any notice type as requested by MQD.
SOFT106	Software	Provide standard email templates for notifications to attesters.
SOFT107	Software	Provide the capability to electronically generate notices regarding missing information.
SOFT108	Software	Provide the capability to electronically generate notices regarding discrepancies in attestation information as validated by data maintained within State or Federal systems.
SOFT109	Software	Provide the capability to electronically generate notices regarding discrepancies in attestation information as validated by data maintained within State or Federal systems.
CONFIGURATION		
CONF1	Configuration	Provide a mechanism to define required and optional data fields and documentation, based on MQD and CMS program rules.
CONF2	Configuration	Produce a customized list of documents required by MQD to complete Medicaid EHR Incentive Program payment attestation.
CONF3	Configuration	Identify and display verifications required for the attester to provide based on program rules as designated by MQD.
CONF4	Configuration	Produce notices and forms.
CONF5	Configuration	Provide the ability for MQD to specify required documentation mandatory for submission with each type of attestation (i.e. eligible hospital, eligible professional or group).
CONF6	Configuration	Enable MQD and/or Contractor staff to participate in any Change Management Request (CMR) process operated by the contractor on any client system user group.
IMPLEMENTATION		
IMP1	Implementation	Exchange data between the SLR and State's HPMMIS and the CMS NLR.
IMP2	Implementation	Deploy a web-based SLR to allow providers or authorized representative to submit attestations (A/I/U and Meaningful Use) to the Hawaii Medicaid EHR Incentive Program, as outlined in the RFP.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
IMP3	Implementation	Intake documentation in support of provider's attestations.
IMP4	Implementation	Route submitted attestations to staff for review and approval.
IMP5	Implementation	Pay approved attestations incentive payments according to regulations and standards, as outlined by CMS.
ADMINISTRATION & OVERSIGHT		
AO1	Administration & Oversight	Represent the state in multi-state discussions regarding the Medicaid EHR Incentive Program, including CMS Community of Practice conferences, etc., as directed by MQD.
AO2	Administration & Oversight	Conduct administration and oversight, as defined by MQD and CMS, of the Hawaii Medicaid EHR Incentive Program, including review of incomplete and complete attestations, payment, status, audit information, reporting, etc.
AO3	Administration & Oversight	Manage credentialing required for program administration and oversight software.
AO4	Administration & Oversight	Create/modify existing credentials, as requested by MQD.
AO5	Administration & Oversight	Track, monitor and report performance measures by staff credential including, but not limited to, reviews completed, payments distributed, and provider types, to MQD.
AO6	Administration & Oversight	Report progress against MQD goals, initiatives, and policy changes, including, but not limited to, policy initiatives, budget initiatives, auditing requirements, appeals and grant opportunities, to MQD.
AO7	Administration & Oversight	Verify that all providers meet eligibility criteria for the Hawaii Medicaid EHR Incentive Program.
AO8	Administration & Oversight	Verify that all providers meet patient volume requirements, based upon provider type.
AO9	Administration & Oversight	Verify that eligible professionals are not hospital-based according to place of service codes.
AO10	Administration & Oversight	Verify that all providers meet attestation requirements for A/I/U or Meaningful Use.
AO11	Administration & Oversight	Ensure that each provider type with an approved attestation is administered the correct incentive payment amount.
AO12	Administration & Oversight	Ensure that there is no duplication in payments.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
AO13	Administration & Oversight	Ensure that no EP nor EH is distributed an incentive payment past 2016 for the first year of participation in the Hawaii Medicaid EHR Incentive Program.
AO14	Administration & Oversight	Approve, pass, deny, reject, and fail all attestations within 45 days of completed submission.
AO15	Administration & Oversight	Communicate with attesters throughout the attestation review process as necessary to approve for payment.
AO16	Administration & Oversight	Send attestations approved by MQD for D16 approval.
AO17	Administration & Oversight	Send attestations with D16 approval to the Fiscal Agent for payment.
AO18	Administration & Oversight	Mark attestations for pre- or post-payment audit, in accordance with the Hawaii SMHP Audit Strategy.
AO19	Administration & Oversight	Coordinate with the Regional Extension Center to provide REC participants with programmatic information, including requirements for the Program.
AO20	Administration & Oversight	Provide Contractor staff to write, gain approval of from MQD and implement a coordinated Communication Plan for the purposes of educating eligible professionals and hospitals about the availability of the EHR Incentive Payment Program.
AO21	Administration & Oversight	Provide Contractor staff to write, gain approval of from MQD and distribute Medicaid EHR Incentive Program-related materials, including but not limited to eligibility templates, attestation guides, etc.
AO22	Administration & Oversight	Provide Contractor staff to field provider questions relating to the Medicaid EHR Incentive Program, including but not limited to eligibility, Meaningful Use requirements, A/I/U requirements, etc.
AO23	Administration & Oversight	Field provider questions relating to the Medicaid EHR Incentive Program attestation solution as they pertain to their attestation, including providing information on required documents, support if state has pended attestation for additional information, etc.
AO24	Administration & Oversight	Maintain and populate Hawaii Medicaid EHR Incentive Program website with current information regarding eligibility, requirements, and participation in the Program.
AO25	Administration & Oversight	Maintain and populate a Hawaii Medicaid EHR Incentive Program website that provide resources targeting potential attesters, including, but not limited to, Hawaii-specific requirements, document templates, checklists, Federal resources, and other state resources.
AO26	Administration & Oversight	Provide a HelpDesk as a resource for attesters to inquire about attestation process and payment status.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
AO27	Administration & Oversight	Have the ability to provide HelpDesk staff with information specific to the Hawaii Medicaid EHR Incentive Program, including, but not limited to, program requirements, required documentation, and other related resources.
AO28	Administration & Oversight	Support MQD to contact providers and/or their authorized representatives regarding their attestation status, payment status, audit results, and appeal results.
AO29	Administration & Oversight	Provide marketing capabilities to target potential Hawaii Medicaid EHR Program participants, including eligible professional types, hospitals, clinics, REC participants, FQHCs, RHCs, etc.
AO30	Administration & Oversight	Report outreach efforts, including, but not limited to, number and types of providers contacted, frequently asked questions, providers recruited for attestation, and provider submissions.
AO31	Administration & Oversight	Coordinate with the HPMMIS and Fiscal Agent to ensure that claims/encounters data, provider identification information and payment status are correct.
MAINTENANCE & OPERATIONS		
MO1	Maintenance & Operations	Provide 24X7 availability for the web portal and other ancillary system components as required by the State, except for the State-approved time for system maintenance.
MO2	Maintenance & Operations	Provide real-time availability of information across all systems.
MO3	Maintenance & Operations	Notify MQD immediately of any unscheduled downtime. Any unscheduled downtime shall also be documented and explained in writing.
MO4	Maintenance & Operations	Review system and network access logs on a daily basis.
MO5	Maintenance & Operations	Allow new data items to be automatically included in migration paths during software upgrades.
MO6	Maintenance & Operations	Perform regular maintenance (on at least a monthly basis) to ensure optimum performance.
MO7	Maintenance & Operations	Ensure that the use of acronyms and codes are consistent with windows, screens, reports and databases or data dictionary.
MO8	Maintenance & Operations	Use effective-dated table updates (either future dated or retroactive) with the ability to specify data edits by type of transaction.
MO9	Maintenance & Operations	Provide a clearly defined promote-to-production process that enforces a strictly defined methodology for movement from development to Quality Assurance (QA) and production.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
MO10	Maintenance & Operations	Provide the capability to roll back data and software releases/programs as requested by the State during testing cycles.
MO11	Maintenance & Operations	Provide for and support automated, internal, integrated system checkpoints that monitor the system accuracy and condition for which it was accepted.
MO12	Maintenance & Operations	Meet Service Level Agreements per the State's requirements.
MO13	Maintenance & Operations	Provide complete support for software error correction and problem resolution. Provide a written explanation, cause, resolution, and number of affected cases. The State shall prioritize Priority 1 and Priority 2 errors. The selected Contractor shall resolve all errors within the following timeframes: • **Priority 0 Errors (system unavailable)** – notification to the State within 30 minutes, status of error every 30 minutes until the corrective action plan is approved, corrective action plan within two (2) hours; • **Priority 1 Errors (serious production issues)** – notification to the State within 30 minutes, status of error every one (1) hour until the corrective action plan is approved, corrective action plan within two (2) hours; • **Priority 2 Errors (significant production issue where work around is available)** – notification to the State within 30 minutes, status of error twice a day until the corrective action plan is approved, corrective action plan within 24 hours; • **Priority 3 Errors (all others)** – notification to the State within 30 minutes if during scheduled business hours otherwise beginning of next business day, status of error every 24 hours until the corrective action plan is approved, corrective action plan will define the agreed-upon schedule between the selected Contractor and the State. All priority levels will be subject to State review and approval.
MO14	Maintenance & Operations	Track and report on remediation and rebuild to satisfy defects, bugs, and issues identified and resolved, In conjunction with the State. If rework hours appear to jeopardize on-time release delivery, the Contractor shall present a written mitigation plan to the State, including the provision of additional resources at no additional cost to the State.
MO15	Maintenance & Operations	Provide written explanation, cause, resolution, and timeframe for correction of any error.
MO16	Maintenance & Operations	Provide the ability to copy production system data to a test environment, as needed for testing.
MO17	Maintenance & Operations	Provide a repository of all test documentation including test scenarios and results.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SLR SOLUTION SHALL..."
MO18	Maintenance & Operations	Provide the capability to roll back data and software releases/programs as requested by the State during testing cycles.
MO19	Maintenance & Operations	Use automated application and network performance measuring tools for proactive system monitoring, tuning mechanisms, reporting, and trend analysis. Performance monitoring alerts shall be configurable and allow for user notification using multiple communication methods.

APPENDIX P - DETAILED FA REQUIREMENTS MATRIX

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
SYSTEM		
SYS1	System	Provide personal computers with software compatible with Med-Quest Division (MQD) standards for Contractor staff.
SYS2	System	Provide a local area network to connect its staff.
SYS3	System	Provide a frame relay from the FA's Honolulu office to the Arizona Department of Administration (ADOA) mainframe in Phoenix, Arizona, to provide connectivity for on-line HPMMIS functions. This also includes a backup telecommunication infrastructure.
SYS4	System	Provide capability to support FA functions, including generating checks, prior authorization notices, remittance advices, correspondence, and reports.
SYS5	System	Provide the capability to generate and mail eligibility cards/notices to Medicaid eligibles.
SYS6	System	Provide software for file transfer capability compatible with ADOA.
SYS7	System	Provide an accounts payable and check writing system to generate checks, electronic payments and 1099s.
SYS8	System	Provide an accounts receivable system to generate and record invoices and receipts.
SYS9	System	Provide compatibility for MQD to do on-line retrieval of claims images.
SYS10	System	Provide compatibility for batch retrieval of provider contracts and registration information.
SYS11	System	Provide compatibility so that the format of imaged documents meets requirements to be considered a legal document.
SYS12	System	Provide a secure interface to MQD network for MQD access to Offeror network and applications.
SYS13	System	Provide correspondence generation and distribution.
SYS14	System	Provide disaster recovery and contingency plans.
SYS15	System	Use HPMMIS for claims electronic claims receipt, hard copy claims data entry, data entry and authorization of services, and claims processing, adjudication, pricing, and workflow.
SYS16	System	Provide call tracking and hotline support.
SYS17	System	Provide a FA Requirements Specification Document.
SYS18	System	Provide a DD/ID waiver to input prior authorizations (approved by DOH) into HPMMIS.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
SYS19	System	Provide the ability to conduct annual reports from the DD waiver that report on DD providers, the time of access to service, suspension processing, and cost sharing.
SYS20	System	Engage the FFS provider network by providing mailed communication developed by MQD to providers in the community.
SYS21	System	Image all provider-related records provided by the Health Care Services Branch (HCSB).
SYS22	System	Notify HCSB of any returned pieces of mail from provider mailings so that HCSB can address the issue in HPMMIS.
PLANNING		
PLAN1	Planning	Gain a thorough understanding of current business processes.
PLAN2	Planning	Conduct all planning activities concurrently with transfer activities.
PLAN3	Planning	Provide desk-level procedures for claims receipt; imaging and data entry; claims processing and adjudication; provider relations for claims and claims payment.
PLAN4	Planning	Establish an infrastructure and resources to support the functions assigned to the Offeror during operations.
PLAN5	Planning	Implement systems, networks and other infrastructure in coordination with Arizona Health Care Cost Containment System (AHCCCS) and MQD.
TRANSFER		
TRAN1	Transfer	Develop and submit a Transfer Strategy for approval by MQD.
TRAN2	Transfer	Document, agreed upon, conversion and turnover procedures and submit to MQD.
TRAN3	Transfer	Identify issues or problems that may impact the turnover and transition.
TRAN4	Transfer	Manage the transition tasks assigned to the Offeror.
TRAN5	Transfer	Participate in pre-transition walk-through.
TRAN6	Transfer	Provide resources during the transition period to assure the performance outcome identified in the Transfer Strategy.
TRAN7	Transfer	Transfer imaged copies of hard copy claims and attachments to a readable format for MQD.
TRAN8	Transfer	Transfer imaged copies of provider registration information for all active MQD agreements.
TRAN9	Transfer	Transfer imaged copies of provider contracts for all active Social Security Division (SSD) providers.
TRAN10	Transfer	Provide file conversions.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
CLAIMS PROCESSING		
CLAIMS1	Claims	Receive and date stamp, on date of receipt, all paper claims, attachments, credit/adjustment requests and claims resubmissions from providers.
CLAIMS2	Claims	Control all claim-related documents by batching and assigning claim reference numbers (CRN). Conform to HPMMIS' standards for hard copy claim CRN.
CLAIMS3	Claims	Convert information from claim and other documents to machine-readable format.
CLAIMS4	Claims	Verify all key-entered data by utilizing the current claims sampling methodology.
CLAIMS5	Claims	Prepare rejection notices for documents failing the manual screening process.
CLAIMS6	Claims	Return rejection notices for documents failing the manual screening process.
CLAIMS7	Claims	Return rejection notices and original documents to providers.
CLAIMS8	Claims	Transfer the hard copy claim information into the HPMMIS data entry screens. The Offeror will be responsible for identifying any modifications and technical infrastructure necessary to Hawaii Prepaid Medicaid Management Information System (HPMMIS) to assist in the data entry process. Offeror will also assume financial responsibility for those modifications to HPMMIS.
CLAIMS9	Claims	Image medical authorizations and supporting documentation.
CLAIMS10	Claims	Link claims, attachments and adjustments within the claims system.
CLAIMS11	Claims	Provide capability for MQD and its designees to access the images via an Internet browser or other software capabilities. Offeror should describe how the imaged data would be accessible by MQD.
CLAIMS12	Claims	Provide MQD with the software necessary to access claim images.
CLAIMS13	Claims	Provide system response to requests by users to access the imaged claim documents. Response should be sub second for documents within 90 calendar days of receipt and sub minute for documents beyond 90 calendar days of receipt.
CLAIMS14	Claims	Provide training and coordinate testing of certified providers for electronic claims submission in compliance with HPMMIS and HIPAA requirements.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
CLAIMS15	Claims	Provide support to new providers who choose to submit claims electronically by testing file submissions into the MQD server that will be located at AHCCCS in compliance with HIPAA requirements.
CLAIMS16	Claims	Provide a file of CRN numbers to imaged documents. HPMMIS will use this file to match and identify potential missing documents.
CLAIMS17	Claims	Reconcile and resolve missing documents.
CLAIMS18	Claims	Process hard copy claims and attachments to be ready for adjudication by HPMMIS within 5 business days of receipt with an error rate of less than 4.2%.
CLAIMS19	Claims	Screen and return to providers claim documents with inadequate information to process the claims.
CLAIMS20	Claims	Handle all claims and other related transactions in accordance with program policies, benefits, and limitations as defined and established by the State.
CLAIMS21	Claims	Meet or exceed all processing performance standards specified in this RFP.
CLAIMS22	Claims	Train and maintain staff that is knowledgeable of MQD policies and procedures.
CLAIMS23	Claims	Utilize the HPMMIS system, including the integrated workflow management to resolve pended claims.
CLAIMS24	Claims	Review claims that have pended to recipient eligibility. Research and determine recipient eligibility status on the date of service. Adjudicate claim for recipient status. Identify and notify MQD where recipient eligibility may be causing errors to occur.
CLAIMS25	Claims	Review claims that have pended due to provider eligibility status and/or eligibility to perform the service on the date of service. Adjudicate claim for provider status. Identify and notify MQD where provider eligibility may cause errors to occur.
CLAIMS26	Claims	Review claims that have pended for other than medical review. Research and resolve pends within 30 calendar days.
CLAIMS27	Claims	Review claims that are pended for attachments such as consent forms.
CLAIMS28	Claims	Review claims that have pended for possible duplicate claims. Identify and resolve services that duplicate or conflict with previously adjudicated services or with other services in the same processing cycle.
CLAIMS29	Claims	Monitor and be responsible for status information on each claim in process (not yet fully adjudicated) reflecting the results of the adjudication process.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
CLAIMS30	Claims	Ensure that suspended claims are resolved in accordance with approved procedures.
CLAIMS31	Claims	Maintain data on Medicaid rates for out-of-state providers to assist with manually pricing the out-of-state claims.
CLAIMS32	Claims	Identify claims requiring investigate follow-up due to third party liability, including trauma-coded claims, and refer them to the State no later than the close of business on the first working day following the date the claim suspended.
CLAIMS33	Claims	Process void and adjustment claims, as necessary. Image copies of authorization requests and determination letters.
CLAIMS34	Claims	Process claims for restricted recipients and other claim types that may require special processing.
CLAIMS35	Claims	Provide MQD with a weekly inventory status report of all claims activities (i.e. claims adjudicated, pended for review, etc).
CLAIMS36	Claims	Employ medical consultant(s) licensed in Hawaii to perform medical reviews of claims, except for those specified for review by MQD in accordance with State approved procedures.
CLAIMS 37	Claims	Provide a system for providers to submit claims electronically using a provider-facing, free, software-based program downloadable by providers as needed.
CORRESPONDENCE & IDENTIFICATION CARDS		
CID1	Correspondence & Identification Cards	Design, produce, print and distribute Medicaid recipient identification cards on a daily and monthly basis for new enrollees or lost cards.
CID2	Correspondence & Identification Cards	Design and produce the coupon-style identification card and distribute to MQD.
CID3	Correspondence & Identification Cards	Print and distribute replacement identification cards as instructed by MQD.
CID4	Correspondence & Identification Cards	Produce and distribute to MQD the Identification Card Exception list.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
CID5	Correspondence & Identification Cards	Control use and abuse of replacement identification.
CID6	Correspondence & Identification Cards	Accept and process interfaces for EOB, ID cards and correspondence.
CID7	Correspondence & Identification Cards	Provide special handling for all exception conditions related to the identification card issuance as instructed by MQD.
CID8	Correspondence & Identification Cards	Print special identification cards on request.
CID9	Correspondence & Identification Cards	Print and mail FFS correspondence.
CID10	Correspondence & Identification Cards	Print and mail explanations of benefits.
PRIOR AUTHORIZATION		
AUTH1	Prior Authorization	Process prior authorization requests within 72 hours of the receipt of the request 100% of the time unless additional information is necessary to process the prior authorization.
AUTH2	Prior Authorization	Change pended for additional documentation PAs greater than 30 days to denied on a monthly basis.
AUTH3	Prior Authorization	Issue PA Pend and Denial letters within 1 business day of determination.
AUTH4	Prior Authorization	Enter PA requests into the system correctly 99.5% of the time.
AUTH5	Prior Authorization	Train and maintain staff that is knowledgeable of MQD PA policies and procedures.
AUTH6	Prior Authorization	Collaborate with MQD to develop medical reimbursements to approve or deny prior authorization requests and provide best practices for maintaining consistency in application.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
AUTH7	Prior Authorization	Ensure authorizations are not issued greater than 60 days prior to the date of service requested by the provider.
AUTH8	Prior Authorization	Approve, deny or request additional information from providers for prior authorizations within 24 hours of being received.
AUTH9	Prior Authorization	Create memorandums to notify the provider community of changes in prior authorization requirements.
AUTH10	Prior Authorization	Develop training materials to educate the provider community of changes in prior authorization requirements.
AUTH11	Prior Authorization	Receive requests for medical authorization and processes in accordance with Hawaii Administrative Rules. Timeframe for processing request is within fourteen (14) calendar days of receipt for a standard authorization request and three (3) business days for an expedited authorization request. Determination letters shall be provided to the provider who requests the medical authorization.
MEDICAID LONG TERM CARE AUDIT AND RECOVERY		
LTC1	LTC Audit	Provide retrospective review of all payments made to nursing homes and other LTC providers.
LTC2	LTC Audit	Provide post-payment audit of the following types of claims: COB errors; payments in excess of allowed; accounts paid twice by Medicaid; Accounts paid once by Medicaid and once by another insurer; understated patient resource amounts; miscalculated spend down calculations prior to Medicaid liability; Accounts with TPL; Payments made after date of death or discharge; bed hold overpayments.
LTC3	LTC Audit	Provide monthly report identifying potential overpayments.
EPSDT FORM CAPTURE		
EPSDT1	EPSDT	Capture EPSDT visit information from the existing 8015 and 8016 EPSDT forms and transfer this information to the Hawaii Direct Access EHR Product.
EPSDT2	EPSDT	Coordinate the delivery of completed 8015 and 8016 forms from the QUEST ad QUEST Expanded Access health plans.
SYSTEM REFERENCE TABLE UPDATES		
REF1	Reference Tables	Review Annual HCPCS/CPT Updates received from CMS, as directed by MQD.
REF2	Reference Tables	Update HCPCS/CPT Reference Tables, in HPMMIS, as directed by MQD.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
REF3	Reference Tables	Review Annual ICD-9/ICD-10 Updates received from CMS, as directed by MQD.
REF4	Reference Tables	Update ICD-9/ICD-10 Reference Tables, in HPMMIS, as directed by MQD.

APPENDIX Q - DETAILED ADMINISTRATIVE REQUIREMENTS MATRIX

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
GENERAL		
GEN1	General	Be able to support MQD in all administrative functions of planning, implementing and operating the State Level Repository (SLR) and Fiscal Agent (FA) projects.
GEN2	General	Provide flexibility to support additional program requirements as designated by Med-QUEST Division (MQD).
GEN3	General	Provide sufficient staff, as required by project perimeters, to plan, implement and operate the SLR and FA.
GEN4	General	Provide the capability to interface with Federal and State systems as necessary for the SLR and FA.
GEN5	General	Comply with all Health Insurance Portability and Accountability Act (HIPAA) of 1996 requirements related to business processes necessary to carry out its contracted tasks.
DISASTER RECOVERY		
RECO1	Disaster Recovery	Create backup copies of all electronic documents on a State-approved schedule.
RECO2	Disaster Recovery	Have sufficient redundancy and modularity so that if any single component or part of a component fails, work can continue.
RECO3	Disaster Recovery	Provide for daily backup of all tables, files, and configuration data to preserve the integrity of historical as well as current data.
RECO4	Disaster Recovery	Allow complete or incremental database and system backups on a nightly schedule as well as on demand or as needed.
RECO5	Disaster Recovery	Backup all files and data on a media and in a format approved by the State. Backup files must be encrypted. The key for encryption must not be stored with the backup files and data. The encryption must be performed and verified. The State reserves the right to audit the backup process at its discretion.
RECO6	Disaster Recovery	Support business continuity and disaster recovery. In particular, the Solution must be architected to support timely restoration of service following catastrophic loss of a single site of operation.
RECO7	Disaster Recovery	Support failover redundancies and swapping of critical system components and data.
RECO8	Disaster Recovery	Provide an integrated business continuity and disaster recovery approach for all system components that incorporates and enforces the RFP requirements for Disaster Recovery and meets State approval.
PRIVACY & SECURITY		

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
PRIV1	Privacy & Security	Verify identity of all users/system, and deny access to invalid users. For example: Require unique sign-on (ID and password).
PRIV2	Privacy & Security	Support saving of user profiles for archival purposes, with the functionality to re-use the profile as necessary.
PRIV3	Privacy & Security	Monitor system activity and log and examine system activity in accordance with audit policies and procedures adopted by the Medicaid agency.
PRIV4	Privacy & Security	Protect the confidentiality and integrity of electronic Protected Health Information (ePHI).
PRIV5	Privacy & Security	Provide the State authorized entities access to source code, libraries and other project artifacts.
PRIV6	Privacy & Security	Provide the State authorized entities read access to all databases.
PRIV7	Privacy & Security	Alert appropriate staff authorities of potential violations of privacy safeguards, such as inappropriate access to confidential information.
PRIV8	Privacy & Security	Adhere to all State and federal requirements to secure, store and dispose of data.
PRIV9	Privacy & Security	Accommodate all current, applicable HIPAA revisions/updates including those that may occur during the life of the project in accordance with the Change Order or Modifications of Contract provisions in the Contract.
TESTING		
TEST1	Testing	Provide all use case testing for all aspects of technical requirements.
TEST2	Testing	Provide all use case testing for all aspects of programmatic requirements, including MQD requested customizations/configurations.
TEST3	Testing	Provide all use case testing for sending/receiving all files to/from National Level Repository (NLR) required for attestation and payment.
TEST4	Testing	Provide all use case testing for sending payment files to FA.
TEST5	Testing	Provide all use case testing as requested by MQD.
TEST6	Testing	Participate in meetings to review the User Acceptance Testing (UAT) test plan and calendar.
TEST7	Testing	Identify and develop UAT test criteria, test scripts and other test scenarios, as appropriate.
TEST8	Testing	Assist to execute the UAT test and the document test results.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
TEST9	Testing	Assist in the review of UAT test results and evaluate the impact on their operations.
TEST10	Testing	Participate in meetings to review the test plan and test calendar.
TEST11	Testing	Identify and develop ongoing system test criteria, test scripts and other test scenarios, as appropriate.
TEST12	Testing	Assist to execute the ongoing system testing and the document test results.
TEST13	Testing	Assist to review ongoing system test results and evaluate the impact on their operations.
TEST14	Testing	Identify system modifications or enhancements.
TEST15	Testing	Identify and report system defects.
TEST16	Testing	Develop a standard set of regression test scenarios to be executed with each quarterly release.
TEST17	Testing	Assist with retesting, as necessary.
PROVIDER RELATIONS & TRAINING		
PROV1	Provider Relations	Maintain an automated log of all provider inquiries in a form approved by the State. The log must include, at a minimum, the date, provider ID, form of inquiry (written or verbal), topic of inquiry (eligibility, policy, billing, etc), form of response (written or verbal), the respondent, and comments related to the timing and nature of resolution. Copies of the log, as well as a summary report, must be provided to the State weekly.
PROV2	Provider Relations	Use and maintain a word processing system compatible with MQD's word processing system, including the provision of a secure electronic mail link between Offeror staff and MQD's word processing system.
PROV3	Provider Relations	Serve as first line of inquiry to fee-for-service (FFS) providers for clarifying policy, fee schedules, etc., and seek policy interpretation from the State when necessary.
PROV4	Provider Relations	Conduct provider training sessions for all programs administered by MQD to include State, if specified.
PROV5	Provider Relations	Print and distribute, to providers, instructions to appropriately complete claim forms (1500 & UB).
PROV6	Provider Relations	Develop, distribute at training sessions, and evaluate provider training questionnaires and provide the State with a summary of provider responses as well as copies of completed questionnaires, when requested.
PROV7	Provider Relations	Prepare, print, obtain State approval of, and distribute all newsletters, bulletins, and other communications to providers as directed by the State. Distribution must be completed within 15 working days of the State's request or by a date mutually agreed upon by the State and Offeror. The current SLA is 5 days for a personal distribution of 1000 providers or less and 15 days to a mass distribution of over 1000 providers.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
PROV8	Provider Relations	Develop and revise provider manuals for publication to the MQD website.
PROV9	Provider Relations	Refer or forward any inquiries from the general public, government agencies, or other inquiries from providers to MQD.
PROV10	Provider Relations	Provide support for MQD's periodic provider survey including printing survey forms, selecting a sample of providers, providing mailing labels, and assisting in an analysis of survey results.
PROV11	Provider Relations	Respond to all verbal provider inquiries on FFS reimbursement policy, claims status, billing procedures, PAs, and RAs immediately, if possible. If an immediate response is not possible, a written or verbal response must be provided within seven days of the date of the inquiry.
PROV12	Provider Relations	Respond in writing to written provider inquiries regarding FFS reimbursement policy, claims status, billing procedures, PAs, and RAs within seven days of the date of receipt in the Offeror's mailroom. All form letters must receive prior approval by the State. Any inquiry which appears to be a grievance shall be forwarded to the State.
PROV13	Provider Relations	Under State direction, provide outreach services to establish and maintain effective relations with the provider community and provider associations.
PROV14	Provider Relations	Provide mailing labels to the State on request at no additional cost for special provider mailings not routinely generated through the HPMMIS.
PROV15	Provider Relations	Image copies of provider files, including applications, correspondence not system generated and other documentation. Image must be available to the State staff.
PROV16	Provider Relations	Provide imaged document storage on standard medium using TIFF format or other open standard. Maintain provider registration information and SSD contracts for 10 years.
PROVIDER HOTLINE		
LINE1	Provider Hotline	Maintain and staff a provider communications function to include intrastate, toll-free telephone lines that are staffed during the hours of 7:30 a.m. to 5:00 p.m., Hawaii Standard Time, Monday through Friday, except for State & Federal holidays.
LINE2	Provider Hotline	The Offeror shall maintain a sufficient number of telephone lines and staff so that no more than 10 percent of incoming calls per day ring busy or are on hold for longer than one minute and all other calls are answered by a fourth ring.
LINE3	Provider Hotline	Maintain and operate an automatic call answering system that is totally accessible to Offeror and State staff at all times. This system at a minimum should have the capability of answering calls in first-in-first-out sequence, sending calls to the next open operator, recording and printing statistics on calls, indicating calls placed on hold for a specific time limit and indicating dropped calls.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
LINE4	Provider Hotline	Maintain a log of calls received, including resolution or follow-up action.
LINE5	Provider Hotline	Support outbound calls.
LINE6	Provider Hotline	Have the ability to be expandable in order to support multiple call centers in separate physical locations that support different providers.
LINE7	Provider Hotline	Provide the ability to perform quality control on call center staff by listening to line calls or recorded calls on a weekly basis.
LINE8	Provider Hotline	Support communication in Hawaii's six languages, not including English, and must be able to support additional languages (including languages that use non-Western scripts).
LINE9	Provider Hotline	Provide speech and hearing impaired customers with the ability to communicate through a Teletypewriter (TTY) or Telecommunications Display Device (TDD).
LINE10	Provider Hotline	Have the ability to monitor and provide real-time reporting software for: • Abandonment rate; • Staff availability and productivity; • Average speed of answer; • Call length; • Contact volume; • Handle time; • One call resolution rate; • Peak hour statistics; and • Identification of historical trends.
LINE11	Provider Hotline	Track and report volumes of calls, e-mails, etc. by categories as defined by MQD (e.g. daily, weekly, monthly, topic, etc.)
PAYMENT		
PAY1	Payment	Accept and process a weekly interface of amounts to be paid.
PAY2	Payment	Accept and process a monthly report of health plans to be paid.
PAY3	Payment	Produce provider checks on a weekly basis unless otherwise directed by DHS. Checks shall be written in separate "runs" for MQD, DOH, Department of Public Safety and Office of Youth Services.
PAY4	Payment	Produce health plan checks on a monthly basis.
PAY5	Payment	Authorize each check run.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
PAY6	Payment	Produce and distribute provider remittance advices and checks, including Medicaid Electronic Health Record (EHR) Incentive Payment checks.
PAY7	Payment	Produce health plan checks and forward to MQD for distribution.
PAY8	Payment	Provide electronic fund transfers.
PAY9	Payment	Distribute checks and remittance advices at a Hawaii location for those providers requesting to pick-up payments.
PAY10	Payment	Maintain financial transaction control to account for such items as offsets and recoupments.
PAY11	Payment	Produce payment summary and check register.
PAY12	Payment	Accept and process an interface file of Tax ID ownerships for 1099 generation.
PAY13	Payment	Produce provider 1099-MISC forms and health plan 1099 forms.
PAY14	Payment	Submit Form 1099 to Internal Revenue Service and coordinate any discrepancy.
PAY15	Payment	Make adjustments to payments and claims in cases of overpayment recovery, stale dated checks, lost and void checks.
PAY16	Payment	Arrange with a Hawaii bank for checking account, check stock, and payment of all related fees (by the Offeror) for purposes of provider and health plan payment issuance. The checking account will be an interest-bearing account in the Offeror's name with interest accruing to the State of Hawaii.
PAY17	Payment	Provide a contingency plan for processing/payment cycle interruptions.
PAY18	Payment	Maintain security controls for holding provider checks, provider refund checks, and voided provider checks.
PAY19	Payment	Generate a weekly interface to HPMMIS of data related to checks written.
PAY20	Payment	Provide a monthly bank reconciliation of checks cleared and other bank adjustments.
PAY21	Payment	Provide a monthly summary report of checks written, voided, adjustments and other activity.
PAY22	Payment	Respond to MQD and provider inquiries on payments.
PAY23	Payment	Convert provider payments to date to support payment history of 1099 generation for the calendar year.
PAY24	Payment	Establish and implement procedures for funds distribution and reconciliation, following MQD review and approval.
PAY25	Payment	Provide access to financial documentation as may be necessary to support State and other government audits and inquiries.
PAY26	Payment	Assist MQD with credit balance review. Make necessary transactions to close terminated accounts.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
PAY27	Payment	Provide an accounts payable system with check writing capabilities to pay for non-pharmacy claims.
PAY28	Payment	Establish, test and implement with providers and electronic funds transfer.
PAY28	Payment	Produce payment summary report for submission to MQD for accounting purposes.
PAY29	Payment	Provide MQD with the weekly Credit Balance Report from the payment system.
PAY30	Payment	Provide MQD with existing credit balance recovery letters and tracking log.
PAY31	Payment	Provider correspondence generation for the MQD fee-for-service (FFS) Program.
DOCUMENT MANAGEMENT		
DOC1	Document Management	Be able to display and print stored or imaged forms in list format.
DOC2	Document Management	Allow the documents to be scanned into and associated with the electronic attestation through the State level repository site (both through provider entry and administration entry).
DOC3	Document Management	Support document imaging / management capabilities.
DOC4	Document Management	Provide the ability to upload attachments to attestation records.
DOC5	Document Management	Link scanned images to corresponding steps in the attestation process.
DOC6	Document Management	Provide the ability to view related correspondence records and documents from a single attestation.
DOC7	Document Management	Create a sortable and searchable library of all forms and documents associated with an attestation.
DOC8	Document Management	Meet Federal and State records retention and purging standards.
REPORTING		
REP1	Reporting	Produce reports on frequencies specified by MQD.
REP2	Reporting	Provide the ability for reports to be exported to an electronic file in PDF, Excel, Text, or Word format.
REP3	Reporting	Store all reports for online access to and retrieval of both current and historical reports via a user-friendly parameter and/or menu-driven access to reports, based on staff permissions, as defined by MQD.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
REP4	Reporting	Identify on all reports the date, time, and criteria with which it was generated and allow staff to save the report.
REP5	Reporting	Provide a mechanism to store, view, and retrieve report history, including but not limited to creator, date, time, criteria and usage by others.
REP6	Reporting	Provide the capability to archive and store reports, providing searching and sorting capabilities based on date, time, criteria, and fields.
REP7	Reporting	Include version control for all reports.
REP8	Reporting	Generate data and reports needed to comply with Federal audit and oversight requirements.
REP9	Reporting	Be flexible enough to adhere to changes to Federal reports within five business days of request by MQD.
REP10	Reporting	Produce Federal reports according to Federally mandated timelines.
REP11	Reporting	Provide reports on MQD's monthly financial and program timelines for reporting purposes to CMS.
REP12	Reporting	Have standard reports to support accurate Federal reporting with appropriate crosswalks to State financial codes, including payment data for Federal matching.
REP13	Reporting	Generate data and reports needed to apply for and demonstrate appropriate use of Federal grant funding.
REP14	Reporting	Provide reports or data to support the cost allocation strategies (e.g., numbers and provider types for attestations processed, etc).
REP15	Reporting	Provide the ability to automate reports to support accurate forecasting of program costs.
REP16	Reporting	Provide the ability to automate reports to support evaluation of success of Hawaii Medicaid EHR Incentive Program.
REP17	Reporting	Create standard reports defined by the State to compare program expenses to budgeted expenses for the State and Federal fiscal year-to-date, prior State and Federal fiscal year, and projected through the remainder of the State and Federal fiscal year.
REP18	Reporting	Generate standardized eligibility reports such as applications processed, denied, approved, and characteristics of attestations.
REP19	Reporting	Generate reports for Hawaii policymakers on key success metrics, as defined by MQD.
REP20	Reporting	Provide a dashboard summary view of the status of attestations in need of staff action that states, for example, active, inactive, pending approval, returned for errors, approved for payment, incentive payment received, rejected, D16 approval/denial, Fiscal Agent file submitted, etc.
REP21	Reporting	Produce an activity report for each attestation for review by staff that includes a summary of actions taken, verifications approved/denied, additional validations, pending status, errors, etc.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
REP22	Reporting	Provide the capability for staff to indicate that tasks requiring actions have been completed.
REP23	Reporting	Ability to report attestations by submission date for determination of due or past-due status.
REP24	Reporting	Provide for an attestation reporting system to assist staff in analyzing activities to establish priorities, trends and distribution of attestation reviews.
REP25	Reporting	Provide for an attestation reporting system to assist staff in analyzing activities to establish priorities, trends and distribution of attestation reviews.
REP26	Reporting	Include a database that will contain attestation information from the Hawaii Medicaid EHR Incentive Program.
REP27	Reporting	Have the data readily available for extraction without impacting system performance.
REP28	Reporting	Allow authorized staff to have direct access to the database through the application.
REP29	Reporting	Support ad-hoc reporting from the database.
REP30	Reporting	Maintain an electronic library for standard and ad hoc queries/reports.
REP31	Reporting	Provide on-line help including an on-line data element and field look-up accessible to all database users.
REP32	Reporting	Provide role-based access to data include active, pending, approved and denied attestation and audit data.
APPEALS		
AA1	Administrative Appeals	Support the appeals process electronically.
AA2	Administrative Appeals	Capture and track the disposition of appeals (including status, assignments, and relevant notes).
AA3	Administrative Appeals	Record the detailed results and supporting documentation that result from or support an appeals decision.
AA4	Administrative Appeals	Adjust eligibility, incentive payment, EHR certification, AIU achievement, and/or Meaningful Use achievement as a result of an appeal.
AA5	Administrative Appeals	Notify the attester of adjusted eligibility, incentive payment, EHR certification, AIU achievement, and/or Meaningful Use achievement based on appeal decision.
AA6	Administrative Appeals	Allow generation of notices throughout the appeal process.
AA7	Administrative Appeals	Track timeframes and deadlines of the appeal process.

REF #	CATEGORY	REQUIREMENT DESCRIPTION "THE SOLUTION SHALL..."
AA8	Administrative Appeals	Allow MQD and/or Contractor staff the ability to view the appeal progress.
AA9	Administrative Appeals	Support a complaint and grievance process through provider entry to attestation site.
AA10	Administrative Appeals	Process appeals related to provider appeal of incentive payment.
AA11	Administrative Appeals	Process appeals related to provider eligibility determinations.
AA12	Administrative Appeals	Process appeals related to demonstration of adopt, implement, upgrade of certified EHR technology.
AA13	Administrative Appeals	Process appeals related to demonstration of Meaningful Use of certified EHR technology.

APPENDIX R - GLOSSARY OF ACRONYMS

ACRONYM	DESCRIPTION
A/I/U	Adopt, Implement, Upgrade
AHCCCS	Arizona Health Care Cost Containment System
APD	Advanced Planning Document
BCCTP	Breast and Cervical Cancer Treatment and Prevention
BCP	Business Continuity Plan
BESSD	Benefit, Employment and Support Services Division
CAH	Critical Access Hospital
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits
COLI	Certification of Liability Insurance
COTS	Commercial off the Shelf
CPO	Chief Procurement Officer
CSR	Customer Service Requests
CTM	Configurations Traceability Matrix
DED	Deliverable Expectation Document
DHHS	U.S. Department of Health and Human Services
DHS	Department of Human Services
DLIR	Department of Labor and Industrial Relations
DOH	Department of Health
DRP	Disaster Recovery Plan
EHR	Electronic Health Record
EP	Eligible Professional
EPSDT	Early Periodic Screening, Diagnosis, and Testing
ETF	Electronic Funds Transfer
FA	Fiscal Agent
FFS	Fee-For-Service
GAO	General Accounting Office
HAR	Hawaii Administrative Rules
HAWI	Hawaii Automated Welfare Information System
HCE	Hawaii Compliance Express
HHIE	Hawaii Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HOPA	Head of the Purchasing Agency
HPMMIS	Hawaii Prepaid Medical Management Information System
HPREC	Hawaii Pacific Regional Extension Center

ACRONYM	DESCRIPTION
IT	Information Technology
KPI	Key Performance Indicator
LIHEAP	Low Income Home Energy Assistance
LTC	Medicaid Long Term Care
M&O	Maintenance and Operation
MQD	Med-QUEST Division
MSR	Modification Service Request
MU	Meaningful Use
NLR	National Level Repository
OCR	Optical Character Recognition
OIG	Office of the Inspector General
PA	Prior Authorization
PDF	Adobe Acrobat Portable Document Format
PMP	Project Management Professional
QExA	QUEST Expanded Access
QUEST-ACE	QUEST Adult Coverage Expansion
REC	Regional Extension Center
RFP	Request for Proposal
SaaS	Software as a Service
SLA	Service Level Agreement
SLR	State Level Repository
SME	Subject Matter Expert
SMHP	State Medicaid Health Information Technology
SOA	Service Oriented Architecture
SSD	Social Services Division
TANF	Temporary Assistance for Needy Families
UAT	User Acceptance Testing

APPENDIX S - EVALUATION CRITERIA

This appendix describes the process for opening of proposals and evaluation of the Technical and Cost Proposals. The purpose of the evaluation process is to determine whether each Offeror's proposal is sufficiently responsive to the RFP to permit a complete evaluation of the Technical Proposal. The evaluation process is divided into the steps outlined in the RFP.

Step I – Selection of Responsive Proposals

During Step I, the proposal is evaluated to determine if it meets all mandatory requirements as outlined in Appendix M. If the proposal does not meet the mandatory requirements, it will be disqualified and returned to the Offeror. All proposals meeting all mandatory proposal requirements will then be evaluated against the predetermined technical evaluation criteria in Step II, Evaluation of Technical Proposals.

Step II – Evaluation of Technical Proposals

During Step 2, the Evaluation Committee will score each Technical Proposal that passed Phase I of the evaluation. A maximum of 700 points will be available for each Technical Proposal. Each proposal will be reviewed using consensus scoring by the Evaluation Committee for responsiveness to each requirement. Failure of an Offeror to comply with the instructions of the RFP or failure to submit a complete proposal are grounds for deeming the proposal nonresponsive to the RFP.

The MQD Financial Officer or designated staff will conduct a review of each Offeror's financial information provided in the proposal to determine financial stability. Only those proposals that receive a Pass score on the Offeror's Financial Stability from including all the requested financial documentation will continue to be scored by the Evaluation Committee in Step II.

Members of the Evaluation committee will meet as a group to score each Technical Proposal by consensus and the agreed upon score will be recorded in the Technical Evaluation Scoring Form.

The Offeror's proposal will be scored against specified criteria as defined in the following table:

Table 1-1 Scoring

SCORE	DEFINITION
0	No response provided.
1	The response **does not meet** the minimum requirement(s) stated in the RFP.
2	The response **marginally meets** minimum requirements but **does not adequately explain or address how** the requirement is met so the evaluator cannot determine whether it meets the requirements.
3	The response **meets** the requirement **with only minor deficiencies that are easily correctable**.
4	The response **meets** and adequately addresses the requirements.
5	The response adequately addresses and **substantially exceeds** the requirements.

The Evaluation Committee scores each criterion with a 0, 1, 2, 3, 4, or 5 based on the consensus of the Evaluation Committee members. No fractional scores will be allowed. Scores will be based on the content as communicated in the proposal. Unclear and disorganized presentation of information may impact the evaluators' ability to clearly understand the responsiveness to proposal requirements.

A comment section is provided on the Technical Evaluation Scoring Form. The Evaluation Committee must record a comment for any score of 1, 2, 3 or 5. Comments for criteria receiving a score of 4 are not required.

The Evaluation Committee will score based on the evaluation criteria for each category. The score will be multiplied by the assigned weights within the category. Table 1-2 presents the evaluation criteria for each technical category to be evaluated and the Total Possible Points for all criteria.

The weights of the evaluation criteria are followed by the total maximum points for each criterion (weight / maximum points). For example, if the Evaluation Committee marks Category 2.1 - Experience with SLR Implementation with a score of 5, then this score is multiplied by the weight

(6 in this instance) to give the criterion a score of 30, the maximum score possible for this criterion.

Table 1-2 Point Distributions for Technical Proposals

CATEGORY / CRITERIA	PROPOSAL CATEGORY	WEIGHT / POINTS
1	**Offeror's Financial Stability**	**Pass or Fail**
2	**Offeror Qualifications and Experience**	**100**
2.1	Experience with SLR Implementation	6/30
2.2	Experience with FA Operations	6/30
2.3	Experience in Maintenance and Operations of similar systems	8/40
3	**Approach to SLR Implementation**	**200**
3.1	Software	5/25
3.2	Implementation	10/50
3.3	Administration & Oversight	10/50
3.4	Maintenance & Operations	15/75
4	**Approach to FA Operations**	**125**
4.1	System	5/25
4.2	Planning and Transfer	5/25
4.3	Claims Processing	10/50
4.4	Prior Authorization	5/25
5	**Approach to Administrative Tasks**	**175**
5.1	Project Management	5/25
5.2	Testing	5/25
5.3	Provider Relations, Outreach, and Training	10/50
5.4	Payment	10/50
5.5	Document Management, Reporting, and Appeals	5/25
6	**Approach to Project Staffing**	**50**
6.1	Approach to Staffing and Project Organization	4/20
6.2	Project Manager	4/20

CATEGORY / CRITERIA	PROPOSAL CATEGORY	WEIGHT / POINTS
6.3	SLR SME	1/5
6.4	FA SME	1/5
7	**Approach to Work Plan and Schedule**	**50**
7.1	Work Plan and Schedule	10/50
	Total Technical Proposal Possible Score	**700**

MQD reserves the right to conduct reference checks on any or all references provided by the Offeror. The same number of references will be checked for each Offeror (corporate or key person references). Reference checks will be conducted by the designated Evaluation Committee Reference Team members and the results provided to all evaluators. Once reference checks are completed, the Evaluation Committee will review their scores of Offeror responses in the context of responses to reference checks. The Evaluation Committee may revise its original technical scores based on information from references (from 1 to 5) and consensus of the Evaluation Committee members. If a technical score is changed, based on information provided from a reference, the Evaluation Committee will note the reason for the score change.

Determination of Overall Technical Scores and Application of Thresholds

Once the Evaluation Committee has completed the final scoring (each Technical Proposal has been assigned a point score on each of the criteria within the category), the total point score for each category will be calculated. The point scores for each category will be summed to determine the Technical Proposal's total score.

All Offerors meeting the minimum requirements of the Technical Proposal will proceed to Step III. The scoring packages will be reviewed and validated by the Evaluation Committee.

Step III – Evaluation of Cost Proposals

During Step III, the Evaluation Committee will evaluate the proposed prices on each of the pricing schedules to determine whether the Cost Proposal is consistent with the Technical Proposal and whether all calculations are correct. Cost Proposals will be opened by the Evaluation Committee. The

Evaluation Committee will meet to review the Cost Proposals. The Evaluation Committee will:

- Validate that required signatures are present;
- Validate that prices on each schedule have been calculated correctly; and
- Validate that the Total Evaluated Proposed Price (Pricing Schedule A) has been calculated correctly based upon the proposed prices on each of Schedules B, C, D, and E.

The following pricing schedules will be evaluated and validated:

- Pricing Schedule A – Total Evaluated Proposal Price.
- Pricing Schedule B – Evaluated SLR Proposal Price.
- Pricing Schedule C – Evaluated FA Proposal Price.
- Pricing Schedule D – Evaluated Proposal Price for Project Management, Disaster Recovery, Privacy and Security, Testing, Provider Hotline, and Payment of SLR and FA functions.
- Pricing Schedule E - Personnel Billing Rates & Related Services.

If the Evaluation Committee seeks clarification from any Offeror who is a determined to be a priority-listed Offeror, an Evaluation Committee member will be assigned responsibility for following up with the Offeror(s). The designated person will be responsible for contacting the Offeror by telephone to provide advance notice of the request for clarification. The telephone call will be followed by a written (email) notice sent to the Offeror. The Offeror will be requested to respond in writing to the clarification request within a specified time period. Only written clarifications within the time period will be accepted. All other clarifications will be rejected. If an Offeror's clarifications are rejected, the original proposal response will be evaluated.

Once clarifications have been received, the Evaluation Committee will review the responses against the specified criteria and re-score criteria. The scores of the clarified responses will replace the original scores.

Scoring of Offerors Proposed Prices

Scores for Cost Proposals will be recorded on the Cost Proposal Evaluation Form. Once all of the pricing schedules have been evaluated and validated, the Cost Proposal with the lowest total price as stated as the Total Evaluated Proposal Price on Schedule A will be awarded (300) points. Cost scores will

then be normalized to one another, based on the lowest Cost Proposal evaluated. The normalization formula is as follows:

Offeror's Cost Score = (Lowest Cost Proposal Price divided by the Offeror's Cost Proposal Price) X 300.

Example:

OFFEROR 1	COST	POINTS
Total Evaluated Proposal Price (Lowest)	$600	300

OFFEROR 2	COST	POINTS
Total Evaluated Proposal Price	$800	225

(Lowest Cost Proposal Price) = $600 / (Offeror 2's Evaluated Proposal Price) = $800 = 0.75

300 points X 0.75 = 225 points for Offeror 2

Best and Final Offers

MQD reserves the right to require best and final offers from those Offerors whose Technical Proposals are eligible for consideration under Step III and who have been identified as "priority-listed Offerors." If MQD decides to pursue best and final offers, it will follow the process outlined in Hawaii Administrative Rules §3-122-54 Best and Final Offers. If best and final offers are required after opening the Cost Proposals, the Evaluation Committee will be responsible for contacting Offerors by telephone to provide advance notice of the request for best and final offers. The telephone call will be followed by a written (email) notice sent to the Offeror. The Offeror will be requested to respond in writing with a best and final offer by submitting revised Cost Proposals within a specified time period. Only best and final offers received within the time period will be accepted. If an Offeror's best and final offer is rejected, the original proposal response will be evaluated.

Once clarifications have been received, the Evaluation Committee will review the best and final offers represented in the revised Cost Proposals against the specified criteria and re-score the Cost Proposals. The Cost Proposal scores based on the best and final offers will replace the original scores on the Cost Proposal Evaluation Form (Appendix F).

Step IV - Selection of a Successful Offeror

The Evaluation Committee will combine the scores of each Offeror's Technical and Cost Proposals and rank the Offerors based on the total combined points received for Technical and Cost Proposals. The evaluation results will be summarized and the Successful Offeror identified and recommended to the Procurement Officer. The Evaluation Summary will include the Proposal Summary and Ranking Form.

MQD will require the selected Successful Contractor to participate in contract negotiations regarding the terms and conditions of the contract. Upon resolution of the final negotiations, MQD will prepare a final contract. If for any reason MQD and the Successful Offeror are unable to reach agreement of the terms and conditions of a contract, MQD may then proceed to negotiate a contract with the Offeror with the next highest ranked proposal.

MQD may cancel negotiations entirely at any time at the exclusive discretion of MQD.

To secure maximum FFP and State matching funds, the contract award is contingent upon both Federal and State of Hawaii reviews and approvals. MQD will obtain all required State and Federal approvals prior to start of work by the Contractor. Every effort will be made by MQD, both before and after selection, to facilitate rapid approval.