KANSAS
DEPARTMENT OF ADMINISTRATION

Mark Parkinson, Governor
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http://da.ks.gov/purch

Bid Event ID Number: EVT0000186

Kansas Medical Eligibility Determination (K-MED) Software with Associated Integration Services and Ongoing Operational Support

Preface: HIGH PRIORITY EVENTS AND ITEMS

Pre-Bid Vendor Conference: A mandatory Pre-Bid Vendor Conference will be held at the date specified in the K-MED Procurement Schedule (see RFP Section 1.5.2) at the following location:

Memorial Hall Auditorium
120 SW 10th Avenue, 2nd Floor
Topeka, KS

ATTENDANCE IS REQUIRED at the Pre-Bid Vendor Conference. *Failure to attend the Pre-Bid Vendor Conference will result in bid rejection.* Any questions requesting clarification of the Request for Proposal (RFP) shall be submitted electronically in Microsoft Word format to the Procurement Officer indicated on the Event Details document, prior to 12:00 noon Central Time on the date specified in the K-MED Procurement Schedule (see RFP Section 1.5.2). Questions shall include a reference to the applicable RFP Section and a page number or line item (i.e., Section 1.1, page 6; Cost Schedule 4, Line 9). Impromptu questions will be permitted and spontaneous verbal unofficial answers may be provided at the Pre-Bid Vendor Conference. However, vendors must understand that the only official answer or position of the State of Kansas will be in writing as a part of an official RFP Addendum.

Failure to notify the Procurement Officer of any conflicts or ambiguities in the Request for Proposal may result in items being resolved in the best interest of the State. Any modification to this RFP as a result of the Pre-Bid Vendor Conference, as well as written answers to written questions, shall be made in writing by official addendum and posted to the Division of Purchases' web site, **http://da.ks.gov/purch/**. All vendors are advised that only written communications are binding.

It shall be the responsibility of all participating proposers to acquire any and all addenda and additional information as it is made available from the web site cited above. Proposers need to check the web site periodically for any additional information or instructions.

Reference Forms: Proposers are advised to pay particular attention to RFP Section 3.4.14. Immediate and timely action is required concerning references.

Expression of Interest Form: Proposers should submit an Expression of Interest Form at their earliest convenience during the procurement process. Please see RFP Section 3.4.7, Item #1 for instructions. The form is found in RFP Section 5.

RFP Definitions: Throughout this RFP the following terms shall be used to designate mandatory and non-mandatory requirements:

MAY, SHOULD, CAN, OPTIONALLY: Denotes desirable, non-mandatory specifications, features, or functions.

MUST, WILL, SHALL: Denotes mandatory specifications, features, or functions; a requirement that must be met without alteration.

READ THIS RFP CAREFULLY

Failure to abide by all of the conditions of this RFP may result in the rejection of a proposal.

It is the Proposer's responsibility to monitor the Division of Purchases web site at http://da.ks.gov/purch/ on a regular basis for any changes/addenda or any changes to the K-MED Procurement Schedule.

TABLE OF CONTENTS

Preface	**HIGH PRIORITY EVENTS AND ITEMS**	1
	TABLE OF CONTENTS	3
Foreword	**RFP ORGANIZATION**	12
RFP Section 1	**RFP PURPOSE, BACKGROUND, AND GENERAL AND ADMINISTRATIVE INFORMATION**	14
1.1	RFP PURPOSE	14
1.2	K-MED PROJECT BACKGROUND	16
1.2.1	The Kansas Health Policy Authority (KHPA)	16
1.2.2	Current Business Processes -- Kansas Medical Programs	16
1.2.2.1	Program and Policy	17
1.2.2.2	Business Model	17
1.2.3	Business Background	19
1.2.3.1	Business Program Background	19
1.2.3.2	Business Opportunity	21
1.2.3.3	Business Goals	25
1.3	BACKGROUND ON EXISTING SYSTEMS	25
1.4	KHPA CONTRACTORS	27
1.4.1	Contractor Information	27
1.4.1.1	Current Medical Assistance Program Contractors	27
1.4.1.2	Additional Planned Contractors	28
1.4.2	Contractor Cooperation	28
1.5	GENERAL AND ADMINISTRATIVE INFORMATION	29
1.5.1	Mandatory Qualifications	29
1.5.2	K-MED Procurement Schedule	31
1.5.3	Explanation of K-MED Procurement Schedule and Process	32
1.5.4	Disability Accommodation Request	32
1.5.5	Proposer Subcontractors	32
1.5.6	Preparation of Proposal	33
1.5.7	Cost of Preparing Proposal	33
1.5.8	Signature of Proposals	33
1.5.9	Modification of Proposals	33
1.5.10	Withdrawal of Proposals	33
1.5.11	Acknowledgement of Amendments (Addenda)	33
1.5.12	Waiver of Minor Irregularities	34
1.5.13	Acceptance or Rejection	34
1.5.14	Proposal Disclosures	34
1.5.15	Disclosure of Proposal Content and Proprietary Information	34
1.5.16	Exceptions	35
1.5.17	Notice of Award	35
1.5.18	Correspondence	35
1.5.19	Evaluation of Proposals	36
1.5.20	Appearance Before the Procurement Negotiating Committee (PNC)	36
1.5.21	Negotiated Procurement	36
1.5.22	Competition	36

1.5.23	Accessible Technology	37
1.5.24	News Releases	37
1.5.25	Commercial Advertising	37
1.5.26	Procurement Card (P-Card)	37
1.5.27	Political Subdivision	37
1.5.28	Volume Metrics	38
RFP Section 2	**K-MED PROJECT SCOPE AND APPROACH**	39
2.1	GOAL	39
2.2	KEY STAKEHOLDERS	39
2.3	CONTRACT AND TERM	40
2.4	SOLUTION SCOPE	41
2.5	CORE FUNCTIONAL SCOPE	41
2.6	IMPLEMENTATION AND INTEGRATION SERVICES SCOPE	42
2.7	ONGOING OPERATIONS SCOPE	44
2.8	ORGANIZATIONAL SCOPE	45
2.9	OTHER SCOPE CONSIDERATIONS	45
2.9.1	The Affordable Care Act (ACA)	45
2.9.2	HIE / HIT / HITECH	48
2.9.3	Medicaid Information Technology Architecture (MITA)	48
2.9.4	Expansion to other Agencies and Programs, and the Enterprise Architecture Vision	49
2.9.5	HealthyKids	49
2.10	RESOURCES TO BE PROVIDED	51
2.11	FACILITIES AND EQUIPMENT PROVIDED BY THE STATE	51
RFP Section 3	**PROPOSAL RESPONSE**	52
3.1	SUBMISSION OF PROPOSALS	52
3.2	PROPOSAL / RFP RESPONSE INSTRUCTIONS	53
3.3	TECHNICAL PROPOSAL OVERVIEW	53
3.4	TECHNICAL PROPOSAL CONTENT	54
3.4.1	TECHNICAL PROPOSAL TITLE PAGE	54
3.4.2	TECHNICAL PROPOSAL TAB A -- TRANSMITTAL LETTER	54
3.4.3	TECHNICAL PROPOSAL TAB B -- RFP ADDENDA	55
3.4.4	TECHNICAL PROPOSAL TAB C -- TABLE OF CONTENTS	56
3.4.5	TECHNICAL PROPOSAL TAB 1 -- EXECUTIVE SUMMARY	56
3.4.6	TECHNICAL PROPOSAL TAB 2 – CORPORATE QUALIFICATIONS AND EXPERIENCE	56
3.4.6.1	Mandatory Qualification	56
3.4.6.2	Highly Desirable Qualifications	56
3.4.7	TECHNICAL PROPOSAL TAB 3 – ADMINISTRATIVE REQUIREMENTS	57
3.4.8	TECHNICAL PROPOSAL TAB 4 – PROPOSER CORPORATE INFORMATION	58
3.4.9	TECHNICAL PROPOSAL TAB 5 – SUBCONTRACTOR CORPORATE INFORMATION	58
3.4.10	TECHNICAL PROPOSAL TAB 6 -- VENDOR PROPOSED SOLUTION DESCRIPTION	59
3.4.10.1	Business Applications	59
3.4.10.2	Optional Functionality	61
3.4.10.3	Technology Products	61
3.4.10.4	Product Maintenance	62

3.4.10.5	Future Direction	63
3.4.11	TECHNICAL PROPOSAL TAB 7 -- IMPLEMENTATION AND INTEGRATION SERVICES	63
3.4.11.1	Implementation Assumptions	63
3.4.11.2	Detailed Description of Services to be Provided	64
3.4.11.2.1	System Development Methodology (SDM)	64
3.4.11.2.2	Project Management Methodology	64
3.4.11.2.2.1	Detailed Project Schedule	64
3.4.11.2.2.2	Project Time Reporting	66
3.4.11.2.2.3	Status Reporting	66
3.4.11.2.2.4	Kansas Information Technology Office (KITO) Project Reporting	66
3.4.11.2.2.5	Issue Resolution	67
3.4.11.2.2.6	Action Item Tracking	67
3.4.11.2.2.7	Project Controls, Standards, and Procedures	67
3.4.11.2.2.8	Risk Management	68
3.4.11.2.2.9	Project Management Responsibilities	68
3.4.11.2.2.9.1	Contractor Project Management Responsibilities	68
3.4.11.2.2.9.2	State Project Management Responsibilities	69
3.4.11.2.3	Technical Architecture and Infrastructure Design	69
3.4.11.2.3.1	Multiple Environments	70
3.4.11.2.3.2	Proposed Environment Configurations	71
3.4.11.2.3.3	Technical Activities and Response Instructions	71
3.4.11.2.4	Requirements Validation, Analysis, Business Process Design, and Software Configuration	72
3.4.11.2.5	Customizations	72
3.4.11.2.5.1	Reporting and Business Intelligence	73
3.4.11.2.5.2	Enhancements and Modifications	73
3.4.11.2.5.3	Interface Development	73
3.4.11.2.5.4	Data Conversion	73
3.4.11.2.5.5	Workflow Configuration	74
3.4.11.2.5.6	Automated Forms Configuration	75
3.4.11.2.6	Security Management Services	76
3.4.11.2.6.1	Security	76
3.4.11.2.6.2	Security Profile Management	77
3.4.11.2.6.3	Security Audit Trails and History	78
3.4.11.2.6.4	Security Requirements	78
3.4.11.2.7	Testing Services	78
3.4.11.2.7.1	KHPA Testing Team	78
3.4.11.2.7.2	Testing Approach	79
3.4.11.2.7.2.1	Unit Testing	79
3.4.11.2.7.2.2	Integration Testing	80
3.4.11.2.7.2.3	System Testing	80
3.4.11.2.7.2.4	Interfaces Testing	80
3.4.11.2.7.2.5	Conversion Testing	80
3.4.11.2.7.2.6	User Acceptance Testing (UAT)	80
3.4.11.2.7.2.7	Performance / Stress Testing	81
3.4.11.2.8	Software Revisions (Patches and Fixes)	82
3.4.11.2.9	Training Services	82

3.4.11.2.9.1	Required Training Sessions and Modules	83
3.4.11.2.9.2	Training Requirements	84
3.4.11.2.10	Documentation Services	85
3.4.11.2.11	Document Imaging Services	85
3.4.11.2.12	Knowledge Transfer Services	86
3.4.11.2.13	Enterprise Readiness Assessment	86
3.4.11.2.14	User Support Services	87
3.4.11.2.14.1	Contact and Response Times	88
3.4.11.2.14.2	Grievances	88
3.4.11.2.14.3	Electronic Support System / User Support Log	89
3.4.11.2.14.4	Prioritization of Calls	89
3.4.11.2.14.5	Problem Resolution Response Time	90
3.4.11.2.14.6	User Support Requirements	90
3.4.11.2.15	Deployment (Roll-Out) Support Services	90
3.4.11.2.16	Post-Implementation Support Services	91
3.4.11.2.17	Quality Assurance (QA) Services	91
3.4.12	TECHNICAL PROPOSAL TAB 8 – ONGOING OPERATIONS	91
3.4.12.1	Ongoing Operations	91
3.4.12.2	Turnover	92
3.4.13	TECHNICAL PROPOSAL TAB 9 – PERFORMANCE EXPECTATIONS	92
3.4.14	TECHNICAL PROPOSAL TAB 10 -- REFERENCES	93
3.4.15	TECHNICAL PROPOSAL TAB 11 -- STAFFING AND FACILITIES	94
3.4.15.1	Organizational Structure	94
3.4.15.2	Staffing	94
3.4.15.3	Key Personnel	95
3.4.15.4	Other Personnel	96
3.4.15.5	Facilities Location and Space Requirements	97
3.4.16	TECHNICAL PROPOSAL TAB 12 – PROPOSER ASSUMPTIONS	98
3.4.17	TECHNICAL PROPOSAL TAB 13 -- LESSONS LEARNED	98
3.4.18	TECHNICAL PROPOSAL TAB 14 – ALTERNATIVE APPROACHES	98
3.4.19	TECHNICAL PROPOSAL APPENDIX 1 -- REQUIREMENTS RESPONSES	98
3.4.20	TECHNICAL PROPOSAL APPENDIX 2 -- EXCEPTIONS	99
3.5	COST PROPOSAL OVERVIEW	100
3.6	COST PROPOSAL CONTENT	100
3.6.1	COST PROPOSAL TITLE PAGE	100
3.6.2	COST PROPOSAL TAB A -- TABLE OF CONTENTS	101
3.6.3	COST PROPOSAL TAB B -- EXECUTIVE SUMMARY	101
3.6.4	COST PROPOSAL TAB C – ADMINISTRATIVE REQUIREMENTS	101
3.6.5	COST PROPOSAL TAB 1 -- SCHEDULE 1 – SUMMARY PRESENTATION	101
3.6.6	COST PROPOSAL TAB 2 -- SCHEDULE 2 – TOTAL COSTS SUMMARY	102
3.6.7	COST PROPOSAL TAB 3 -- SCHEDULE 3 – DELIVERABLES PAYMENT	103
3.6.8	COST PROPOSAL TAB 4 -- SCHEDULE 4 – STAFFING PLAN BY IMPLEMENTATION SERVICES ACTIVITY	104
3.6.9	COST PROPOSAL TAB 5 -- SCHEDULE 5 – STAFFING PLAN BY POSITION	104

3.6.10	COST PROPOSAL TAB 6 -- SCHEDULE 6 – ENHANCEMENTS AND MODIFICATIONS	104
3.6.11	COST PROPOSAL TAB 7 -- SCHEDULE 7 – OTHER IMPLEMENTATION COSTS	104
3.6.12	COST PROPOSAL TAB 8 -- SCHEDULE 8 – ONGOING OPERATIONS COSTS	105
3.6.13	COST PROPOSAL TAB 9 -- SCHEDULE 9 – LABOR RATES	105
3.6.14	COST PROPOSAL TAB 10 – OPTIONAL COSTS	105
3.6.15	COST PROPOSAL TAB 11 -- HARDWARE AND SOFTWARE COSTS	106
3.6.16	COST PROPOSAL TAB 12 -- PROPOSER COST ASSUMPTIONS	106
RFP Section 4	**CONTRACT TERMS AND CONDITIONS**	107
4.1	Contract Documents	107
4.2	Contract	107
4.3	Contract Formation	108
4.4	Notices	108
4.5	Termination for Cause	108
4.6	Termination for Convenience	108
4.7	Debarment of State Contractors	109
4.8	Rights and Remedies	109
4.9	Force Majeure	110
4.10	Waiver	110
4.11	Independent Contractor	110
4.12	Staff Qualifications	110
4.13	Subcontractors	110
4.14	Proof of Insurance	111
4.15	Conflict of Interest	111
4.16	Confidentiality	111
4.17	Nondiscrimination and Workplace Safety	112
4.18	Environmental Protection	112
4.19	Hold Harmless	113
4.20	Care of State Property	113
4.21	Prohibition of Gratuities	113
4.22	Retention of Record	113
4.23	Antitrust	114
4.24	Modification	114
4.25	Assignment	114
4.26	Third Party Beneficiaries	114
4.27	Captions	115
4.28	Severability	115
4.29	Governing Law	115
4.30	Jurisdiction	115
4.31	Integration	115
4.32	Immigration and Reform Control Act of 1986 (IRCA)	116
4.33	Worker Misclassification	116
4.34	Injunctions	116
4.35	Statutes	116
4.36	Federal, State and Local Taxes	117
4.37	Accounts Receivable Set-Off Program	117

4.38	Definitions	117
4.39	Definite Quantity Contract	117
4.40	HIPAA Confidentiality	117
4.41	Off-Shore Sourcing	118
4.42	Mandatory Provisions	118
4.43	Prices	118
4.44	Payment	119
4.45	Upgrades	119
4.46	Demonstration Requirements	119
4.47	Performance Guaranty / Bond	119
4.48	Equipment	119
4.49	Implied Requirements	120
4.50	Warranty	120
4.51	Acceptance	120
4.52	Ownership	120
4.53	Software Code and Intellectual Property Rights	121
4.54	Data	121
4.55	Submission of the Bid	121
4.56	New Materials, Supplies or Equipment	122
4.57	Bidder Contracts	122
4.58	Contract Price	122
4.59	Transition Assistance	122
4.60	Award	122
4.61	Termination for Unavailability of Funds	123
4.62	Termination Obligations of Contractor and the State of Kansas	123
4.63	Geographic Information System (GIS) Compliance	123
4.64	Technology Architectural Compliance	124
4.65	Project Management Methodology	124
4.66	Liquidated Damages	125
4.67	Payment Retainage	125
4.68	Date Data Compliance	125
RFP Section 5	**FORMS**	127
	Expression of Interest Form	128
	Signature Sheet	129
	Supplier Diversity Survey Form	130
	Tax Clearance Instructions	132
	Certification Regarding Immigration Reform & Control	133
	DA-146a Contractual Provisions Attachment	134
	Kansas Medical Eligibility Determination (K-MED) System Reference Questionnaire	135
	Disclosure Agreement	140
RFP Appendix 1	**REQUIREMENTS**	145
A1.1	REQUIREMENTS -- GROUPS BY WORKBOOK	145
A1.2	WORKBOOK #1: PUBLIC SELF-SERVICE PORTAL	146
A1.2.1	Worksheet #1a: Portal – General	146
A1.2.2	Worksheet #1b: Self Assessment	147
A1.2.3	Worksheet #1c: Online Intake Application	147
A1.2.4	Worksheet #1d: Portal – View or Change Information	148
A1.2.5	Worksheet #1e: Portal – Pilot Worksheet	148

A1.3	WORKBOOK #2: FUNCTIONAL ELIGIBILITY REQUIREMENTS	148
A1.3.1	Worksheet #2a: Presumptive Eligibility Tool	148
A1.3.2	Worksheet #2b: Registration / Intake	149
A1.3.3	Worksheet #2c: Determine Eligibility	150
A1.3.4	Worksheet #2d: Caseload Management	151
A1.3.5	Worksheet #2e: Quality Assurance	152
A1.3.6	Worksheet #2f: Cost Avoidance	153
A1.3.7	Worksheet #2g: Incorrect Payments and Collection	153
A1.3.8	Worksheet #2h: Fair Hearing and Grievances	154
A1.3.9	Worksheet #2i: Presumptive Medical Disability Determination (PMDD)	154
A1.4	WORKBOOK #3: GENERAL FUNCTIONAL REQUIREMENTS	155
A1.4.1	Worksheet #3a: General Requirements	155
A1.4.1.1	Basic Functionality	155
A1.4.1.2	GIS Capabilities	156
A1.4.2	Worksheet #3b: Notices and Outreach	156
A1.4.2.1	Notices	156
A1.4.2.2	Outreach	157
A1.4.3	Worksheet #3c: Workflow	157
A1.4.4	Worksheet #3d: High Level Client Index	157
A1.4.5	Worksheet #3e: System Documentation	158
A1.4.6	Worksheet #3f: Imaging	158
A1.4.7	Worksheet #3g: Policy Management	158
A1.4.8	Worksheet #3h: Storage	159
A1.5	WORKBOOK #4: REPORTING AND BUSINESS INTELLIGENCE	159
A1.5.1	Worksheet #4a: Reporting	159
A1.5.2	Worksheet #4b: Performance Management	159
A1.6	WORKBOOK #5: SECURITY MANAGEMENT	160
A1.6.1	Worksheet #5a: Security	160
A1.6.2	Worksheet #5b: Profile Management	160
A1.6.3	Worksheet #5c: Audit Trail and History	160
A1.7	WORKBOOK #6: TECHNICAL REQUIREMENTS	160
A1.7.1	Worksheet #6a: Architecture	160
A1.7.2	Worksheet #6b: Processing and Operations	160
A1.7.3	Worksheet #6c: Database Management	160
A1.7.4	Worksheet #6d: Maintenance	160
A1.7.5	Worksheet #6e: Desktop and Server Configuration	160
A1.7.6	Worksheet #6f: IT Policy	161
A1.7.7	Worksheet #6g: Disaster Recovery	161
A1.7.8	Worksheet #6h: Exception-Error Handling	161
A1.8	WORKBOOK #7: USER SUPPORT REQUIREMENTS	161
A1.8.1	Worksheet #7a: User Support	161
RFP Appendix 2	**BUSINESS PROCESS MODELS**	162
RFP Appendix 3	**REPORTING AND BUSINESS INTELLIGENCE**	163
A3.1	REPORTING	163
A3.2	PERFORMANCE MANAGEMENT	163
A3.3	REPORTING AND ACCESS TO DATA AND INFORMATION	163
A3.4	CURRENT REPORTING NEEDS	164
A3.5	REPORTS FROM REQUIREMENTS	164

A3.6	CONTINGENCY FOR CUSTOM REPORTS	165
A3.7	REPORTING SUMMARY	166
A3.8	REPORTS LIST	166
RFP Appendix 4	**INTERFACES REQUIREMENTS AND DESCRIPTIONS**	182
A4.1	INTERFACES OVERVIEW	182
A4.2	INTERFACING WITH THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)	182
A4.3	INTERFACES IMPLEMENTATION SERVICES	183
A4.4	INTERFACES REQUIREMENTS	184
A4.5	CONTINGENCY INTERFACES	186
A4.6	INTERFACES LIST	187
RFP Appendix 5	**DATA CONVERSION REQUIREMENTS AND DESCRIPTIONS**	206
A5.1	CONVERSION ACTIVITIES	207
A5.2	COORDINATION / OUTCOMES	207
A5.3	DATA CONVERSION PLAN	209
A5.4	CONVERSION PLAN EXECUTION	209
A5.5	CONVERSION PROPOSAL INSTRUCTIONS	210
A5.6	CONVERSIONS LIST	212
RFP Appendix 6	**DELIVERABLES**	218
A6.1	DELIVERABLES DEFINITION	218
A6.2	DELIVERABLES PROCESSES AND REQUIREMENTS	218
A6.2.1	Deliverables Processes	218
A6.2.2	Deliverables Requirements	219
A6.3	DELIVERABLES BY MAJOR ACTIVITY	220
A6.3.1	Deliverables -- Analysis Activity	220
A6.3.1.1	Deliverables -- Project Management	220
A6.3.1.1.1	Project Web Site	220
A6.3.1.1.2	Project Management Plan	221
A6.3.1.1.3	Personnel Organization Chart	222
A6.3.1.1.4	Communication Plan	222
A6.3.1.1.5	Facilities Management Plan	223
A6.3.1.1.6	Change Management Plan	223
A6.3.1.1.7	Configuration Management Plan	223
A6.3.1.2	Deliverables – Analysis	224
A6.3.1.2.1	Business Design Document	224
A6.3.1.2.2	Requirements Validation Document (RVD)	224
A6.3.1.2.3	Enterprise Readiness Assessment Report	225
A6.3.1.2.4	MITA Self Assessment	225
A6.3.1.2.5	KITO Reporting Requirements	225
A6.3.1.2.6	Cost Allocation Plan	225
A6.3.1.2.7	Capacity and Performance Plan	225
A6.3.1.2.8	Risk Management Plan	226
A6.3.1.2.9	Security Plan	226
A6.3.2	Deliverables – System Development Activity	227
A6.3.2.1	Deliverables – Design	227
A6.3.2.1.1	Detailed System Design (DSD)	227
A6.3.2.1.2	Help Desk / AVR Plan	228
A6.3.2.2	Deliverables – Modifications and Testing	229
A6.3.2.2.1	System Testing Plan	229

A6.3.2.2.2	System Testing Results	229
A6.3.2.2.3	Tables and Rules User Guide	230
A6.3.2.2.4	Online User Guide	230
A6.3.2.2.5	Operating Procedures Guide	231
A6.3.2.2.6	Business Continuity / Disaster Recovery Plan	231
A6.3.2.2.6.1	Business Continuity Plan	231
A6.3.2.2.6.2	Disaster Recovery Plan	232
A6.3.2.3	Deliverables -- Conversion	232
A6.3.2.3.1	Data Conversion Plan	232
A6.3.2.4	Deliverables – User Acceptance Testing	232
A6.3.2.4.1	User Acceptance Testing Plan	233
A6.3.2.4.2	User Acceptance Testing Criteria and Procedures	233
A6.3.2.4.3	User Acceptance Testing Resolutions Document	233
A6.3.2.5	Deliverables – Performance Testing	234
A6.3.2.5.1	Performance Test	234
A6.3.2.6	Deliverables – Implementation	234
A6.3.2.6.1	Deployment / Roll-Out Plan	234
A6.3.2.6.2	System Documentation	234
A6.3.2.6.3	Deliverables, Work Products, and Materials	236
A6.3.2.6.4	K-MED System Training Plan	236
A6.3.2.6.5	K-MED System Training Materials	237
A6.3.3	Deliverables – Ongoing Operations Activity	237
A6.3.3.1	Deliverables – Ongoing Operations	237
A6.3.3.1.1	Performance Reports	237
A6.3.3.1.2	Turnover Plan	237
RFP Appendix 7	**COST PROPOSAL SCHEDULES**	239
RFP Appendix 8	**TRAINING VOLUMES AND LOCATIONS**	240
RFP Appendix 9	**BUSINESS FORMS**	242
RFP Appendix 10	**QUALITY ASSURANCE REVIEW PROCESS (QARP)**	243
RFP Appendix 11	**CHANGE CONTROL PROCESS**	245
RFP Appendix 12	**PERFORMANCE EXPECTATIONS**	249
RFP Appendix 13	**LIQUIDATED DAMAGES**	253
RFP Appendix 14	**TECHNICAL ENVIRONMENT CONFIGURATION REQUIREMENTS REPORT**	257
RFP Appendix 15	**ImageNow DOCUMENTATION**	262
RFP Appendix 16	**ENTERPRISE ARCHITECTURE**	263
RFP Appendix 17	**VOLUME METRICS**	264
RFP Appendix 18	**SOCIAL SECURITY INTERFACES**	265
RFP Appendix 19	**KANSAS MEDICAL ELIGIBILITY**	266
RFP Appendix 20	**K-MED ACRONYMS**	279
RFP Appendix 21	**K-MED GLOSSARY**	286
RFP Appendix 22	**MEDICAL ELIGIBILITY QUALITY CONTROL (MEQC)**	297

Foreword:
RFP ORGANIZATION

This RFP is organized in the following manner:

RFP Section 1: RFP Purpose, Background, and General and Administrative Information: Contains an explanation of the RFP purpose, the project background, information concerning existing KHPA medical eligibility determination systems, information about current KHPA contractors, mandatory Proposer qualifications, the K-MED Procurement Schedule, various Proposer instructions, and other items of interest to the Proposer.

RFP Section 2: K-MED Project Scope and Approach: Contains information about the project goal, key stakeholders, contract and term information, and a summary of the solution scope, including core functional scope, implementation and integration services scope, ongoing operations scope, organizational scope, and other scope considerations. Resources, facilities, and equipment to be provided by the State are also discussed.

RFP Section 3: Proposal Response: Contains proposal submission information, and instructions concerning how Proposers are to structure and format their proposals. Detailed preparation instructions are given for each section of both the Technical Proposal and the Cost Proposal.

RFP Section 4: Contract Terms and Conditions: Contains several terms and conditions under which the Contractor shall perform the contract.

RFP Section 5: Forms: Contains the various forms that support the procurement process and the submission of a proposal.

RFP Appendices:

RFP Appendix 1: Requirements

RFP Appendix 2: Business Process Models

RFP Appendix 3: Reporting and Business Intelligence

RFP Appendix 4: Interfaces Requirements and Descriptions

RFP Appendix 5: Data Conversion Requirements and Descriptions

RFP Appendix 6: Deliverables

RFP Appendix 7: Cost Proposal Schedules

RFP Appendix 8: Training Volume and Locations

RFP Appendix 9: Business Forms

RFP Appendix 10: Quality Assurance Review Process (QARP)

RFP Appendix 11: Change Control Process

RFP Appendix 12: Performance Expectations

RFP Appendix 13: Liquidated Damages

RFP Appendix 14: Technical Environment Configuration Requirements Report

RFP Appendix 15: ImageNow Documentation

RFP Appendix 16: Enterprise Architecture

RFP Appendix 17: Volume Metrics

RFP Appendix 18: Social Security Interfaces

RFP Appendix 19: Kansas Medical Eligibility

RFP Appendix 20: K-MED Program Acronyms

RFP Appendix 21: K-MED Program Glossary

RFP Appendix 22: Medical Eligibility Quality Control

RFP Section 1:
RFP PURPOSE, BACKGROUND, AND GENERAL AND ADMINISTRATIVE INFORMATION

1.1 RFP PURPOSE

The State of Kansas is issuing this Request for Proposal (RFP) to obtain competitive responses from qualified organizations to provide and implement the Kansas Medical Eligibility Determination (K-MED) system, a state-of-the-art automated medical assistance eligibility system, for the Kansas Health Policy Authority (KHPA). The vendor must propose a state transfer system from another state government or a Commercial Off-The-Shelf (COTS) system that can be modified or enhanced to support eligibility determination for all medical assistance programs under KHPA's authority.

The vendor shall provide an electronic data system that customers can access from a variety of end points.

The K-MED System shall feature the following high-level functionality:

1. Information shall be captured electronically to the extent possible. Once captured, the information is used to support a wide range of functions in the system.
2. Information shall pass though a configurable rules engine and validation mechanism to ensure the most accurate data are represented, allowing for quick and accurate determination of eligibility.
3. The new system will collect information regarding customer contact with the agency or eligibility staff and integrate that information with other case information. For instance, a customer service representative will use the system when answering the call, answering questions about the case, taking notes regarding the call, and forwarding tasks as a result of the call to the appropriate agency individual.
4. The new system shall be web-based and accessible to potential enrollees and to community-based access points where enrollment may be facilitated.
5. On-site scanning of enrollment material shall be included and an interface with the existing document management system shall be established.
6. The sets of rules within the rules engine shall be easily manageable by KHPA non-technical staff and not require a level of expertise that would hinder the ability to implement, alter, and maintain current and new programs.
7. The implementation shall include enough capability to support all medical programs, both now and in the future.
8. The new system must be highly scalable to allow medical assistance programs to grow, including the necessary changes to support the full implementation of the Affordable Care Act (aka HealthCare Reform) as required by federal law.
9. The new system shall include a multi-tiered security apparatus that utilizes user and role based security and application access capabilities.
10. The new system shall offer a business intelligence capability including a comprehensive suite of built-in-reports.
11. The new system shall include a user-friendly ad hoc reporting system.

12. The new application shall be built in a programming language currently referenced in the State of Kansas Information Technology Architecture (KITA – see RFP Section 4.64) so that any modifications requested can be specified, developed, tested, and implemented within a reasonable amount of time.
13. The new system shall feature built in interfacing capability with the ability to interact with the proposed Enterprise Service Bus (ESB).
14. The new system shall be built within the framework of Service Oriented Architecture (SOA) to easily facilitate system interfaces.
15. The new system shall be built within the Medicaid Information Technology Architecture (MITA) to facilitate ease of participation in the exchange and interaction of data.
16. The new system shall be built consistent with the State of Kansas Information Technology Architecture (KITA) (see RFP Section 4.64 – Technology Architectural Compliance).
17. The new system shall have a comprehensive workflow, tracking, and quality assurance mechanism to ensure that information entered at any entry point is as clean as possible and is processed as efficiently as possible.
18. The new system shall have the ability to interface with the Kansas enterprise Geographic Information System (GIS) (see RFP Section 4.63) and use this technology to support business objectives.

A description of the functional software, implementation services, and ongoing operations scope and approach for the K-MED Project is provided in RFP Section 2. The Requirements are referenced in RFP Appendix 1.

The State has engaged Salvaggio, Teal & Associates (STA) to provide K-MED Project Management and Pre-Implementation Services. STA is not eligible for participation in the *Kansas Medical Eligibility Determination (K-MED) Software with Associated Integration Services and Ongoing Operations Support* RFP (this RFP).

The following terms are used to define the parties associated with this RFP:

"Vendor" is a prospective Proposer.

"Proposer" is used to denote a Vendor that submits a timely proposal in response to this RFP. The successful Proposer will function as the Contractor for the K-MED Project.

Vendors are advised that the terms "Vendor," "Proposer," and "Bidder" are sometimes used interchangeably.

"Service Provider" refers to an entity that provides services either as the Proposer or under the supervision of the Proposer as a subcontractor.

"Contractor" is an individual, company, corporation, firm, or combination thereof with whom the State develops a contract for the procurement of goods or services. In this document, it is used to denote the Proposer that is awarded a contract as a result of this procurement. The Contractor will have full responsibility and liability for the completion of all deliverables.

"Software Provider" refers to an entity offering a proposed COTS software package or a state transfer system from another state government.

"Third Party Software Provider" is any entity that provides software and software-related services as part of the K-MED Project solution, other than the Software Provider.

Within the context of this RFP document, the term "KHPA" means the Kansas Health Policy Authority. The term "State" generally refers to KHPA, but can, depending on context, also mean the State of Kansas or any of its affiliates.

Product and service requirements are addressed separately in this RFP. **A proposal may include multiple Third Party Software Providers and multiple Service Providers, but must include one and**

only one Proposer; all other entities are considered subcontractors. Please refer to RFP Section 1.5.1 – Mandatory Qualifications.

1.2 K-MED PROJECT BACKGROUND

A discussion of the K-MED Project background follows.

1.2.1 The Kansas Health Policy Authority (KHPA)

The Kansas Health Policy Authority (KHPA) is the state agency responsible for developing and coordinating health policy in the State of Kansas. KHPA is the single state Medicaid agency and also administers both the Children's Health Insurance Program (CHIP) and the State Employee Health Plan (SEHP). KHPA was created in 2005 under legislative directive. Prior to this date, Medicaid and CHIP were functions of the Department of Social and Rehabilitation Services (SRS), which continues to serve as the umbrella agency for most Social Service programs, including Temporary Assistance for Needy Families (TANF) and Child Welfare services. KHPA is directed by a nine member citizen board along with eight ex-officio members that include State Cabinet Secretaries and the KHPA Executive Director. Additional information about KHPA can be found online at http://www.khpa.ks.gov/about_us/default.htm.

As the single state Medicaid and CHIP agency, KHPA is responsible for administration and supervision of these programs. KHPA, other state agencies, as well as a number of contractors carry out the required duties of these programs. Responsibility for Medicaid and CHIP eligibility determination in Kansas is divided between KHPA and SRS.

The following six vision principles are the guiding framework of KHPA:

Access to Care – Every Kansan should have access to patient-centered health care and public health services ensuring the right care, at the right place, and the right price. Health promotion and disease prevention should be integrated directly into these services.

Quality and Efficiency in Health Care – The delivery of care in Kansas should emphasize positive outcomes, safety, and efficiency and be based on best practices and evidence-based medicine.

Affordable and Sustainable Health Care – The financing of health care and health promotion in Kansas should be equitable, seamless, and sustainable for consumers, providers, purchasers, and government.

Promoting Health and Wellness – Kansans should pursue healthy lifestyles with a focus on wellness — to include physical activity, proper nutrition, and refraining from tobacco use — as well as a focus on the informed use of health services over their life course.

Stewardship – The Kansas Health Policy Authority will administer the resources entrusted to us by the citizens and the State of Kansas with the highest level of integrity, responsibility, and transparency.

Education and Engagement of the Public – Kansans should be educated about health and health care delivery to encourage public engagement in developing an improved health system for all.

1.2.2 Current Business Processes – Kansas Medical Programs

KHPA administers over 20 individual medical assistance programs, serving over 400,000 Kansans annually. Programs include Medicaid, CHIP, MediKan, AIDS Drug Assistance Program (ADAP), HealthyKids, and several state funded programs. Different rules are applicable for the various programs. The K-MED System will support eligibility determination for all medical programs as well as the State Supplemental Payment Program. It shall also have the functionality to expand to additional medical programs quickly and easily as necessary, especially programs and changes related to the Affordable Care Act.

1.2.2.1 Program and Policy

A brief summary describing each medical program and their respective general eligibility requirements is found in RFP Appendix 19. Kansas covers both mandatory and non-mandatory groups. Kansas Medical programs can be divided into six general groups:

Medicaid – Elderly and Disabled / SSI Based Programs: Provides coverage to persons age 65 and older or who are determined to meet Social Security disability or blindness requirements, including those determined disabled through the Presumptive Medical Disability Determination (PMDD) process. Programs include Medicare Savings Plans, Medically Needy, SSI recipients, Working Healthy, and persons in long term care. Most groups include a resource test and an income test.

Medicaid – Children and Families / AFDC Based Programs: Provides coverage to children, pregnant women, and some parents. Programs include Low Income Families with Children, TransMed, Poverty Level PW, and child medical. An income test applies, but resources are not applicable to these groups.

Children's Health Insurance Program (CHIP): Called HealthWave 21 in Kansas, CHIP provides coverage to children under age 19. Families may be responsible for a monthly premium, depending on income and household size. Benefits are delivered through a capitated managed care plan.

MediKan Program: A state funded program, MediKan covers adults with disabilities who do not meet the Medicaid disability criteria. Coverage is currently time-limited.

Targeted Medical Programs: This is a general category for a number of smaller medical programs, including Refugee medical and the AIDS Drug Assistance Program (ADAP).

State Supplemental Payment Program: Provides monthly cash payments to adult SSI recipients who are residing in approved institutions.

Specified policies, procedures and other information can be found in the following manuals:

- The *Kansas Family Medical Assistance Manual* (Family Medical Programs) at http://www.khpa.ks.gov/kfmam/intro.asp.
- The *Kansas Economic and Employment Support Manual* (Elderly and Disabled Medical Programs) at http://content.srs.ks.gov/EES/KEESM/Keesm.htm.
- The *Children and Family Services Policy and Procedure Manual* (Child Welfare Programs) at http://content.srs.ks.gov/CFS/robohelp/PPMGenerate/.

1.2.2.2 Business Model

KHPA provides multiple intake points for accessing medical coverage to accommodate the individual needs of the applicant. Applications are accepted by mail, fax, in person delivery, and in some cases, over the telephone. Various application forms are used to allow the individual to apply for multiple programs or special programs. Face-to-face interviews are not required, but may be completed at the individual's choice. KHPA relies on internal staff, as well as SRS and contract staff, to make eligibility determinations.

The program, type of medical coverage, and the customer's specific needs are some of the elements used to determine the appropriate intake point for the applicant. Once eligibility is determined, cases are maintained in multiple locations, as determined by the documented model. All eligibility determinations must be recorded in the KAECSES-AE (Kansas Automated Eligibility and Child Support Enforcement System – Automated Eligibility) system, but additional systems and processes are used to supplement KAECSES-AE.

Following are explanations of the processes to make eligibility determinations, which vary by program and service delivery point. Also, program business processes have been outlined for many KHPA programs

(see RFP Appendix 2). These explanations and outlines do not reflect all current processes, but are a good representation of the types of processes that are in place.

HealthWave Clearinghouse – A single processing center located in Topeka processing the greatest volume of medical assistance applications and reviews. The Clearinghouse is the primary intake point for all Family Medical (Pregnant Women, Poverty Level Children, HealthWave 21 (CHIP), Low Income Families, and Transitional Medical) applications (although some are processed by SRS). Once approved, all family medical cases are sent to the Clearinghouse for ongoing case maintenance (including reviews, changes, and other functions). Over 114,000 individual cases are managed by the HealthWave Clearinghouse. The Clearinghouse also processes and maintains all cases under the Tuberculosis Program and the Breast and Cervical Cancer program. All activities related to Presumptive Eligibility following the initial approval by the entity are also completed by the Clearinghouse. The Clearinghouse is operated by a contractor, currently Policy Studies, Inc. (PSI), but also houses KHPA staff in order to meet federal Medicaid requirements.

KHPA requires the Clearinghouse contractor to provide a supplemental tracking and support system in order to adequately track performance measures to determine contract compliance and provide support for the eligibility decision. PSI operates a call center and is required to provide system support for these functions as well. PSI has also implemented an automated interface, which essentially pushes and pulls information between the PSI Platform and KAECSES-AE. The solution obtained as a result of this RFP should greatly reduce or eliminate the need for the Clearinghouse contractor to provide a system to supplement the eligibility system.

SRS Service Centers – The Economic and Employment Support (EES) section within SRS Service Centers are responsible for processing and maintaining all Elderly and Disabled medical cases (Medically Needy, Medicare Savings Programs, Long Term Care, MediKan). They also provide intake and initial application processing for those Family Medical applicants choosing to apply at SRS. Because SRS also has responsibility for several human service programs (Food Assistance, Temporary Aid to Needy Families, Child Care Subsidy, etc.), individuals are often applying for another service or benefit at the same time. In addition to the family medical intake function, SRS manages about 90,000 medical cases in their EES division. The Children and Family Services sections within the SRS Service Centers are responsible for processing and maintaining all child welfare cases (foster care, adoption support, and foster care aged out). They provide medical determination for children in SRS custody as well as those in the custody of the Juvenile Justice Authority (JJA). There are approximately 14,000 child welfare medical cases. SRS also offers universal access, allowing individuals living outside of normal county boundaries to apply at a different Service Center if it is more convenient for the applicant.

SRS Service Centers almost exclusively use KAECSES-AE for medical determinations. Although KHPA has developed some tools to assist staff, such as Excel worksheets, paper methods are generally used when adequate support isn't available on KAECSES-AE. Some offices have developed small databases to help track and capture information that isn't included in KAECSES-AE, but there is no KHPA oversight over these individual systems. SRS uses additional systems for other programs they service. For example, KSCARES (Kansas System for Child Care & Realizing Economic Self-Sufficiency) is used to support Child Care Subsidy and TAF Work Programs. Child Welfare workers have a similar situation where the FACTS system is used to capture and document most relevant information regarding the child's situation. However, medical eligibility information is currently manually entered in KAECSES-AE.

KHPA Outstationed Workers – KHPA has placed 12 workers in various locations throughout the state. These staff members are placed primarily in health clinics. They are responsible for processing initial medical assistance applications and will transfer completed cases to either the Clearinghouse or the appropriate SRS Service Center. Outstationed workers are responsible for all determining eligibility for all Medicaid and CHIP programs. The first of these staff members were deployed in late March, 2010.

Outstationed Workers also use KAECSES-AE as their primary system. They have access to the PSI Platform, but do not have a special workflow or other processes built in for their use.

Presumptive Eligibility (PE) – Kansas has a Presumptive Eligibility program for children that allows specific Medicaid providers to actually make Medicaid and HealthWave 21 (CHIP) determinations with

tools provided by KHPA. As the initial determination is valid for two months, a full determination must be made by the Clearinghouse within that timeframe for eligibility to continue.

There are currently five entities in Kansas designated PE entities. Once the PE entity makes a determination, the information is sent via fax to the Clearinghouse for data entry into the KAECSES-AE system. A full application is then required in order for the child to continue to receive coverage past the initial period. The Clearinghouse maintains a separate database specifically for PE to track cases and to document and record productivity.

For security purposes, PE entities are not given any access to the KAECSES-AE system. A paper-based referral process is used by the five entities to facilitate a PE determination and record the results of the determination. Entities have been provided a paper worksheet and an Excel spreadsheet to record the results of each determination. Only Hunter Health Clinic in Wichita uses additional automation in the process, as they have incorporated the PE determination into their standard intake process and submit the results of each determination on a nightly basis via FTP. However, Hunter Health Clinic is still using the Excel worksheet for the actual determination.

Kansas Department of Health and Environment (KDHE) – KDHE staff are responsible for processing applications for the AIDS Drug Assistance Program (ADAP). Staff at KDHE is also responsible for maintenance of these programs. Additionally, KDHE makes required pre-determinations for two medical assistance programs. Both the Breast and Cervical Cancer program and the Tuberculosis program require notification of eligibility from KDHE designees prior to providing coverage. Staff in the HealthWave Clearinghouse actually processes these applications.

KHPA SEHP Staff – The State Employees Health Program (SEHP) is responsible for the Healthy Kids program, which covers children of state employees who are not eligible for HealthWave 21 (CHIP). Staff located at the HealthWave Clearinghouse makes a financial eligibility decision and the results are sent to SEHP staff to complete the determination process.

Other Entities – Although the named entities above are responsible for processing applications, coordination and communication with multiple other entities is required in order to make a determination. For example, the Kansas Department on Aging is responsible for providing assessment information required to complete long term care determinations, or a child in the custody of JJA must be referred to the appropriate worker to complete the determination.

1.2.3 Business Background

The Kansas Access to Comprehensive Health (KATCH) program is an initiative led by KHPA to further expand health insurance coverage to uninsured Kansans. While the scope of the K-MED Project is limited to medical eligibility determination, the long term renovation of the State's health and human services involves replacing a number of the systems involved in health and human services outreach, intake, and eligibility determination functions, across and among not only KHPA and SRS, but across a number of other stakeholder organizations. KATCH is a first step in the roadmap involving a carefully orchestrated, incremental replacement of core state legacy systems.

Among the side benefits of the KATCH program is to give other agencies a unique opportunity to create a new organizational-systems environment, built upon the foundation created to serve KATCH, to provide citizens, providers, staff, and management real-time access to improved services, more flexible and productive business processes, and greater management information.

1.2.3.1 Business Program Background

Despite past efforts to expand eligibility, Kansas was one of only ten states with an uninsured population that grew between 2004/2005 and 2006/2007, with the rate rising from 10.5% to 12.5%. In 2008/2009, the rate was statistically unchanged at 12.4%, still a significantly higher rate than earlier in the decade.

KHPA is the single state agency for both Medicaid and the Children's Health Insurance Program (CHIP), and also administers other public health care programs. Information technology is a critical element in KHPA's ability to administer these programs, yet the core systems upon which KHPA rely are decades old – built on technologies which are no longer well supported, and certainly not viable to be maintained or extended into the future. Although KHPA has upgraded much of its technology services, the KAECSES-AE has not kept pace. KAECSES-AE determines eligibility, case management, and payment mechanisms to dozens of human service programs supporting hundreds of thousands of customers. However, the KAECSES-AE system, managed by SRS, is over 20 years old and does not provide the needed support for medical programs. Although the eligibility system provides the foundation data for all other systems and services, it is not built to adequately support sophisticated billing processes, pricing methodologies, and reporting requirements.

In January 1999, Kansas began modernizing its public insurance programs – moving away from a system strictly linked with cash assistance programs – while seamlessly implementing CHIP (brand name is "Health Wave 21" in Kansas). CHIP implementation introduced a new method (a simplified application) for enrolling children in CHIP, and KHPA expanded this application process to Medicaid enrollees, including low income children and families. Taking this streamlined process a step further, KHPA established a centralized Clearinghouse which receives applications via a mail-in process. Verification requirements were loosened, eligibility was extended to children for a full twelve months, and coinciding with aggressive statewide marketing and outreach efforts, HealthWave was launched. Ten years later, the Clearinghouse processes approximately 10,000 applications and renewals monthly. There are over 40,000 children enrolled in CHIP and approximately 150,000 children enrolled in Medicaid (plus 120,000 adults, including pregnant women and those with disabilities). The role of the Clearinghouse has evolved to include enrollment of the family medical programs (pregnant women and low income families with children). Enrollment and maintenance of elderly and disabled medical cases and child welfare cases remains a function performed at local offices of the Department of Social and Rehabilitation Services (SRS). SRS also determines initial eligibility on a portion of family medical cases, therefore, will be a key stakeholder in the development of the new systems.

It is important to note that the current insurance-related eligibility systems are largely paper based, do not have an integrated front end, and do not have an effective option for web-based citizen self-services through the Internet. With the goal of expanding health care coverage to qualified citizens in Kansas, it's critically important to further reduce the "barriers to entry" for citizens in the application process, by introducing new channels of enrollment through electronic means.

KATCH is an initiative to expand health insurance coverage to uninsured Kansans. Administered by KHPA, KATCH will provide the infrastructure for enrolling, determining eligibility, and retaining eligible Kansans into Medicaid and Children's Health Insurance Program (CHIP).

The high-level goals of the KATCH program are to:

1. Increase outreach and reduce the number of citizens not covered by health insurance;
2. Be the vehicle through which the Affordable Care Act will be implemented, to a large extent, in Kansas; and
3. Create a framework that can be built on and leveraged within KHPA and by other agencies to achieve common business functions.

On behalf of the State of Kansas, KHPA has obtained a five-year State Health Access Program (SHAP) grant from the Health Resources and Services Administration (HRSA) to expand coverage to residents who are currently uninsured. The grant total is anticipated to be approximately $38 million (approximately $25 million for the IT part of the project) over a five year Project Period. KHPA will develop and implement a model, which other states may replicate, to significantly increase the number of Kansans enrolled in Medicaid, CHIP, and other public insurance programs through targeted, grassroots level outreach efforts and by implementing a user-friendly, unified, web-based enrollment and automated eligibility system. The KATCH grant supports three separate components, the first two of which are technology related:

Electronic Enrollment and Eligibility Determination – The KATCH program will support electronic enrollment and eligibility determination for all public insurance programs administered by the State of Kansas. Of these, Medicaid is the largest with an average monthly enrollment of 297,785 during FY08. Medicaid, as it stands today is actually composed of nearly 40 categories, each with different rules and processes. Also included are HealthWave 21 (the state's CHIP program with an average monthly enrollment of 39,275 during FY08), MediKan (a state-only funded program for persons with disabilities), and the AIDS Drug Assistance Program (ADAP).

Presumptive Eligibility (PE) – The KATCH initiative will provide for a standardized and automated application for processing PE. Kansas supports Presumptive Eligibility for children, which allows specific Medicaid providers to make Medicaid and HealthWave 21 determinations with tools provided by KHPA. The initial PE determination is valid for two months, while the full eligibility application is being processed.

KHPA Outstationed Workers – As part of the KATCH grant award, KHPA has placed 12 workers in various locations throughout the state. These workers are placed primarily in health clinics. They are responsible for processing initial medical assistance applications and transferring completed cases to either the Clearinghouse or the appropriate SRS Service Center. The first of these staff members were deployed in late March, 2010, and all are in place currently. These out-stationed workers will also be primary users of the new eligibility systems.

Because the eligibility system provides the foundation for all medical program functions, many other entities are also impacted by this project. These include medical providers (such as doctors, dentists, hospitals, clinics, nursing homes, and pharmacies), managed care organizations, and federal agencies who receive data from the system and other contractors.

Customers of the new system are primarily the applicants and recipients of medical assistance, along with those individuals who help them with these processes. KHPA is striving to establish a web presence and capabilities to meet the expectations of its customers. The Online Intake Application and self-service features of the K-MED System will be especially helpful for customers, who will also benefit from a rules-driven system that will return a timely and accurate eligibility decision.

1.2.3.2 Business Opportunity

As a result of the legacy systems environment, an unacceptable situation exists: KHPA policy and program choices are actually influenced and constrained by the system's inflexibility. The lack of an eligibility system fully integrated with an online application and presumptive eligibility screening tool results in duplicate data entry by staff. Keying errors and other problems result in duplicated records stored in the system, increasing the potential for inaccurate eligibility/enrollment histories and uncoordinated health care, negatively affecting outcomes and increasing overall program costs. Information coming from the eligibility system is eventually sent to the Medicaid Management Information System (MMIS) where it becomes the foundation for the member record. Unless these fundamental issues are addressed, problems will escalate exponentially when Kansas implements the next phases of Health Information Technology (HIT), such as health information exchanges (HIEs), health insurance exchanges, regional health information organizations (RHIOs), and electronic health record (EHR) systems.

Additionally, KHPA routinely receives requests for data that is not available. The lack of a centralized reporting system as well as system limitations for tracking deadlines results in the need to manually complete tracking logs and reports. For all medical programs and service delivery locations, there are various timeframes that have to be met and necessary program tracking components. KHPA requires the Clearinghouse vendor to provide a system to accomplish these requirements.

In summary, KHPA faces six fundamental issues with the existing legacy system.

Key Problem / Challenge#1: System Inflexibility

The vast majority of configurations for the application were hard coded by developers and, therefore, changes require countless man-hours to scope, specify, develop and test. While there are some

numbers of support tables that can be altered within the system, most business rule changes require countless man-months and even man-years to implement.

Proposed Solution Opportunity: Through implementation of modern information system architecture, business rules will be implemented and maintained, without the need to make significant application changes. Business rule-driven system architecture increases flexibility, decreases cost, and reduces the time needed to implement changes to a system over time.

Key Problem / Challenge#2: High Level of Expertise Needed to Administer Programs

No rules engine exists within the system, and users are required to understand the specifics of each program in order to properly enter and validate data.

Proposed Solution Opportunity: Modern information systems architectures provide for robust business rules engines which could be applied uniformly across programs, agencies, and projects. By enforcing business decisions within the processing of the system, consistency is improved, error-rates are reduced, and the time to train new knowledge workers is shortened.

Key Problem / Challenge#3: Limited System Capacity

The eligibility application possesses an inherent limitation on the number of programs that can be implemented, and it hit that limit in the early 90's. As a result, a number of workarounds and manual processes are used in order to implement new initiatives.

Proposed Solution Opportunity: Modern information systems for eligibility applications face few practical limits in their flexibility to support a large number of programs each having unique program-level requirements, while still operating under a consistent shared application, data, and technology architecture.

Key Problem / Challenge#4: Limited System Accessibility

KHPA partners with a number of external agencies and intermediaries to facilitate eligibility determination and enrollment, making remote-access to the application critical. The current application does not have a native web-based access protocol to enable such access.

Proposed Solution Opportunity: Modern information systems architectures are designed for native Internet web-based presentation mode, with access control governed by firewalls, and security authentication or authorizations managed by role-based security credentials. Internet web-based access will be a core part of the proposed system solution.

Key Problem / Challenge#5: Limited Reporting Capability (Business Intelligence)

Adequate reports are not available from the KAECSES-AE system. A reporting engine was not built into the system and only certain datasets are extracted on a periodic basis. These datasets are made available through SAS® Software. To create reports and mine data requires skilled SAS-experienced staff or a programmer who understands the system and the "Natural" language necessary to create an ongoing report, limiting the ability for end users to quickly obtain reports they need for decision-making and program oversight. 'Canned' reports are available, but do not capture information at the level needed, primarily because critical data elements are not captured within the process of the determination.

Proposed Solution Opportunity: Modern information systems architectures are built upon relational database management system (RDMS) products. An RDMS provides for direct query capability, or, more often, for the Extraction, Transformation, and Loading (ETL) to a reporting data mart for business analytics. In either case, information can be accessed via canned or ad-hoc reports, through popular off-the-shelf query products such as Crystal Reports, which are flexible and easy-to-use for end users.

Key Problem / Challenge#6: Inconsistent and Error-Prone Processes

KHPA maintains numerous medical programs each with different rules and processes. Specific steps may vary according to the actual service delivery location. There is no workflow engine in the current system to establish or promote accurate or consistent workflow.

Proposed Solution Opportunity: Modern information systems provide for business rule-based workflow, which can be applied uniformly across the enterprise to knowledge workers based on their roles and skill sets. In a workflow-driven system, the software (and with few exceptions, not the individual knowledge worker) determines the correct orchestration of steps involved. This role-based and skill-based workflow will help assure and enforce consistency of process within the new data management systems.

Meeting these challenges through the proposed solution is essential for reaching KATCH goals. The intent of KATCH is to simplify the application and eligibility determination process for all applicants as well as to enroll hard-to-reach populations. For this reason, data would ideally be captured about individuals (or assistance units) as they move through the application process, starting as applicants and ending as beneficiaries (or ineligibles). However, KAECSES-AE poses a number of challenges generating appropriate information for measuring KATCH outcomes. The following list provides some examples of these additional program related problems:

- KAECSES-AE cannot provide detailed reports about applications (here referring to forms through which coverage is requested), approvals, and denials for individuals or even assistance units (e.g., families, individuals, etc.). Rather, KAECSES-AE can only be used to track the multiple programs that have been opened for an assistance unit. For example, multiple medical programs may be opened for one assistance unit based on one application. Some members of the assistance unit may be denied for one program but approved for another and vice versa. Moreover, there is considerable variation in how many programs a caseworker may open for a given assistance unit, partly based on the caseworker's experience with and knowledge of these programs. Therefore, changes in the number of "applications" may be affected by changes in staffing and caseworker behavior. This imposes certain limitations on the ability to attribute observed changes in the number of "applications" to the KATCH program.
- Because KAECSES-AE is organized by program and assistance unit (or part of an assistance unit), it is not possible to break out the data for the specific populations that KATCH is intended to target. Moreover, information about the eligibility determination process that is associated with a given group of individuals within an assistance unit cannot then be linked to the beneficiary files in the MMIS.
- It is impossible to associate applications in KAECSES-AE with a particular site where the application form originated (such as a school or a safety net clinic) and it is difficult to associate it with the caseworker that initially processed the application. For example, applications initiated by a caseworker may be transferred to the Clearinghouse for maintenance, and any record of the caseworker who initially processed the application is lost.
- Retroactive eligibility is not noted within the KAECSES-AE system, making it nearly impossible to distinguish retroactively eligible beneficiaries from other beneficiaries. This is a particular problem given the current backlog in processing applications at the Clearinghouse.
- Not all Medicaid beneficiaries in the MMIS have income information associated with their file because this data may not have been entered into KAECSES-AE. For example, beneficiaries who are eligible because they receive SSI may not have their income information entered into KAECSES-AE, even though this information is captured in the application form.
- Information about retention and renewal of Medicaid beneficiaries cannot be easily generated by KAECSES-AE.
- KAECSES-AE management reports used both for the evaluation and for program oversight require additional manipulation in order to be converted from text files to a format that can be imported into spreadsheet software.

Due partly to these limitations, the KATCH evaluation plan relies on a variety of indicators and data sources to measure the application, eligibility determination, and renewal process. These data sources include: KAECSES-AE, MMIS, and the software platform used by the Clearinghouse to perform off-system tasks not easily handled by KAECSES-AE. Ideally, data for program management and evaluation would be readily available from one system.

Further Opportunities for Reducing Program Administration Costs

The ability to efficiently complete all business processes related to the eligibility determination is critical to KHPA and the other entities responsible for pieces of the process. With multiple service channels and a fairly complex service delivery model, creating efficient processes is a challenge. Each particular service delivery location currently has a different workflow model and there is no automated workflow associated with KAECSES-AE to support these. Only the HealthWave Clearinghouse is utilizing an automated workflow, which was provided by the vendor as part of their automated solution.

Implementing policy and program changes quickly and efficiently is also an ongoing struggle for KHPA. Implementation time frames, specific rules, and even the actual policies are often driven by when KAECSES–AE can accommodate the change. This takes flexibility away from policy managers, agency leadership, and even the legislature to appropriately and efficiently implement programs. Because the current system cannot offer adequate support for most program and policy changes, workarounds or special processing instructions are almost always included. Not only are these processes inefficient, but case management actions taken later have a much greater chance of being inconsistent and inaccurate. With the new system, the agency seeks the following improvements:

- Centralized repository for all medical eligibility documents (electronic forms, imaged verification documents, imaged paper documents) will be available as needed for business function.
- Reduce or eliminate paper documents where possible.
- Standardized application of business rules for eligibility determination reduces inefficiencies and reduces chance of incorrect payments.
- Implementation of a rules engine with business rules manageable by business staff will reduce costs of implementation and provide flexibility in the implementation date.
- Reduce or eliminate the collection of redundant data common to various medical assistance groups or programs.

Managing Long Range Operational Costs Effectively

With total expenditures exceeding 2 billion dollars a year, the ability to accurately predict and manage program and enrollment changes is essential. When budgets are tightened, policy makers rely on precise forecasting to distribute funding appropriately. The ability to recognize changes and trends as early as possible is crucial to this process.

The current system does not capture all relevant data associated with the eligibility determination, making it nearly impossible to accurately estimate the impact of a policy change in some instances. Readily available information through a centralized reporting system would provide necessary tools to better manage programs. In addition, it would allow the KHPA to take full advantage of features in the Data Analytics Interface (DAI)[1], which could make it possible to include health factors and conditions of certain populations in development of budget projections. The proposed solution must also fully support and integrate with the DAI, with the goal of servicing a future enterprise-wide data warehouse. Finally, the ability to evaluate the impact of a planned policy decision or future change in a specific program is also desired with this implementation.

[1] The KHPA Data Analytics Interface (DAI) is a data warehouse reporting system, which provides for advanced reporting capabilities in support of state program business intelligence (BI) and planning.

1.2.3.3 Business Goals

By implementing a modern eligibility system, KHPA expects to provide improved services to all customers. This includes members seeking and receiving medical coverage, policy makers, and the general public. Specific goals include the following:

- **Open new service channels** – The online eligibility application process will invite residents to easily access medical coverage applications and information, enabling access to information about benefits from any computer terminal. In addition, self-service capabilities will allow applicants or recipients to check the status of their application or coverage and report certain changes electronically**.**
- **Maximize investments –** KHPA has invested in several new systems. Implementing a modern eligibility system will enable KHPA to take its overall service delivery vision to a higher level.
- **Improve Accuracy –** A rules based system along with a standardized workflow will enable KHPA and the Kansas Legislature to ensure program polices are implemented as intended. Accurate determinations will result in appropriate expenditures, ensuring that only those eligible receive these benefits, thus ensuring federal compliance. Reducing incorrect eligibility determinations will ensure a better use of limited resources on the populations to which they are allotted.
- **Manage Staff –** Tools for all managers to assign work and measure performance will create a more efficient workforce. The ability to complete time studies for specific tasks and functions will allow management to determine cost effectiveness where desired.
- **Mobilize Staff –** A web-based, integrated system will enable a mobile, out-stationed workforce whose members have the flexibility to meet the changing needs of the population they serve.
- **Improve Customer Service –** KHPA, SRS and other staff responsible for medical programs can provide quicker determinations and more accurate information, resulting in improved customer service.
- **Implement New Initiatives –** With the Affordable Care Act implementation on the horizon, KHPA anticipates the need for a flexible eligibility system when implementing the new rules and operational requirements. The ability to quickly implement new programs will also enable KHPA to take advantage of recent federal options and improvements available for health care programs, including Express Lane Eligibility and expansion of Presumptive Eligibility. The K-MED System will set the foundation for the addition of other means tested programs.
- **Deliver Cost-Effective Services –** Like most states, Kansas' state budget has been hit hard by the rising cost of health care. Better tools to manage these costs are essential as these programs continue to grow. It is also critical that KHPA take advantage of the third party payers and other payment sources prior to actually processing claims, which will require effective methods to identify these resources as part of the eligibility function.

1.3 BACKGROUND ON EXISTING SYSTEMS

The following systems are used to support KHPA medical assistance programs.

KAECSES-AE – The Kansas Automated Eligibility (KAECSES-AE) system supports eligibility determination for multiple programs. KAECSES-AE provides the automated support that assists the case worker with establishing clients, cases, eligibility determination, service delivery, case management, and a repository for case information. KAECSES-AE serves Medicaid, CHIP, ADAP, and state-funded medical programs. It also serves TANF, General Assistance, Food Assistance, Refugee Assistance, Chafee Independent Living, Adoption, Permanent Custodianship, Foster Care in Out-of-Home placements, and Family Preservation cases. This system is developed using COBOL and Natural2 for the batch routines and COBOL/CICS for the online transactions. ADABAS is the database management system (DBMS). SRS manages the KAECSES-AE system.

The majority of information and data for current and past medical decisions is held by KAECSES-AE. The K-MED System will serve as the sole system for medical eligibility determination, assuming responsibility as the medical eligibility system of record. A bi-directional interface will be developed between KAECSES-AE and the K-MED System to share specified information between the programs. Data conversion from KAECSES-AE will be required.

MMIS (Medicaid Management Information System) – The MMIS is the system operated by the State's fiscal agent and includes beneficiary data maintenance, claims payment, managed care assignment, and federal reporting. HP-Enterprises Services is the current fiscal agent operating the interChange MMIS. KAECSES-AE is the primary source of beneficiary eligibility, demographic, and long term care information. Information received from KAECSES-AE is used to determine what benefits the member will receive. KHPA provides a large number of different benefit plans, and each plan offers a different package of services. Members are placed in a plan based on the eligibility information received from KAECSES-AE. For example, a child eligible for poverty-level Medicaid will receive an enhanced benefit package for children and will be offered enrollment in a managed care plan. But, a child eligible for HealthWave 21 will have a delayed effective date and will only be offered services through the managed care plan.

The Primary purpose of the beneficiary data maintenance function is to accept and maintain an accurate, current, and historical source of eligibility, long term care, and demographic information on individuals eligible for Kansas medical programs. The beneficiary data maintenance function maintains a database to support MMIS subsystems including Claims Processing, Eligibility Verification, Managed Care, Buy-In, KAN Be Healthy (KBH), TPL, Prior Authorization, Medical Assistance Reporting System (MARS), and a Decision Support System.

The MMIS also includes member self services features that enable the individual to check their eligibility through a secure web portal or by telephone. These tools also allow the member to report certain changes.

The K-MED System will serve as the sole system for beneficiary data maintenance functionality to include setting the correct benefit plan, maintaining accurate, current, and historical eligibility, long term care and demographic information on individuals eligible for the Kansas medical programs. The K-MED System will also maintain accurate, current, and historical information on non successful applications for all medical programs. The K-MED System will support all appropriate MMIS subsystems through the use of a bi-directional interface between the Kansas MMIS and the K-MED System. Data conversion for MMIS will be required.

InterChange Premium Billing and Collection (ICPBC) – The ICPBC system provides premium billing and collection services for KHPA. HP-Enterprises Services provides these services, including a customer service center and the associated system. Currently, the MMIS serves as the source system for the ICPBC by providing eligibility and premium information for both the HealthWave and Working Healthy programs. An account is created in this system for each case where a premium responsibility is noted. The system sends premium statements and posts collections of payments for these accounts. It also provides various reports concerning premium information and operations. This system uses an Oracle 11g database.

A bi-directional interface between the K-MED System and the Source ICPBC will be required. The K-MED System will also become the source system.

ImageNow – KHPA uses ImageNow from Perspective Software as a secure enterprise document imaging application. ImageNow is also required to be used by KHPA's contractors, including the HealthWave Clearinghouse operated by Policy Studies, Inc. This solution offers a client server sequel server environment with a web access component. The Contractor will integrate their proposed K-MED solution with the current version of KHPA's ImageNow system. Technical specification documents related to ImageNow are referenced in RFP Appendix 15.

Additional information about ImageNow can be found at the following internet address: http://www.perceptivesoftware.com .

PSI Platform – The PSI Platform is a system provided by the Clearinghouse Operations vendor, Policy Studies, Inc., and is used by Clearinghouse staff to supplement the KAECSES-AE system. It provides workflow, program income worksheets, Clearinghouse operations reports, and an electronic case log. The Platform is beginning to use VHI functionality to "push and pull" data to/from KAECSES-AE.

The PSI Platform was developed using a Service Oriented Architecture and utilizes Java J2EE and Google Web Tool kit as the primary development languages supported by an Oracle database. Other key supporting technologies include Oracle Server Bus and Oracle's AquaLogic Business Process Manager.

The K-MED System will replace the PSI Platform and data conversion from the PSI Platform to the K-MED System will be required.

Data Analytic Interface (DAI) – The DAI is a data repository for Medicaid, State Employee's Health, and private insurance data. Thompson-Reuters is the vendor for this service. The DAI functionality allows a wide range of KHPA staff with varying levels of expertise to produce reports through an interface. Analysis based on episodes of care of individual beneficiaries, disease management, predictive modeling, and evaluative analysis to measure costs and outcome effectiveness is possible.

The DAI is designed to use data to compare health care service and utilization patterns, and to identify trends and areas for focus and improvement. KHPA uses the data to develop programmatic improvements in Medicaid and the State Employee Health Program and to advance health policy for the state as a whole.

The Vendor will have to work with KHPA and Thomson-Reuters to develop technical requirements for data to flow into the DAI.

The data resides on an Oracle server that is maintained by Thomson-Reuters.

Presumptive Application and Referral Tracking System (PARTS) – PARTS is a system used by the Presumptive Medical Disability Team (PMDT) to support the disability determination process. It is primarily a workflow tool with documentation and reporting capabilities. It also includes functionality such as fuzzy searches, customized workflow views, and calendar components.

PARTS is an APEX application residing in an Oracle 11g database, a scalable and rapid application development framework running on enterprise class servers. The K-MED System will include all functionality currently provided by PARTS and conversion from PARTS will be required.

1.4 KHPA Contractors

Following is a discussion of current and planned KHPA contractors, as well as a discussion about contractor cooperation.

1.4.1 Contractor Information

Following is a discussion of current and planned KHPA contractors.

1.4.1.1 Current Medical Assistance Program Contractors

KHPA has secured the services of a number of different contractors to provide cost-effective, efficient administration of the medical assistance programs. Contract responsibilities vary widely, but each entity plays a critical role in the overall service/benefit delivery model. Contractors providing critical elements in the overall medical assistance delivery plan include:

1. **HP Enterprises Services, LLC –** Provides fiscal agent administrative responsibilities, operates the Medicaid Management Information System (MMIS), and provides Premium Billing Services.
2. **Perceptive Software –** Document imaging system.

3. **Policy Studies, Inc. (PSI) –** HealthWave Clearinghouse services (central processing unit for eligibility).
4. **Health Management Systems (HMS) –** Provides Estate Recovery and Medical Subrogation services.
5. **Paychex –** Issues payments for recipients of the Supplemental Security Payment Program.
6. **Thompson Reuters (HealthCare), Inc. –** Provides the Data Analytic Interface (DAI).
7. **Kansas Health Institute (KHI) –** Evaluation of the K-MED project.

1.4.1.2 Additional Planned Contractors

There are also a number of other contractors impacted by the eligibility system turnover where less direct involvement is required, such as the HealthWave Managed Care Organizations. Additionally, as part of the overall implementation plan for K- MED, KHPA intends to procure or has procured additional resources for services which are not included in the scope of this RFP.

1. **K-MED Hosting Services** – KHPA intends to provide for hosting services outside of this contract. Hosting services are not included in this scope of work. The hosting provider will be responsible for providing and maintaining a facility to house the hardware necessary to operate the system and provide related amenities (such as heating and cooling). The hosting provider is also responsible for environment configuration, including but not limited to all network components, computer hardware platforms, servers, third party software, data storage, backup, operating system, reporting tools, databases, Firewall (w/ VPN and DMZ), security and monitoring software, and needed bandwidth, etc., to support the application software developed by the K-MED contractor. The hosting provider will also manage server and software patching, provide vulnerability scans, troubleshoot any connectivity issues, and ensure timely escalation of monitoring alerts. Additionally, the hosting provider will provide print and mail functions for all letters and other paper notifications from the K-MED System. The hosting provider will also maintain any K-MED website.
2. **IV&V Contractor –** It is highly likely that the State will engage its own independent quality assurance contractor to conduct Independent Validation and Verification (IV&V) activities on behalf of the State. It is expected that the K-MED Contractor will fully cooperate with the IV&V activities of the independent quality assurance contractor (see RFP Section 1.4.2).
3. **Recovery Audit Contractor** – KHPA is preparing an RFP to obtain the services of a Recovery Audit Contractor to meet the requirements of the Affordable Care Act and a state mandate for entering into a contract with a vendor for the purpose of identifying underpayments and overpayments and recouping the identified overpayments from medical providers.

1.4.2 Contractor Cooperation

Contractors share in the success or failure of this project with KHPA. It is important for all KHPA contactors to be committed to the goals of KHPA, the KATCH program, and to K-MED. All parties involved must carry out their duties in order for K-MED to be successful. It is also critical for each contractor to fully understand the ”start to finish” model of the KHPA approach and the role of other contractors in this approach. All parties involved must be aware that any goods or services provided have an impact on others involved in the process. KHPA expects each contractor to develop a thorough understanding of the process and to be able to identify the impact that they may have on their fellow contractors. KHPA envisions a model where all contractors are working collaboratively and respectfully together. As such, contractors not only have a responsibility to KHPA, but also to each other, and must work together throughout the project and beyond.

KHPA expects the K-MED Contractor to develop a positive working relationship with the aforementioned contractors as well as any future KHPA contractors. The K-MED Contractor is expected to fully cooperate with the State and contractors of the State that are part of the medical program delivery plan, as well as

other state agencies. All communication between KHPA contractors is coordinated by KHPA. In addition, KHPA staff shall be present at any meetings held between contractors and / or with other state agencies, unless specific expressed permission is granted by KHPA.

To facilitate these relationships, KHPA will host sessions between the K-MED contractor and other contractors and state agencies to gain a better understanding of the process and to set a level playing field. KHPA envisions that this forum can be used to raise issues and facilitate problem solving. This arrangement should be structured to draw on the strengths of each organization to identify and achieve complimentary goals. It is expected that, at the conclusion of the initial discussion, the parties will express a consensus regarding, among other things, the respective goals in completing their contracts and how their respective expertise, responsibilities, and performances would affect and assist the other parties to the arrangement. Thereafter, the parties will continue discussions as necessary and will conduct periodic joint evaluations of performance throughout the life of their contracts. KHPA will continue to assist and facilitate these discussions. KHPA may designate some sessions as mandatory for specific contractor staff positions.

Contractor Cooperation includes the following:

1. Providing personnel, materials, and other resources necessary to enable the other contractor(s) to carry out the terms of their contract. Examples include training or sharing manuals.
2. The Contractor will share products (including source code for software and applicable documentation to allow use of the source code) in order to allow other parties to perform their services.
3. Providing access to other KHPA contractors on the K-MED Contractor's development region if necessary to provide services. The specific terms of that access, including data structure formats and transaction standards, shall be agreed to by all parties.
4. Providing timely and accurate data when needed.
5. Exclusive information, such as trade secrets and computer programs, are shared only for the purpose of performing services. The information is shared only to employees and subcontractors on a need to know basis. Once exclusive information is received, the receiving party must take all reasonable measures to prevent unnecessary sharing. A contractor receiving exclusive information shall report any misappropriation or misuse of such information to KHPA and to the owner of the information.
6. Contacting KHPA of any non-cooperation or any potential issues as soon as identified. If the issue is a contract interpretation issue, all parties must rely on KHPAs interpretation of the contract(s).
7. Promptly informing KHPA and the other party of any errors or bugs detected.

1.5 GENERAL AND ADMINISTRATIVE INFORMATION

A discussion of general and administrative information items follows.

1.5.1 Mandatory Qualifications

The State is seeking a vendor (the "Proposer") that will, as the Contractor, be responsible for providing a complete software solution and all requested services required for a successful implementation, plus post-implementation support, as well as ongoing operations for the K-MED System. The Proposer may team with multiple firms in its proposal, but there can be only one Proposer that will execute the Contract expected to result from this RFP. This does not preclude the State from executing a separate contract with a Software Provider for software licenses and software maintenance. However, the Proposer shall be responsible contractually for all services, including those services performed by a sub-contracted Software Provider.

The Proposer will coordinate, integrate, and be accountable for all products and services proposed. This excludes an arrangement between vendors of joint venturing or joint response to this RFP as such arrangements will not be allowed. Generally the Proposer may only appear in one proposal submitted in response to this RFP. Subcontractors may be included in more than one proposal. Multiple submissions from a firm that is a Proposer in a proposal or submission of alternative proposals will be grounds for disqualification of such proposals.

1. This prohibited action shall be defined as a Proposer submitting one proposal as a prime contractor Service Provider, and permitting a second Proposer to submit another proposal with the first Proposer offered as a subcontracted Service Provider. This restriction does not prohibit different Proposers from offering the same Service Provider subcontractor as a part of their proposals, provided that the Service Provider subcontractor does not also submit a proposal as a prime contractor.
2. Also, the restriction does not apply to products or software. This means that a Software Provider may also offer its services as a Proposer, serving as its own integrator, and another Proposer can offer the same software in another proposal. In this latter case, the affected Software Provider cannot also serve as a Service Provider in any proposal other than the one in which it is the Proposer.
3. At the sole discretion of the State, submitting multiple proposals in different forms may result in the disqualification of all Proposers knowingly involved.

The State has established one mandatory qualification that must be met by all Proposers and their proposals submitted for evaluation. For the reader's convenience, two other highly desirable but non-mandatory qualifications are also listed here.

- The Proposer or a proposed subcontractor must have a minimum of three (3) years continuous active participation in the business of providing services for the implementation and operation of eligibility determination systems comparable in size and complexity to that specified herein.
- Preference will be given to vendors with experience implementing the solution they are proposing.
- Preference will be given to vendors with experience implementing and operating eligibility determination systems in state government.

Please refer to RFP Section 3.4.6 (TECHNICAL PROPOSAL TAB 2 – Corporate Qualifications and Experience) for instructions concerning substantiating mandatory and highly desirable qualifications.

<u>The qualification listed in the first bullet above is mandatory, and proposals that lack this criteria will be eliminated from further consideration</u>.

1.5.2 K-MED Procurement Schedule

The following procurement schedule represents the State's best estimate of the *anticipated* schedule that will be followed. Unless otherwise specified, the time of day for the following events will be between 8:00 a.m. and 5:00 p.m., Central Time.

K-MED PROCUREMENT SCHEDULE

NOTICE: The State reserves the right, at its sole discretion, to adjust this schedule as it deems necessary.

	EVENT	DATE
1.	State Releases K-MED RFP	October 7, 2010
2.	Pre-Bid Vendor Conference	October 14, 2010 12:00 noon Central Time
3.	Deadline for Submitting Written Questions Requesting Clarifications	November 2, 2010 12:00 noon Central Time
4.	Deadline for State to Post Final Responses to Written Questions	December 9, 2010
5.	**Proposal Submission Deadline (RFP Closing Date)**	**January 4, 2011 2:00 pm Central Time**
6.	Notification of Vendors Selected for Software Demonstrations and/or Discovery	March 17, 2011
7.	Product Demonstrations and/or Discovery Sessions	March 21 to April 8, 2011
8.	State Issues a Call for Revised Offers	April 11, 2011
9.	Deadline for Vendor Revised Offer Responses	April 19, 2011
10.	State Conducts Evaluation of Revised Offers	April 20 to May 3, 2011
11.	Evaluation Committee Recommendation to the Procurement Negotiating Committee (PNC)	May 4, 2011
12.	Vendor Notified of Selection	May 6, 2011
13.	Contract Negotiations	May 9 to 20, 2011
14.	Award / Contract Signed	May 20, 2011
15.	Detailed Project Plan Approved by Kansas Information Technology Office (KITO)	June 20, 2011
16.	Project Execution Date / Project Kick-off Meeting	June 22, 2011

1.5.3 Explanation of K-MED Procurement Schedule and Process

After studying this RFP document, Vendors considering bidding are required to attend the Pre-Bid Vendor Conference, and are encouraged to submit questions to clarify any ambiguity in the RFP (see Event #2, #3, and #4 above).

After vendors submit their proposals, the State Evaluation Committee will conduct an evaluation of all proposals received. Evaluation of proposals is discussed in RFP Section 1.5.19.

The result of this first round of proposal evaluations is the invitation of selected vendors to appear before the Procurement Negotiating Committee (PNC) and the State Evaluation Committee for Product Demonstrations and/or Discovery Sessions. The exact nature of these demonstrations and/or sessions will be specified in the invitation. Appearance before the PNC is discussed in RFP Section 1.5.20.

After the Product Demonstrations and Discovery Sessions are completed, selected vendor(s) may be asked to participate in negotiations leading to a Revised Offer. After the State issues the Call for Revised Offers, selected vendors will then submit their Revised Offers for evaluation.

After evaluation of the Revised Offers, the State Evaluation Committee will review their evaluations with the PNC. After reviewing the evaluations from the Evaluation Committee, the PNC may seek additional information, conduct additional negotiations, or other activities. The PNC may select a vendor(s) with which to discuss additional and final contract terms. All contract terms must be final and vendor commitment to executing such contract shall be unquestionably demonstrated for the PNC to consider awarding the contract to the vendor. If the PNC finds the final contract terms acceptable, then a Notice of Intent to Award may be issued. If the PNC does not find the final contract terms acceptable, then the PNC may discuss final terms with other vendors. Once a Notice of Intent to Award has been issued, the vendor shall execute the final Contract. Failure to do so in a timely manner may result in the rejection of the vendor, and the Contract being issued to another vendor.

After the Contract is executed, the Contractor will work with the State's Project Director to finalize and obtain approval of the detailed project plan by the Kansas Information Technology Office (KITO). Generally, this involves getting the detailed project plan to conform to KITO requirements and standards. KITO requirements and standards are discussed in RFP Section 3.4.11.2.2.4. Once KITO approval is obtained, the detailed project plan is submitted by KITO to the Executive Branch Chief Information Technology Officer (CITO) for approval. When the detailed project plan receives CITO approval, then the project can begin.

The KITO/CITO detailed project plan approval process can take considerable time to accomplish. This process can be shortened if the Contractor's detailed project plan submitted with the proposal and the Revised Offer substantially conforms to KITO requirements and standards (please see RFP Section 4.65, "Project Management Methodology").

1.5.4 Disability Accommodation Request

Any attendee of the Pre-Bid Vendor Conference or attendee of any other meeting in the procurement process, with a disability, may request accommodation in order to participate. Requests for accommodation should be made to the Procurement Officer at least five working days in advance of the meeting.

1.5.5 Proposer Subcontractors

If a Proposer chooses to use subcontractors, the State encourages the Proposer to use Kansas subcontractors, including small and emerging businesses or small entrepreneurships, if practical.

If a Proposer intends to subcontract portions of the products or services, the proposal shall include specific designations of the tasks to be performed or deliverables to be produced by the subcontractor. The subcontractor shall be required to produce firm and staff qualifications to demonstrate their ability to provide the product or service. The subcontractor qualifications shall be presented in a separate section

of the proposal. Copies of any teaming agreements planned to be executed between the Proposer and subcontractor(s) shall be included in the proposal. The Proposer is required to certify and warrant all subcontractor work.

1.5.6 Preparation of Proposal

Prices will be entered in the spaces provided on the cost schedules. Computations and totals shall be indicated where required. In case of error in computations or totals, the unit price shall govern. The PNC has the right to rely on any prices provided by bidders. The bidder shall be responsible for any mathematical errors. The PNC reserves the right to reject proposals which contain errors.

All copies of cost proposals shall be submitted in a separate sealed envelope or container separate from the technical proposal. The outside shall be identified clearly as "Cost Proposal" or "Technical Proposal" with the Bid Event ID / RFP number and closing date.

A proposal shall not be considered for award if the price in the proposal was not arrived at independently and without collusion, consultation, communication or agreement as to any matter related to price with any other bidder, competitor or public officer/employee.

Technical proposals shall contain a concise description of bidder's capabilities to satisfy the requirements of this RFP with emphasis on completeness and clarity of content. Repetition of terms and conditions of the RFP without additional clarification shall not be considered responsive.

1.5.7 Cost of Preparing Proposal

The cost of developing and submitting the proposal is entirely the responsibility of the Proposer. This includes costs to determine the nature of the engagement, preparation of the proposal, submitting the proposal, negotiating for the contract, and other costs associated with this RFP.

1.5.8 Signature of Proposals

Each proposal shall give the complete legal name and mailing address of the bidder and be signed by an authorized representative by original signature with his or her name and legal title typed below the signature line. If the contract's contact will be a different entity, indicate that individual's contact information for communication purposes. Each proposal shall include the bidder's tax number.

1.5.9 Modification of Proposals

A bidder may modify a proposal by letter or by FAX transmission at any time prior to the closing date and time for receipt of proposals.

1.5.10 Withdrawal of Proposals

A proposal may be withdrawn upon written request from the Proposer to the Procurement Officer at the Division of Purchases prior to the Proposal Submission Deadline (Closing Date).

1.5.11 Acknowledgment of Amendments (Addenda)

Proposers shall acknowledge receipt of any amendments or addenda to this RFP by returning a signed hard copy of the first page from each amendment or addendum with the proposal. Failure to acknowledge receipt of any amendments or addenda may render the proposal non-responsive and cause elimination from further review. Changes to this RFP shall be issued only by the Division of Purchases in writing.

1.5.12 Waiver of Minor Irregularities

The Director of Purchases reserves the right to waive minor irregularities in proposals when the Director of Purchases deems such action is in the best interest of the State and does not hinder the intent of this RFP. Where the Director of Purchases may waive minor irregularities, such waiver shall in no way modify the RFP requirements or excuse the Proposer from full compliance with the RFP specifications and other contract requirements if the Proposer is awarded the Contract.

1.5.13 Acceptance or Rejection

The PNC reserves the right to accept or reject any or all proposals or part of a proposal; to waive any informalities or technicalities; to clarify any ambiguities in proposals; to modify any criteria in this RFP; and unless otherwise specified, to accept any item in a proposal.

1.5.14 Proposal Disclosures

At the time of closing, only the names of those who submitted proposals shall be made public information. No price information will be released. Interested bidders or their representatives may be present at the announcement at the following location:

Kansas Division of Purchases
900 Jackson Street, Room 102N
Topeka, KS 66612 1286

Bid results will not be given to individuals over the telephone or email. Results may be obtained after contract finalization by obtaining a bid tabulation from the Division of Purchases by sending (do not include with proposal):

- A check for $3.00, payable to the State of Kansas;
- A self-addressed, stamped envelope; and
- The Bid Event ID Number.

Send to:

Kansas Division of Purchases
Attention: Bid Results/Copies
900 SW Jackson, Room 102N
Topeka, KS 66612-1286

Copies of individual proposals may be obtained under the Kansas Open Records Act by sending an email to janet.miller@da.ks.gov or calling 785-296-0002 to request an estimate of the cost to reproduce the documents and remitting that amount with a written request to the above address or a vendor may make an appointment by calling the above number to view the proposal file. Upon receipt of the funds, the documents will be mailed. Information in proposal files shall not be released until a contract has been executed or all proposals have been rejected.

1.5.15 Disclosure of Proposal Content and Proprietary Information

All proposals become the property of the State of Kansas. The Open Records Act (K.S.A. 45-215 et seq) of the State of Kansas requires public information be placed in the public domain at the conclusion of the selection process, and be available for examination by all interested parties (http://da.ks.gov/purch/KSOpenRecAct.doc). No proposals shall be disclosed until after a contract award has been issued. The State reserves the right to destroy all proposals if the RFP is withdrawn, a contract award is withdrawn, or in accordance with Kansas law. Late Technical and / or Cost proposals will be retained unopened in the file and not receive consideration or may be returned to the bidder.

By submitting a proposal, the Vendor hereby grants the State of Kansas, and its departments, agencies, affiliates, agents, employees, and licensees (hereafter collectively referenced as the “State”) a non-exclusive, royalty-free, non-revocable perpetual license to use all systems ideas or adaptations of these ideas and copy for any reason (including but not limited to compliance with the Kansas Open Records Act), Contractor’s bid, proposal, and any other document(s) submitted to or relevant information requested by the State. Contractor warrants: 1) That this bid and proposal is an original work and has not been submitted for publication or published in any other medium; 2) That this bid and proposal will not violate any rights of third parties; and 3) That this bid and proposal does not contain any libelous material. This license may not be revoked and is effective on the date of submission of the proposal. Selection or rejection of the proposal will not affect this right.

Trade secrets or proprietary information legally recognized as such and protected by law may be requested to be withheld if clearly labeled "Proprietary" on each individual page and provided separately from the main proposal. Pricing information is not considered proprietary and the bidder's entire proposal response package will not be considered proprietary.

All information requested to be handled as “Proprietary” shall be submitted separately from the main proposal and clearly labeled in a separate envelope or clipped apart from all other documentation. The bidder shall provide detailed written documentation justifying why this material should be considered "Proprietary." The Division of Purchases reserves the right to accept, amend, or deny such requests for maintaining information as proprietary in accordance with Kansas law.

The State of Kansas does not guarantee protection of any information which is not submitted as required.

1.5.16 Exceptions

By submission of a response, the Proposer acknowledges and accepts all terms and conditions of the RFP unless clearly avowed and wholly documented in a separate section of the Technical Proposal titled “Exceptions” (see RFP Section 3.4.20).

1.5.17 Notice of Award

An award is made upon execution of the written contract by all parties.

1.5.18 Correspondence

The RFP number, indicated in the header of this page as well as on the Event Details document, has been assigned to this RFP and MUST be shown on all correspondence or other documents associated with this RFP and MUST be referred to in all verbal communications.

All inquiries, written or verbal, shall be directed only to the Procurement Officer designated on the Event Details document. There shall be no communication with any other State employee regarding this RFP except with designated state participants in attendance ONLY DURING:

- Demonstrations;
- Discovery Sessions:
- Negotiations;
- Contract Signing; or
- as otherwise specified in this RFP.

Violations of this provision by bidder or state agency personnel may result in the rejection of the proposal.

1.5.19 Evaluation of Proposals

Award shall be made in the best interest of the State as determined by the PNC or their designees. Although no weighted value is assigned, consideration may focus toward but is not limited to:

- Cost. Bidders are not to inflate prices in the initial proposal as cost is a factor in determining who may receive an award or be invited to formal negotiations. The State reserves the right to award to the lowest responsive bid without conducting formal negotiations, if authorized by the PNC.
- Adequacy and completeness of proposal.
- Bidder's understanding of the project.
- Compliance with the terms and conditions of the RFP.
- Experience in providing like services.
- Qualified staff.
- Response format as required by this RFP.

1.5.20 Appearance Before the Procurement Negotiating Committee (PNC)

Any, all, or no Proposers may be required to appear before the PNC to explain the Proposer's understanding and approach to the project and/or respond to questions from the PNC concerning the proposal; or, the PNC may award without conducting negotiations, based on the initial proposal. The PNC reserves the right to request information from Proposers as needed. If information is requested, the PNC is not required to request the information of all Proposers.

Proposers selected to participate in negotiations may be given an opportunity to submit a revised technical and / or cost proposal / offer to the PNC, subject to a specified cut-off time for submittal of revisions. Meetings before the PNC are not subject to the Open Meetings Act. The State reserves the right to electronically record these meetings. All information received prior to the cut-off time will be considered part of the Proposer's revised offer. The State shall retain possession of any and all materials, in any form, provided by the Proposer during these presentations.

In the event that the Proposer is notified by the PNC that the Proposer has been selected for Software Demonstrations or Discovery Sessions, Proposer agrees and consents to the State video and audio recording, along with transcribing, of the Software Demonstrations and Discovery Sessions, which may include loading recording software on Proposer's equipment in order to capture images and processes during the Software Demonstrations. The State shall retain possession of any and all materials, in any form, provided by the Proposer during these presentations.

No additional revisions shall be made after the specified cut-off time unless requested by the PNC.

1.5.21 Negotiated Procurement

This is a negotiated procurement pursuant to K.S.A. 75-37,102. Final evaluation and award will be made by the Procurement Negotiating Committee (PNC) consisting of the following individuals (or their designees):

Secretary, Department of Administration;

Director of Purchases, Department of Administration; and

Executive Director, Kansas Health Policy Authority.

1.5.22 Competition

The purpose of this RFP is to seek competition. The Proposer shall advise the Division of Purchases if any specification, language, or other requirement inadvertently restricts or limits proposing to a single

source. Notification shall be in writing and must be received by the Division of Purchases no later than five business days prior to the proposal Closing Date.

1.5.23 Accessible Technology

Computer Hardware, Software, Other Technologies: All products and services provided or developed as part of fulfilling this contract shall conform to Section 508 of the Rehabilitation Act of 1973 and any amendments thereto, (29 U.S.C. & 794d), and its implementing Electronic and Information Technology Accessibility Standards (36 CFR § 1194). Section 508 requires that electronic and information technology is accessible to people with disabilities, including employees and members of the public. Information regarding accessibility under Section 508 is available at http://www.section508.gov/, and a technical assistance document can be found at http://www.access-board.gov/sec508/guide/.

Web Development: Websites, web services, and web applications shall be accessible to and usable by individuals with disabilities. This means that any websites, web services, and/or web applications developed in the fulfillment of this contract — including but not limited to: ((a) any web-based training material, user documentation, reference material, or other communications materials intended for public or internal use related to the work completed under this contract; and (b) any updates, new releases, versions, upgrades, improvements, bug fixes, patches, customizations, or other modifications to the above — shall comply with *Kansas Information Technology Policy 1210: State of Kansas Web Accessibility Requirements* (IT Policy 1210), IT Policy 1210 is located at http://da.ks.gov/kito/itec/ITPoliciesMain.htm. For additional reference, supporting information for implementing IT Policy 1210 can be found at http://da.ks.gov/kpat/resources/.

Affirmation of Conformance: The contractor shall provide a description of conformance with the above mentioned specifications by means of a completed Voluntary Product Accessibility Template (VPAT) or other comparable document (VPAT information is available at http://www.itic.org/index.php?src=gendocs&ref=vpat&category=resources&submenu=Resources). A VPAT is only necessary when the Contractor is using pre-existing (off the shelf) software. This conformance claim becomes a contractual term between the contractor and the contracting state agency.

1.5.24 News Releases

Only the State is authorized to issue news releases relating to this RFP, its evaluation, award, and/or performance of the contract.

1.5.25 Commercial Advertising

The Contractor shall not refer to this RFP, its evaluation, award, or the Contractor's performance under the Contract in any commercial advertising media without the approval of the State. The State may withhold approval for any reason.

1.5.26 Procurement Card (P-Card)

Many State Agencies use a State of Kansas Procurement Card (currently Visa) in lieu of a state warrant to pay for certain purchases. No additional charges will be allowed for using the P-Card. Bidders shall indicate on the Event Details document if they will accept the Procurement Card for payment.

1.5.27 Political Subdivisions

Political subdivisions (City, County, School Districts, etc.) are permitted to utilize contracts administered by the Division of Purchases. Please state in the area provided on the Event Details document whether or not you will allow this usage. Conditions included in this contract shall be the same for political subdivisions. The State has no responsibility for payments owed by political subdivisions. The Contractor must deal directly with the political subdivision.

1.5.28 Volume Metrics

KHPA has compiled some key metrics to assist Proposers with scoping and sizing estimates. These metrics are listed in RFP Appendix 17.

RFP Section 2:
K-MED PROJECT SCOPE AND APPROACH

2.1 GOAL

The goal of the K-MED Project is to modernize the KHPA medical assistance programs eligibility determination practices through business process design supported by an integrated "customer centric" Medical Eligibility Determination system. All medical assistance program eligibility cases will be supported by this integrated, customer-centric services model. K-MED will serve as the "medical eligibility system of record" for all users in need of consolidated, current, and historical medical assistance program eligibility information. To achieve this goal, KHPA proposes to acquire a commercially available, service oriented architecture based COTS software package, a state transfer system from another state government, or a hybrid of the two.

KHPA envisions a client service model that is "customer centric," efficient, effective, and provides a customer friendly experience. Within this vision, clients will be able to file applications for services or benefits through an online application process, as well as report changes and manage their benefit "accounts" online. Most required materials and verification documents will be scanned and stored electronically with the application. Whenever possible, verification of required information will be captured electronically through a web-based service. Workers or automated processes will review applications and send additional questions or request additional documentation electronically or through print media to communicate with customers. As a result, workers will be able to spend more time providing accurate determination of eligibility and high quality service and case management.

The State is seeking a solution that includes core functionality to allow for expanded use of the system to other eligibility programs and services, including those managed and administered outside of KHPA. The system shall be flexible enough to support a large number of programs and services, each with unique program-level requirements. The system must allow for some shared functionality, such as a common user-interface and data base structure, but also serve the unique needs of individual programs. Other agencies will be able to build on the K-MED platform to administer means tested programs. Although the scope of this RFP does not include additional functionality needed to support other programs, the Vendor's solution shall be built with a flexible architecture to support such expansions. Through this RFP, the State seeks to buy the best services and products at the most favorable competitive prices, and to give all qualified business entities an opportunity to bid to provide the desired products and services.

2.2 KEY STAKEHOLDERS

Key stakeholders for the K-MED Project include:

1. Kansas Department of Social and Rehabilitation Services (SRS). SRS is the umbrella agency for most Social Service Programs (TANF, SNAP, Social Services, etc.). SRS is responsible for initial determination and ongoing maintenance of some medical assistance cases.
2. Kansas Department of Health and Environment (KDHE). The State's public health agency, KDHE is responsible for processing selected medical applications and providing screening services for other programs.
3. Kansas Department on Aging (KDOA). Oversees programs for seniors, including nursing facilities and community based services. Provides screening services for some programs. KDOA responsibilities include seniors who are eligible for medical coverage.

4. Juvenile Justice Authority (JJA). Provides the State's juvenile justice system. JJA responsibilities include foster children who are eligible for medical coverage.
5. Kansas Department of Revenue (KDOR). Provides tax collection services and issues licenses, including driver's licenses. KHPA coordinates information requests with KDOR.
6. Kansas Department of Labor (KDOL). Provides employment standards enforcement, administers the State's Unemployment Insurance Program, and administers the Workers Compensation system, and maintains employee wage information. KHPA coordinates information requests with KDOL.
7. Kansas State Department of Education (KSDE). Oversees the State's public education system. KHPA coordinates information requests with KSDE. KHPA coordinates with individual school districts to provide outreach and services.
8. Kansas Insurance Department (KID). Regulates and reviews insurance companies doing business in Kansas, provides consumer services, and licenses agents selling insurance products. KHPA coordinates service delivery and information requests with KID.
9. Other State of Kansas Agencies. KHPA coordinates special projects and information requests with other State agencies.
10. Medical Assistance Providers, including Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC). Receives payments for eligible services provided to medical assistance recipients.
11. Presumptive Eligibility Entities. There are five Presumptive Eligibility entities and their satellites, as well as 13 additional sites scheduled to be operational following K-MED implementation. The entities will use the system to perform presumptive eligibility determinations.

2.3 CONTRACT AND TERM

At a summary level, the Contract for the K-MED Project shall include the following:

1. Software product(s) (a COTS, a state transfer, or a hybrid), with the configurations and customizations required to meet KHPA's requirements.
2. Additional software products necessary to ensure that all proposed solution components are useable.
3. Software product training.
4. Development, integration, implementation, and ongoing operational services in three major Activities across the specified implementation phases:

   Activity 1: Analysis: Planning and pre-development activities across the Implementation Phases. The anticipated contract start date is May 30, 2011.

   Activity 2: System Development: Design, develop, test, and implement the software, including conversion, according to the scheduled timeline across the Implementation Phases. The go-live implementation date for Implementation Phase 2 is scheduled for no later than October 1, 2013. The System Development Activity also includes a six-month period of Post-Implementation support.

   Activity 3: Ongoing Operations – Ongoing Operations begins after the six-month period of Post-Implementation Support ends across the Implementation Phases. This will occur six months after the go-live implementation date for Implementation Phase 1 and Implementation Phase 2. There is no Ongoing Operations Activity following the Pilot Phase because Implementation Phase 1 is launched immediately after the Pilot Phase. Thus, the first Ongoing Operations start date after the end of Post-Implementation Support for Implementation Phase 1 is October 1, 2012, and the second Ongoing Operations start date

after the end of Post-Implementation Support for Implementation Phase 2 is April 1, 2014. The Ongoing Operations Activity ends on September 30, 2015.

NOTE: Implementation Phases are defined in RFP Section 2.6.

5. Software product licenses and annual maintenance for the duration of the Contract.
6. Hardware, systems software, and maintenance to support System Development.
7. The Contract may be renewed at the completion of the initial Contract period for three additional one year renewal periods upon mutual agreement of the parties after appropriate negotiations have occurred.

2.4 SOLUTION SCOPE

The solution scope required by KHPA is comprised of the following major components:

- Software Product License(s) (where applicable);
- Software Product Annual Maintenance;
- Implementation and Integration Services, including necessary modifications to the Software Product;
- Post-Implementation Support Services; and
- Ongoing Operations.

2.5 CORE FUNCTIONAL SCOPE

The major functional components that comprise the scope of the K-MED Project are as follows:

- Presumptive Eligibility;
- Registration;
- Determine Eligibility;
- Caseload Management;
- Case Review Quality Assurance;
- Cost Avoidance and Recovery;
- Incorrect Benefits and Collections;
- Hearings and Appeals;
- Presumptive Medical Disability Determination (PMDD);
- Outreach and Notifications;
- Workflow;
- High Level Client Index and Inquiry;
- Document Imaging;
- Policy Management;
- Public Self-Service Portal;
- Self Assessment;

- Application Intake;
- Changes to Beneficiary Information;
- Performance Management; and
- Audit Trail;

Specific needs are addressed in the detailed requirements referenced in RFP Appendix 1.

2.6 IMPLEMENTATION AND INTEGRATION SERVICES SCOPE

KHPA desires a phased implementation of the proposed functionality:

Pilot Phase: Implementation Phase 1 features will be made available in a Pilot Phase for approximately 45 days prior to the scheduled full implementation date for Implementation Phase 1. The existing Presumptive Eligibility sites will serve as the pilot locations. KHPA expects that all defects will be addressed by the Contractor during the Pilot Phase, and expects frequent direct communication between KHPA, the Contractor, and PE entities about these defects and problems. The Pilot Phase is scheduled to begin February 15, 2012.

Implementation Phase 1: Phase 1 is the full implementation of the Online Intake Application, the Self-Assessment tool, and the Presumptive Eligibility tool (note that the other features included in the Public Self-Service Module, the Change Reporting and the Check Benefits features, do not have to be implemented in Implementation Phase 1). The Contractor will make the Online Intake Application and the Self-Assessment tool available through a website available to the general public. The website must include all features available to the general public. The Vendor shall incorporate into Implementation Phase 1 any other system functionality or services necessary to support the included features, such as User Support. Implementation Phase 1 is expected to be implemented no later than March 30, 2012.

Implementation Phase 2: Implementation Phase 2 is the implementation of the full K-MED System, which encompasses all other functionality included in this RFP. The K-MED System will support all medical assistance determinations, including changes necessary to implement the Affordable Care Act. Full implementation of the K-MED system will take place no later than October 1, 2013.

1. An interfaces designs and standards deliverable shall be complete and published to State agencies and KHPA business partners no later than August 1, 2012.
2. A conversions files designs and standards deliverable shall be complete and published to State agencies and KHPA business partners so later than August 1, 2012.
3. Operational Readiness Testing shall begin no later than August 15, 2013.

Each vendor shall propose a detailed implementation strategy. Proposers should use the information provided throughout this document including the deliverables appendix (please see RFP Appendix 6) to help them formulate their implementation strategies. Important aspects of the implementation and integration services strategy and approach include:

The Contractor shall design an implementation strategy that maximizes end user productivity and minimizes disruption of work. KHPA is also seeking a solution where all system users are mentored, building their capacity to utilize and oversee the system.

The Contractor shall be responsible for developing and conducting staff training as well as managing all logistics associated with that training.

Contractors must demonstrate how User Support staffing will be bolstered during each deployment to provide the extra help needed to facilitate the work to be accomplished.

All software product configuration activity shall be completed with KHPA personnel actively involved in configuring the system to ensure that knowledge transfer is maximized.

The following is a high-level list of the implementation services that are required in this RFP. However, additional services may be required to ensure implementation success in accordance with the Proposer's methodology.

- System Development Methodology Services
- Project Management Methodology Services
    - Detailed Project Schedule
    - Project Time Reporting
    - Status Reporting
    - Kansas Information Technology Office (KITO) Project Reporting
    - Issue Resolution
    - Action Item Tracking
    - Project Controls, Standards, and Procedures
    - Risk Management
- Technical Architecture and Infrastructure Design Services
- Requirements Validation, Analysis, Business Process Design, and Software Configuration Services
- Customizations
    - Reports Analysis and Development
    - Enhancements and Modifications
    - Interface Development
    - Data Conversion
    - Workflow Configuration
    - Automated Forms Configuration
- Security Management Services
    - Security
    - Security Profile Management
    - Security Audit Trails
- Testing
    - Unit Testing
    - Integration Testing
    - System Testing
    - Interfaces Testing
    - Conversion Testing
    - User Acceptance Testing (UAT)
    - Performance / Stress Testing
- Software Revisions (Patches and Fixes)
- Training Services
- Documentation Services

- Document Imaging Services
- Knowledge Transfer Services
- Enterprise Readiness Assessment Services
    - Communications
    - Cultural Change Management
    - Skills Needs and Gap Assessment
    - Creating and Mentoring Change Agents
    - Leadership Alignment and Executive Sponsorship
    - Role Mapping
    - Organizational Readiness
    - Production Transition
- User Support Services
- Deployment (Roll-out) Support Services
- Post-Implementation Support Services
- Quality Assurance Services

The detailed proposal submission requirements for implementation and integration services are defined in RFP Section 3.

To ensure maximum knowledge transfer, work should normally occur between the State's core business hours (8:00 AM to 5:00 PM, Monday through Friday). Exceptions may occur when responding to accommodate scheduled project events that must occur during evenings or on weekends. During these exceptions, full State participation is expected for knowledge transfer purposes. The State is also willing to consider alternate working schedules for individuals to allow flexibility in travel plans for out-of-town Contractor staff members. However, to encourage knowledge transfer opportunities, the Contractor must provide adequate coverage of key business areas during the State's core business hours at all times. Contractor working and travel schedules shall be approved in advance by the K-MED Project Director.

2.7 ONGOING OPERATIONS SCOPE

The Ongoing Operations Activity begins when all requirements have been successfully implemented and KHPA has determined that those requirements are fully operational. Generally, Ongoing Operations consists of operating, supporting, and maintaining the new K-MED system.

At a high level, Ongoing Operations consists of the following:

1. System Changes, including Maintenance and Modifications (includes Testing, Documentation, etc.);
2. Software Updates;
3. Interface Maintenance
4. Helpdesk and User Support;
5. Keep all Written Material and Scripts Up To Date;
6. Security Management;
7. Support Policy and Process Changes (Rules Engine Updates and Changes);
8. Generate Notices, both for Paper and Electronic Mailing;

9. Keep Public Portal and Web Site Up To Date;
10. Provide Interpreter Services for non-English speakers;
11. Provide a Documentation Specialist and Maintain Version Control for all Materials, a "Versioning Librarian."
12. Produce Ongoing Operational Reports;
13. Maintain Performance Standards;
14. Record, Track, and Resolve System Defects; and
15. Maintain High Level Client Index.

2.8 ORGANIZATIONAL SCOPE

K-MED will support application, determination, and case management processes for all medical assistance programs, including Medicaid, MediKan, and HealthWave 21. Primarily affected are locations where eligibility decisions are made; the KHPA Central Office, the HealthWave Clearinghouse in Topeka, the KDHE HIV/AIDS Program office in Topeka, the 43 SRS Service Centers, and the 12 Outstationed Locations, which are all located throughout Kansas. Also affected are the five existing Presumptive Eligibility entities and their satellites, as well as the 13 additional sites scheduled to be operational following implementation.

Kansas Medicaid providers and Managed Care Organizations will also be affected. The 350 long term care facilities [Nursing Facilities (NF), Nursing Facilities for Mental Health (NF MH), Intermediate Care Facilities (ICF), Psychological Residential Treatment Facilities (PRTF) and state hospitals], the 80 HCBS case management entities (Area Agencies on Aging, Centers for Independent Living, Community Developmental Disabilities Organizations, and the Community Mental Health Centers and affiliates), the two physical Managed Care Organizations, and the Substance Abuse, Mental Health, and Transportation MCOs will experience the most direct effect. The remaining 26,000+ Medicaid providers will experience a lesser impact.

2.9 OTHER SCOPE CONSIDERATIONS

Proposers shall take the following into account when preparing their proposals:

- The Affordable Care Act (ACA);
- HIE / HIT / HITECH;
- Medicaid Information Technology Architecture (MITA);
- Expansion to other Agencies and Programs, and the Enterprise Architecture Vision; and
- HealthyKids.

A discussion of each of these items follows.

2.9.1 The Affordable Care Act (ACA)

The implementation of the Affordable Care Act will introduce new complexities and challenges to KHPA. Although many details of the implementation of the new provisions remain unknown, it is absolutely essential that the K-MED application support not only the additional workflows, processes, and rules that will come about, but also the tremendous increase in the number of members that are served and the culture change that will occur as a result of this landmark implementation. The K-MED System must support the expansion of Medicaid under the Affordable Care Act, and will likely provide the necessary single entry point for the insurance exchange as well. While the supporting policies and rules are not yet

determined, the general functionality provided by the K-MED System must have sufficient flexibility to easily include these new processes and rules via contract change order.

K-MED is expected to have sufficient capacity to support a large increase in the number of members served by medical assistance programs, including subsidies and premium assistance members added due to the implementation of the Affordable Care Act. An initial estimate of the number of additional members to be served was developed for KHPA by Schramm-Raleigh Health Strategy and presented to the KHPA Board on May 18, 2010. Copies of these presentations are located on the KHPA website at the following locations:

http://www.khpa.ks.gov/board/download/05182010/5-18-10%20Health%20Reform%20Preliminary%20Estimates.pdf

http://www.khpa.ks.gov/board/download/05182010/5-18-10%20SRHealth%20Presentation%20-%20KHPA_FHCR_Prelim%20Cost%20and%20Coverage_Board%20Mtg_2010%2005%2017_FINAL.pdf

http://www.khpa.ks.gov/board/download/05182010/5-18-10%20Impact%20of%20Federal%20Health%20Reform%20on%20Kansas%20-%20Dr.%20Allison%20presentation%20Final%205-17-10.pdf

Here are the issues for the ACA Section of the Vendor's proposal:

1. How will the proposed solution support the expansion of the Medicaid program required by ACA? Include information regarding mandatory expansions, such as childless adults and former foster children, and state options, such as certain HCBS recipients. Also, include an explanation of how the proposed solution may support determinations using the Modified Adjusted Gross Income (MAGI). How will the proposed solution support the changes to the HealthWave 21 program (CHIP)? Please see ACA Sections 1401, 2001, 2002, 2004, 2101, and 2402.
2. How will the proposed solution ensure each beneficiary is assigned to the correct program or category of coverage and the correct federal match is claimed? Please see ACA Section 2001.
3. How will the proposed solution support mandatory and optional expansions to Presumptive Eligibility? Please see ACA Sections 2202 and 2303.
4. How will the proposed solution ensure that Medicaid and HealthWave 21 (CHIP) eligibility and enrollment are appropriately and adequately coordinated with the Exchanges? Please see ACA Section 2201.
5. How will the proposed solution support additional outreach and enrollment assistance to underserved areas of Kansas? Please see ACA Section 2201.
6. How will the proposed solution support a streamlined enrollment process for all public enrollment and renewal options? This includes a single internet website for all public enrollment and renewal options and expedited determinations. It may also include implementing various web processes using the Online Intake Application with slightly different business logic, depending on the entity with which it is being implemented. The additional iterations of this Online Intake Application need to allow for different branding and configuring of some of the rules while maintaining the core components of the Online Intake Application. Some examples where using the core Online Intake Application with slight variations might be, for example, an application that is included and integrated with human services, included on a state web portal, or integrated with the health insurance exchange web site. Each would require a different sequence of application questions and may have to allow for some integration with other programs, sending the data to the appropriate system / agency to process, as well as to allow for slightly different appearance or branding. While this is more far reaching than just ACA, the ability to use the core intake application in various ways is essential to the seamless enrollment of individuals into health care coverage under ACA. Please see ACA Section 2201.
7. How will the proposed solution maximize data-matching to support eligibility determinations? Please see ACA Sections 1411, 1413, and 1414.

8. How will the proposed solution support any interoperable and secure standards or protocols established by HHS (and the HIT Policy and Standards Committees) to facilitate enrollment? Please see ACA Section 1561.

9. As noted earlier, KHPA expects the K-MED System to serve as the single point of entry for the Exchange as well as for existing KHPA programs. How will the proposed solution ensure that the K-MED System can serve as the single medical assistance eligibility determination system supporting determinations for Medicaid, CHIP, subsidies, tax credits, premium assistance, state only coverage and any other medical assistance benefit? Will the proposed solution be capable of providing an immediate response to applicants regarding eligibility and facilitate immediate enrollment action to the Exchange, MMIS or other entity?

10. Does the proposed solution provide other additional services or features necessary to support full implementation of the Affordable Care Act that KHPA may wish to consider?

11. ACA provides many new opportunities and challenges for every State. Because of the KATCH grant, KHPA is in a unique position to release an RFP for a complete medical eligibility system replacement very early in the health care reform implementation process. Many other States with similar legacy technology may find it difficult to implement health care reform on time because replacing their systems or performing significant modernization and modification to the legacy systems as well as developing new eligibility processes will take more time than is available before States must begin serving the additional populations in January 2014. To compound the problem, States will not only need new processes and new capabilities, but they will need significantly more capacity as well. Many States may not be able to handle the sudden increase in potential customers with the technology they currently possess.

    While it is not likely that one solution will work for every State, it may be desirable, if not necessary, for States to have some pre-defined options from which to choose. KHPA would like to explore the possibility of using the solution selected as a result of this RFP as one of the potential short or long term solutions to other States' current challenges. Potentially, access to this solution could be offered to other States in something similar to a "software as a service" model. KHPA expects this would mean customizing or configuring the rules, data structure, and / or services of this system for subscribing States since each State has different rules for their programs. However, all State programs share some core requirements, so customizing this system may be an easier and timelier option for States than modifying their legacy systems. Consequently, this could be a very attractive option for some States. KHPA is interested in hearing from Proposers how the solution they are proposing would support these concepts; whether they believe that this is a reasonable option for other States (both technically and practically); and whether the Proposer would be interested, after contract award, in further exploring these opportunities.

    KHPA does not have a set of specific requirements around this concept and is simply interested in gathering information regarding the reasonableness and feasibility of the concept from vendors.

A technical architecture that supports all aspects of this implementation is a critical evaluation component to this procurement. **KHPA will carefully consider Proposals that creatively address how their technical solution will support the Affordable Care Act implementation.** Although KHPA fully understands many unknowns exist with the Affordable Care Act implementation, the proposal shall provide a detailed explanation of how the solution will meet the future model created by the Affordable Care Act (see RFP Section 3.4.10.5 – Future Direction).

Preliminary recommendations regarding portions of the Affordable Care Act as issued by the Enrollment Workgroup of the Health Information Technology Policy Committee at the U. S. Department of Health & Human Services may be of interest to the Proposer. Follow this link to the Enrollment Workgroup's August 19, 2010 meeting:
http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=2004&PageID=18539.

2.9.2 HIE / HIT / HITECH

The Kansas Department of Health and Environment (KDHE); the state designee for health information technology, is facilitating the creation of strategic and operational plans for a statewide infrastructure for Health Information Exchange (HIE). These plans will act as a blue print to not-for-profit organizations responsible for the deployment and operation of the Kansas HIE. Health Information Exchange and Health Information Technology (HIT) have been an area of focus in Kansas for quite some time. As such, consideration and planning for significant changes in the Kansas healthcare environment have been taking place for years prior to the Federal Health Information Technology for Economic and Clinical Health (HITECH) Act. The primary goal of the Kansas HIE is to enable healthcare stakeholders to share data for coordinating patient care and to support public entities in achieving their population health goals. More specifically, this process will enable stakeholders to focus on developing medical homes for Kansans and on utilizing the chronic care model to address identified disease conditions.

As part of its proposal, each vendor must specify how they would handle interfacing with the future Kansas Information Exchange (see RFP Section 3.4.10.5 – Future Direction). Vendors are also required to explain how their proposed solution is affected if K-MED were chosen as the System of Record (SOR) for the Kansas Master Patient Index (MPI) that will be part of the Kansas HIE systems specifications. More information on this Kansas effort can be found at http://kanhit.org/.

2.9.3 Medicaid Information Technology Architecture (MITA)

The Medicaid Information Technology Architecture (MITA) is an initiative of the Centers of Medicare and Medicaid Services (CMS), aligned with the National Health Infrastructure Initiative (NHII), and intended to foster integrated business and information technology transformation across the Medicaid domain to improve the administration of the Medicaid program. Additional information about MITA can be found at the following websites: http://www.mitahealth.org/; and http://www.cms.hhs.gov/MedicaidInfoTechArch/.

The MITA objectives are specifically to:

1. Adopt data and industry standards;
2. Promote secure data exchange;
3. Promote reusable components through standard interfaces and modularity;
4. Promote efficient and effective data sharing to meet stakeholder needs;
5. Provide a beneficiary-centric focus;
6. Support interoperability and integration using open architecture and data standards;
7. Support integration of clinical and administrative data to enable better decision making; and
8. Break down artificial boundaries between systems, geography, and funding (within the Medicaid program).

The overall MITA initiative reaches beyond the scope of K-MED, but K-MED plays a critical role in Kansas' ability to successfully implement and achieve goals of the MITA. MITA aims to incorporate many relevant standards into an architecture model that will be used to build and enhance Medicaid healthcare systems as well as the data exchange between system components and drive system design from a business and beneficiary-centric perspective across the Medicaid enterprise. Once implemented, the Medicaid Enterprise and the Medicaid healthcare system will begin with K-MED.

One particular goal of KHPA is to improve this delivery system by improving the critical link between the eligibility system and MMIS. KHPA envisions leveraging the SOA features of K-MED to have it become the single source system for beneficiary eligibility information, thereby replacing the beneficiary sub-system component of MMIS, and eliminating the cost of having redundant beneficiary information stored and maintained in different systems, and redundant system functionality to maintain and update. MITA is a planning tool intended to support proactive, modular approaches to planning improvements to both the program and the supporting systems. KHPA intends to use this tool in the design and development of K-MED.

Although the MITA initiative is very broad in scope, two specific components are relevant to K-MED:

1. **Data Exchange.** MITA supports facilitating automation where possible, and promotes using standards when developing and building automated processes. This is most apparent as MITA work efforts continue to move forward with developing standard data elements, file layouts, and other processes for efficient and effective data exchange to occur. Although KHPA understands such standards are not yet developed through the MITA initiative, K-MED must use existing standards such as HIPAA compliant eligibility transactions and be prepared to utilize new standards once available.

2. **Business Process Modeling.** KHPA intends to use MITA business process modeling. The process begins with the evaluation of the maturity level of the business functions for each MITA goal. The Medicaid mission and goals and the MITA mission are then brought together within the MITA framework. The results are then reflected in the MITA maturity levels by each MITA goal.

   KHPA expects the Contractor to do a preliminary assessment of MITA maturity levels its solution will provide. Using relevant business capability matrices, KHPA has completed a sample assessment and believes the maturity levels for most processes, once all K-MED requirements are implemented, will fall into a “2” or “3”. The Contractor shall also demonstrate how its solution will improve the maturity ranking.

   Current business process information is in RFP Appendix 2.

Each Proposer is required to respond to the following questions as part of its proposal in RFP Section 3.4.10.5 – Future Direction).

1. Describe any collaborative efforts your organization or staff members have been involved in to advance MITA initiative. What role has your organization or members of your organization played in those collaborative efforts?
2. What investments has your organization taken in planning efforts to implement a MITA-aligned solution?
3. Discuss the MITA maturity level KHPA can expect to achieve with the proposed solution.

The Contractor will be required to perform a MITA Self Assessment, evaluating its proposed solution against the Medicaid Information Technology Architecture (MITA) Framework 2.0 Technical Capability Matrix (found at http://www.cms.hhs.gov/MedicaidInfoTechArch/) and relevant business capability matrices (found at http://mita.clemson.edu).

2.9.4 Expansion to other Agencies and Programs, and the Enterprise Architecture Vision

It is expected that other state agencies and programs will be able to take advantage of, operate within, and potentially expand upon the enterprise architecture features of K-MED designed as a result of this procurement. With this overall objective in mind, and considering the other items listed in RFP Section 2.5 and this RFP Section 2.9, vendors shall describe how their proposed solution can facilitate meeting this objective (see RFP Section 3.4.10.5 – Future Direction).

For more information concerning the KHPA enterprise architecture vision, please see RFP Appendix 16.

2.9.5 HealthyKids

Children of full time benefit eligible employees who have access to the State Employee Health Plan (SEHP) are not eligible for HealthWave 21 due to Federal rules. In Kansas, this includes children of state employees as well as children of certain public employers that have elected to participate in the SEHP. Currently, there are about 150 Non-State Groups, such as cities, counties, and Unified School Districts that participate in the SEHP. The State of Kansas created the HealthyKids program as part of the State Employee benefit package to cover children who are not eligible for HealthWave 21 because of the Federal prohibition from coverage. HealthyKids is open to dependents of state employees only and is

NOT open to dependents of Non-State Group employees (such as employees of school districts or libraries).

HealthyKids helps eligible state employees with their premium for children's health insurance coverage in the State Employees Health Plan (SEHP). State employees with dependent children who are eligible will have 90% of the premium for their covered children paid for by the State instead of the traditional 55%. The employee will pay for the remaining10%. Employees may enroll in any of the available plan options. The State contribution will be based on the lowest cost plan.

To enroll in HealthyKids, the employee completes a separate application form that is submitted electronically. SEHP receives the form and reviews the application for non-financial eligibility. If the application passes, it is send to the Clearinghouse where financial eligibility for HealthyKids is determined (primarily income). When the income determination is completed, SEHP is notified of the determination. SEHP currently has responsibility for notifying the employee of their child's eligibility for HealthyKids. Results of the determination are currently maintained on a spreadsheet. The benefit information is not recorded in KAECSES-AE or MMIS. Enrollment in the HealthyKids program is completed during the Open Enrollment for SEHP and when a qualifying event occurs. There are currently 5,868 children who are dependents of 2,141 State employees covered under the HealthyKids program.

KHPA is carefully considering how the Affordable Care Act will impact the need for the HealthyKids program in the future. Provisions were included which may make it possible to enroll all children of employees with access to SEHP in the HealthWave 21 program (at State option). In addition, the availability of subsidies and other benefits may make the HealthyKids program obsolete by 2014. The K-MED System must have the ability to implement the HealthyKids program.

As part of its proposal, each vendor shall discuss how they would implement and support the HealthyKids program (see RFP Section 3.4.10.5 – Future Direction).

Additionally, costs associated with implementing and supporting the K-MED System to serve the HealthyKids population shall be priced separately as an optional component in the separate Cost Proposal.

2.10 RESOURCES TO BE PROVIDED

The following chart provides an estimate of the number of staff FTEs to be provided by KHPA, as well as their intended roles or activities on the project. At the State's discretion, State-provided personnel may be substituted, added, or removed.

Project Roles	State Staff FTE Estimate
Project Director	1.0 FTE
Project Management Team	3.0 FTE
Technical Team Manager	1.0 FTE
Technical Team	2.5 FTE
QA System Testing Manager	1.0 FTE
QA Systems Testing Team	4.0 FTE
Contract Management	1.0 FTE
Contract and Project Change Management	2.0 FTE
Communications Team	1.0 FTE
Training Team	1.5 FTE
Business Functional Team Manager	1.0 FTE
Business Functional Team	4.0 FTE
Total Estimated FTEs	**23.0 FTE**

Please note that KHPA intends to secure participation from these resources for the timeframe that their skills and role are required based on the overall implementation plan. KHPA recognizes that some project roles may be required full time for the duration of the project and that other roles may be required for some portion of the project.

2.11 FACILITIES AND EQUIPMENT PROVIDED BY THE STATE

The Contractor must maintain a facility within five miles of the city limits of Topeka, Kansas. Generally, the State will NOT provide any facilities or equipment for the Contractor. KHPA will provide one cubicle for visiting Contractor staff in its downtown Topeka offices. For additional details, please see RFP Section 3.4.15.5.

RFP Section 3:
PROPOSAL RESPONSE

3.1 SUBMISSION OF PROPOSALS

The fully completed proposal must be delivered at the Proposer's expense and received by the Procurement Officer designated on the Event Details document on or before the date and time specified in the K-MED Procurement Schedule (RFP Section 1.5.2).

Proposals shall consist of the following:

1. One paper original with original signatures and 10 paper copies of the Technical Proposal, including the signed Event Details document, applicable literature, and other supporting documents;
2. One paper original with original signatures and six paper copies of the Cost Proposal including the signed Event Details document; and
3. Electronic softcopies of the technical and cost proposals are required.
    - Thirty-five (35) electronic copies of the Technical Proposal shall be provided on separate virus free flash / thumb drives.
    - Seven (7) electronic copies of the Cost Proposal shall be provided on separate virus free flash / thumb drives.
    - The flash / thumb drives shall include the proposal in both searchable Portable Document Format and in Microsoft® Word format with hyperlinks to the sections from the table of contents.
    - Cost schedules shall be provided in Microsoft Excel format.
    - Project plans shall be provided in Microsoft Project format.
    - The flash / thumb drives shall be appropriately labeled with “TP #01,” “TP #02,” etc., standing for “Technical Proposal #01” and “Technical Proposal #02,” or “CP #01,” “CP #02,” etc., standing for “Cost Proposal #01” and “Cost Proposal #02.”
    - Separate flash / thumb drives must be used for the Technical and Cost Proposals (i.e., do not include cost information on the flash / thumb drives that contain the Technical Proposal).

All copies of Cost Proposals shall be submitted in a separate sealed envelope or container separate from the Technical Proposal. The outside shall be identified clearly as "Cost Proposal” or “Technical Proposal" with the Bid Event ID Number and the Closing Date.

The Bidder’s proposal, sealed securely in an envelope or other container, shall be received no later than 2:00 p.m., Central Time, on the Closing Date, addressed as follows:

Kansas Division of Purchases
Bid Event ID Number EVT0000186
Closing Date: December 2, 2010
900 SW Jackson Street, Room 102-North
Topeka, KS 66612-1286

The Division of Purchases telephone number for courier delivery is 785-296-2373.

Faxed, e-mailed, or telephoned proposals are not acceptable.

Proposals received prior to the Closing Date shall be kept secured and sealed until closing. The State shall not be responsible for the premature opening of a proposal or for the rejection of a proposal that was not received prior to the Closing Date and time because it was not properly identified on the outside of the envelope or container. Late Technical and / or Cost Proposals will not receive consideration. At the State's option, such proposals will be retained unopened in the file or will be destroyed by the State at the State's expense. Alternatively, the Proposer may request the late proposals be returned at the Proposer's expense.

It is the Proposer's responsibility to ensure that proposals are received by the Closing Date and time. Delays in mail delivery or any other means of transmittal, including couriers or agents of the issuing entity shall not excuse late proposal submissions.

3.2 PROPOSAL / RFP RESPONSE INSTRUCTIONS

Proposers shall prepare their proposal in accordance with the instructions and in the sequence specified below. The proposal shall be clear and concise in response to the information and requirements described in this RFP.

The proposal, as well as any reference material presented, must be written in English and must be written on standard 8-1/2" x 11" paper. Foldouts containing charts, spreadsheets, and oversize exhibits are permissible.

Each page of the proposal shall be clearly and uniquely numbered.

3.3 TECHNICAL PROPOSAL OVERVIEW

The format and sections of the Technical Proposal shall conform to the tabbed structure outlined below. All tabs shall be labeled appropriately. Adherence to this format is necessary in order to permit effective evaluation of proposals.

The Technical Proposal shall be in the following format:

Title Page

TAB A – Transmittal Letter

TAB B – RFP Addenda

TAB C – Table of Contents

TAB 1 – Executive Summary

TAB 2 – Corporate Qualifications and Experience

TAB 3 – Administrative Requirements

TAB 4 – Proposer Corporate Information

TAB 5 – Subcontractor Corporate Information

TAB 6 – Vendor Proposed Solution Description

TAB 7 – Implementation and Integration Services

TAB 8 – Ongoing Operations

TAB 9 – Performance Expectations

TAB 10 – References

TAB 11 – Staffing and Facilities

TAB 12 – Proposer Assumptions

TAB 12 – Lessons Learned

TAB 14 – Alternative Approaches

Appendix 1 – Requirements Responses

Appendix 2 – Exceptions

3.4 TECHNICAL PROPOSAL CONTENT

The following sections explain the content that is required in each of the sections of the Technical Proposal.

No pricing or cost information shall be included in the Technical Proposal. Inclusion of Cost Proposal amounts in the Technical Proposal shall make the proposal non-responsive and the State shall reject it.

3.4.1 TECHNICAL PROPOSAL TITLE PAGE

The title page shall be placed as the front cover and / or insert and includes:

1. The Bid Event ID Number (EVT0000186).
2. The title of the RFP (Kansas Medical Eligibility Determination (K-MED) Software with Associated Integration Services and Ongoing Operational Support).
3. The RFP Closing Date (Proposal Submission Deadline from the K-MED Procurement Schedule in RFP Section 1.5.2).
4. The Proposer's name.
5. The inscription, "Technical Proposal."
6. A separate and distinct control number for each copy placed in the bottom right corner. The control number naming convention is <Proposer Name>-<two digit sequential number> (e.g., "Acme-09"). Please ensure that the signed paper original is designated with control number "01."

3.4.2 TECHNICAL PROPOSAL TAB A – TRANSMITTAL LETTER

The letter of transmittal shall include:

1. A brief statement of the Proposer's understanding of the scope of software and services associated with this RFP.
2. The names, titles, addresses, e-mail addresses, and telephone numbers of the individuals who are authorized to make representations on behalf of and legally bind the Proposer.
3. The names, titles, addresses, e-mail addresses, and telephone numbers of the individual who will function as the main contact for the Proposer.
4. A statement that the entire proposal and the price contained therein shall be binding upon the Proposer in all respects for a period of 180 days from receipt of the Revised Offer, or from submission if no Revised Offer is requested.
5. A statement designating the firm that will function as Proposer (prime contractor) in response to the RFP.
6. A list identifying all subcontractors.
7. A statement that the Proposer is a corporation or other legal entity.

8. A statement that no attempt has been made or will be made to induce any other person or firm to submit or not to submit a proposal.
9. A statement that the Proposer or any subcontractors do not discriminate in employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or disability.
10. A statement that no cost or pricing information has been included in this transmittal letter or the Technical Proposal.
11. A statement that the Proposer or any subcontractors presently have no interest, direct or indirect, which would conflict with the performance of services under this contract and shall not employ, in the performance of this contract, any person having a conflict.
12. A statement that the person signing the proposal is authorized to make decisions as to pricing quoted and has not participated, and will not participate, in any action contrary to the statements above.
13. A statement as to whether there is a reasonable probability that the Proposer or any subcontractor is or will be associated with any parent, affiliate, or subsidiary organization, either formally or informally, in supplying any service or furnishing any supplies or equipment to the Proposer or any subcontractor which would relate to the performance of this contract. If the statement is in the affirmative, the Proposer is required to submit with the proposal, written certification and authorization from the parent, affiliate, or subsidiary organization granting the State and/or the federal government the right to examine any directly pertinent books, documents, papers, and records involving such transactions related to the contract. Further, if at any time after a proposal is submitted, such an association arises, the Proposer will obtain a similar certification and authorization and failure to do so will constitute grounds for termination of the contract at the option of the State.
14. A statement acknowledging that the Proposer agrees that any lost or reduced federal matching money resulting from unacceptable performance in a contractor task or responsibility defined in the Request for Proposal, contract, or modification, shall be accompanied by reductions in state payments to Contractor.
15. A statement that the Proposer or any subcontractor has not been retained, nor has it retained, a person to solicit or secure a state contract on an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the Proposer for the purpose of securing business. For breach of this provision, the Procurement Negotiating Committee shall have the right to reject the proposal, terminate the contract, and/or deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage, or contingent fee, or any other benefit.
16. A statement that all staff members of the Proposer's team will follow all State of Kansas administrative policies, procedures, requirements, specifications, and standards.
17. The signature(s) of person(s) authorized to legally bind the Proposer. The name(s) and legal title(s) of the(se) individual(s) shall be typed under the signature(s). Indicate the Proposer's tax number under the signature block(s). This signature shall be the same individual that signs the Event Details document.

3.4.3 TECHNICAL PROPOSAL TAB B – RFP ADDENDA

Proposers shall acknowledge receipt of all RFP addenda by listing the addenda and including a signed copy of the front page of each addendum here. The signature(s) must be the same as on the Transmittal Letter. There is no need to include the entire text of each addendum – a signed front page will suffice.

3.4.4 TECHNICAL PROPOSAL TAB C – TABLE OF CONTENTS

The Technical Proposal shall be submitted with a table of contents that clearly identifies and denotes the location of each section and sub-section of the proposal, with hyperlinks to the sections from the Table of Contents. Each page of the response shall be clearly and uniquely numbered. Additionally, the table of contents shall clearly identify and denote the location of all enclosures and attachments to the proposal.

3.4.5 TECHNICAL PROPOSAL TAB 1 – EXECUTIVE SUMMARY

In the Executive Summary, the Proposer shall condense and highlight the contents of the proposed solution in such a way as to provide the State with a broad understanding of the proposal. Proposers shall provide a concise summarization of the proposed products and services, and how these proposed products and services solve the problems presented in the RFP. Proposers shall present their planned approach to providing the proposed products and services, and their understanding of the objectives and intended results of the project and the scope of work. Proposers shall summarize how their proposal meets the requirements of this RFP, and provide documentation as to why the product and service providers assembled in the proposal are best qualified to perform the work required herein.

3.4.6 TECHNICAL PROPOSAL TAB 2 – CORPORATE QUALIFICATIONS AND EXPERIENCE

A discussion concerning the topic of corporate qualifications and experience follows.

3.4.6.1 Mandatory Qualification

Proposers **must** provide a detailed response that substantiates their ability to meet any mandatory qualification. **The State has established one mandatory qualification that must be met by all Proposers.** This mandatory qualification is:

> *The Proposer or a proposed subcontractor must have a minimum of three (3) years continuous active participation in the business of providing services for the implementation and operation of eligibility determination systems comparable in size and complexity to that specified herein.*

Provide an explanation to document how this mandatory qualification is met. Include information about the Proposer's or subcontractor's experience implementing and operating an eligibility determination system separated into categories for each type of experience. This explanation must include a client contact person name, title, organization, email address, and telephone number for the client's responsible project administrator or for a senior official of the client who is familiar with the Proposer's or subcontractor's performance and who may be contacted by the State during the evaluation process. The State reserves the right to contact the reported clients for further details and to validate that the Proposer or subcontractor has met the mandatory qualification. Overlapping responsibilities on the same client's contract should be identified so that they are easily recognized. Employees of the Proposer or any of its proposed subcontractors shall not be used as the contact person.

3.4.6.2 Highly Desirable Qualifications

There are two highly desirable but non-mandatory qualifications. They are:

> *Preference will be given to vendors with experience implementing the solution they are proposing.*
>
> *Preference will be given to vendors with experience implementing and operating eligibility determination systems in state government.*

If applicable, provide a brief summary pointing to where these highly desirable qualifications are met, referring to information provided in the mandatory qualification write-up explained above.

3.4.7 TECHNICAL PROPOSAL TAB 3 – ADMINISTRATIVE REQUIREMENTS

RFP Section 5 contains blank copies of some of the forms required for compliance. Instructions concerning each required form are provided below.

1. Expression of Interest Form. The Expression of Interest Form is submitted at any time during the procurement process up to the Proposal Submission Deadline (RFP Closing Date – please see the K-MED Procurement Schedule in RFP Section 1.5.2) in accordance with the instructions on the form. It is not required for RFP submission.
2. Event Details document. The Proposer must read and follow all instructions included on the Event Details document for the Kansas Medical Eligibility Determination (K-MED) Software with Associated Integration Services and Ongoing Operational Support RFP (this RFP), available online at the Division of Purchases website (http://da.ks.gov/purch/contracts/bids.aspx/). Include a copy of the completed Event Details document as the first entry under this TECHNICAL PROPOSAL TAB 3 - ADMINISTRATIVE REQUIREMENTS.
3. Signature Sheet. The Proposer must fill out the Signature Sheet form (see RFP Section 5) and submit it with the proposal as the second entry under this TECHNICAL PROPOSAL TAB 3 - ADMINISTRATIVE REQUIREMENTS.
4. Supplier Diversity Survey Form. The Proposer and all proposed subcontractors must fill out the Supplier Diversity Survey Form (see RFP Section 5) and submit them with the proposal as the third entry under this TECHNICAL PROPOSAL TAB 3 – ADMINISTRATIVE REQUIREMENTS. When arranging the forms, please provide the Proposer first, the Software Provider subcontractor second, all other Third Party Software Provider subcontractors third (in alphabetical order), and Service Provider subcontractors fourth (in alphabetical order).
5. Tax Clearance Certificate. The Proposer and all proposed subcontractors shall obtain a Tax Clearance Certificate from the Kansas Department of Revenue in accordance with the instructions in RFP Section 5. Submit the required Tax Clearance Certificates with the proposal as the fourth entry under this TECHNICAL PROPOSAL TAB 3 - ADMINISTRATIVE REQUIREMENTS. When submitting the certificates, please submit the Proposer first, the Software Provider subcontractor second, all other Third Party Software Provider subcontractors third (in alphabetical order), and Service Provider subcontractors fourth (in alphabetical order). Proposers are advised that disclosure of a change in tax clearance status for the Contractor and all subcontractors is a continuing requirement subsequent to award of a contract and for the life of the contract.
6. Certification Regarding Immigration Reform & Control. The Certification Regarding Immigration Reform & Control (see RFP Section 5) is a required attachment for all State of Kansas contractual agreements. It will be attached to any contract ensuing from the K-MED Project procurement process. Proposers and all subcontractors shall provide a signed Certification Regarding Immigration Reform & Control form as the fifth entry under this TECHNICAL PROPOSAL TAB 3 – ADMINISTRATIVE REQUIREMENTS. When arranging the forms, please provide the Proposer first, the Software Provider subcontractor second, all other Third Party Software Provider subcontractors third (in alphabetical order), and Service Provider subcontractors fourth (in alphabetical order).
7. DA-146a Contractual Provisions Attachment. This form is a required attachment for all State of Kansas contractual agreements. It will be attached to any contract ensuing from the K-MED Project procurement process. Proposers must include a clear and unambiguous statement expressing agreement to these contractual provisions without exception as the sixth entry under this TECHNICAL PROPOSAL TAB 3 - ADMINISTRATIVE REQUIREMENTS.

8. Kansas Medical Eligibility Determination (K-MED) System Reference Questionnaire: This form is required for proposal submission under TECHNICAL PROPOSAL TAB 10 – REFERENCES. Please refer to the instructions for TECHNICAL PROPOSAL TAB 10 in RFP Section 3.4.14.
9. Disclosure Agreement: This form is required for those Proposers who desire access to additional information regarding the database file structure of KAECSES-AE and technical information about the other systems mentioned for interfaces (see RFP Appendix 4) and data conversions (see RFP Appendix 5), as well as other technical information mentioned in other areas of the RFP. Contact the Procurement Officer for submission details.

Additionally, Proposers are required to provide their responses to the Contract Terms and Conditions for proposal submission under TECHNICAL PROPOSAL APPENDIX 2, as specified in RFP Section 3.4.20.

3.4.8 TECHNICAL PROPOSAL TAB 4 – PROPOSER CORPORATE INFORMATION

The Proposer shall include a detailed narrative description of the Proposer's organization. The narrative shall include the following:

1. Brief overview of business operations, with an emphasis on medical eligibility determination related business in the public sector, particularly for State governments.
2. Date established.
3. Ownership (public, partnership, subsidiary, etc.).
4. State in which the contractor is incorporated.
5. Office location(s) responsible for performance of proposed tasks.
6. Full disclosure of any proposed off-site activity and the locations involved.
7. Organizational chart.
8. Full disclosure of any potential conflict of interest.
9. A statement of whether, in the last ten years, the Proposer and any officers in their individual or professional capacity or associated with another company have filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors, and if so, an explanation providing relevant details.
10. A statement of whether there are any pending Securities Exchange Commission investigations involving the Proposer, and if such are pending or in progress, an explanation providing relevant details and an attached opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a Contract under this RFP.
11. A statement documenting all open or pending litigation initiated by Proposer or where Proposer is a defendant in a customer matter.
12. Full disclosure of any contracts terminated for cause or convenience in the past five years.
13. Full disclosure of any criminal or civil offense.
14. Statements of financial stability indicating that the Proposer has the financial capacity to provide the entire solution, and that the Proposer has adequate resources to continue as an ongoing concern.

3.4.9 TECHNICAL PROPOSAL TAB 5 – SUBCONTRACTOR CORPORATE INFORMATION

For each proposed subcontractor, Proposer shall provide the same information listed for the Proposer Corporate Information (see RFP Section 3.4.8).

In addition, each proposed subcontractor must submit a letter of agreement indicating that they have read, understand, and shall perform their role on the project throughout the life of the contract in accordance with the negotiated contract terms and conditions. The letter must be on the subcontractor's corporate stationary and signed by an individual authorized to bind the subcontracted corporation.

3.4.10 TECHNICAL PROPOSAL TAB 6 – VENDOR PROPOSED SOLUTION DESCRIPTION

3.4.10.1 Business Applications

The Proposer shall provide detailed technical information about the proposed software as it exists today. The vendor shall propose the transfer and enhancement of an existing state government application or a COTS package solution that provides all the functionality required by KHPA. The Proposer must provide convincing evidence that all the requirements in this RFP will be met by the proposed solution. The application must be adaptable to new functionality required by the Affordable Care Act and be compliant with the Affordable Care Act. The Proposer must identify all known issues with the proposed solution. The Proposer must provide a summary chart of the proposed solution that lists:

1. The Software Provider and any Third Party Software Providers;
2. The different product sets to be provided by the Software Provider and the Third Party Software Providers;
3. The modules / functions within those product sets;
4. The release level of the products to be used;
5. The next release / version level to be released; and
6. The planned release date of the next release / version.

REMINDER: Licensing and ongoing cost information shall be reflected only in the separate Cost Proposal.

Each proposal must provide general information of the current overall performance of the proposed solution, including response time, transaction processing times, average and worst case response times, and eligibility determination response time.

After the summary chart, the Contractor shall provide a description of proposed solution software modules necessary to provide the requested functionality as required by KHPA in this RFP. For each module, the Vendor shall summarize the key features and functions of that module, as well as the major integration points, workflow, and report capabilities of the module in the format depicted below.

Module Name:

Narrative Description of Major Functions:

Discussion.

Integration Points:

Discussion.

Workflow Capabilities:

Discussion.

Reporting Capabilities:

Discussion.

VPAT Documentation:

Discussion.

The following is a brief explanation of expected response for each required item in the module description:

- **Module Name** – Indicate the module name (e.g., Self Service, Dashboard, Caseload Management, Client Registration, Intake, Eligibility Determination, Rules Engine, Imaging and Document Management, Forms and Notices, Support Function, Security, Enterprise Service Bus, etc.) as it exists in the system the Vendor proposes to bring to Kansas.
- **Narrative Description of Major Functions** – Describe in narrative form the major business process functions addressed by the module. Describe the key features of the module and how the module addresses the pertinent business needs of KHPA.
- **Integration Points** – Describe the integration of the module with other modules in related business processes. An exhaustive listing of all integration points is not required. The intent is to provide a general understanding of relationships and dependencies between software modules as they exist in the system(s) the Vendor proposes to bring to Kansas.
- **Workflow Capabilities** – Briefly describe the automated workflow capabilities of the module, including routing and approval functions as they exist in the system(s) the Vendor proposes to bring to Kansas.
- **Reporting Capabilities** – Briefly describe the most significant reporting capabilities of this module through standard reports, ad hoc reports, online inquiry, or other means.
- **VPAT Documentation** – Please see RFP Section 1.5.23 – “Accessible Technology.”

3.4.10.2 Optional Functionality

Describe any additional functionality not specifically requested in this RFP, but offered to public sector organizations as part of the proposed solution. Such functionality, if offered, shall be described in sufficient detail to enable KHPA to determine its usefulness. Optional software shall be separately priced in the Cost Proposal. KHPA reserves the right to purchase additional optional functionality if specific agency functional needs are met.

3.4.10.3 Technology Products

In this section, The Proposer shall provide a product summary chart for the proposed solution that includes:

1. Each technology product provider (e.g., database, application server etc.);
2. The different technology products to be provided by each technology product provider;
3. The release level of the products to be used;
4. The next release/version level to be released; and
5. The planned release date of the next release/version.

All costs shall be reflected only in the separate Cost Proposal.

Additionally, the Contractor shall address the following topics regarding the proposed products:

1. Integrated development toolset required to address the following:
    - Screen/panel modification and development;
    - Menu modification and development;
    - Screen-based label name configurations for tailoring to KHPA vocabulary;
    - Workflow modification and development;
    - Web service and application API modification and configuration;
    - Database – current table, current column, or new column addition and editing;
    - Database – new table and column addition and editing; and
    - Database, table, and column triggers and procedures – either directly or through configurable implementations of equivalent capabilities through abstract programmatic capabilities.

    More than one toolset can be provided if products are sourced from different Third Party Software Providers.
2. Ad hoc reporting tools – shall enable business users to create their own reports and explore data. Any proposed ad hoc reporting tool must be usable by non-technical staff with minimal training.
3. Business Intelligence tools – it is KHPA's intent to take full advantage of the information captured within the new K-MED System to support Business Intelligence functionality in addition to operational reporting requirements. The expectation for Business Intelligence is to provide the capability for both tactical data analysis associated with program performance and strategic data analysis associated with long-term planning and measurement of operational performance against strategic goals. The reporting tools must support decision making at all levels of the organization. It must be usable by non-technical staff with minimal training.
4. Upgrade tools – including analysis tools, "fix" and "patch" automated implementation tools, and full release or version automated upgrade tools. More than one set of tools can be provided if products are sourced from different Third Party Software Providers.

5. Enterprise Application Interface (EAI) tools – tools provided should support use with all products proposed in the solution.
6. Extract, Transform, and Load (ETL) tools – tools provided should support use with all products proposed in the solution.
7. Production Tools – typical capabilities of these types of tools (schedulers, job automation and sequence scripting, job roll-back, etc.). Tools provided should support all components of the server-based application software solution.
8. Application test tools – tools provided should support all components of the server-based application software solution.
9. Configuration management tools – tools provided should support all components of the application software solution, including User Guides and other documents.
10. Central identity and security management tools – tools provided should support all components of the application software solution.
11. Performance monitoring tools – tools that monitor the end-to-end response time and performance of the application on an ongoing basis, for use in alerts and troubleshooting.

The Proposer shall take the following into account when addressing the technology components of their proposal:

1. The Kansas Information Technology Architecture. Compliance with the Kansas Information Technology Architecture is required (see RFP Section 4.64, "Technology Architectural Compliance"). Proposers must certify in their proposals that all their offerings are in conformance with the Kansas Information Technology Architecture. Proposers shall provide that certification in this section of their response.
2. The Kansas Geographic Information System (GIS). All databases created for the K-MED Project shall be compliant with existing GIS development standards and enterprise infrastructure to optimize spatial functionality and encoding for address data elements (see RFP Section 4.74, "Geographic Information System (GIS)"). Proposers shall discuss how this will be accomplished in this section of their response.
3. The Kansas Wide Area Information Network (KanWIN). KanWIN provides the hardware, software, and management tools necessary to support and manage the statewide data network. The new K-MED System will be accessed by state agencies via KanWIN. KanWIN is a robust TCP/IP network utilizing frame-relay, IMA, DS3, and ADSL circuits. Kansas is using MPLS today and in the next 6-12 months will migrate to the AT&T AVPN layer-3 MPLS network. Bandwidths from 128KB to 40MB are available in the WAN. In Topeka, there is a MAN with bandwidth from 3Mb to 100MB. KHPA remote locations are currently connected to this network.

3.4.10.4 Product Maintenance

In this section of the proposal, the approach of the Software Provider and all Third Party Software Provider(s) to meet the KHPA's requirements to provide product maintenance is described, including:

1. Describe all software upgrade processes proposed. What is the impact on user-defined fields and tables during the upgrade process? What is the impact on any customizations previously made to the software? What support does the software vendor provide during the upgrade process? Is the KHPA always required to upgrade? How many versions/releases of the software are supported by the software vendor, and for how long? Describe the types of documentation that accompany the upgrade software, and the resources available if there are questions or problems applying the upgrade.
2. Describe the process used by the Software Provider and all Third Party Software Providers to distribute software fixes and patches. Describe the typical documentation that accompanies new patch releases. Are releases of fixes and patches made on a certain schedule, or are they

released as they are ready? Is each release cumulative of all fixes since the last upgrade? If not, how are the patch prerequisites established? What support will the software vendor provide?

3. Describe special plans defining "levels" of customer support (e.g., gold, silver, etc.).
4. Describe telephone support including toll-free hotline, hours of operation, availability of a 24 x 7 hotline, etc.
5. Description of any currently known or planned enhancement items that would not be covered by the ongoing annual maintenance payment quoted in the Cost Proposal.
6. Availability of user groups, how often they meet, and how they are structured. Does the Software Provider or the user group manage the agenda and contents of the meetings? Describe user group input to system fixes and future enhancements.
7. Problem reporting and resolution procedures.
8. Other support (e.g., on-site, remote dial-in, web site access to patches, and knowledge base).

It should be noted that each product maintenance period must cover the full contract time period. Costs shall be reflected only in the separate Cost Proposal.

Upon notification of a maintenance problem, the Contractor shall perform an adequate level of problem resolution by coordinating with the software product vendor, involving KHPA at all levels.

3.4.10.5 Future Direction

The Proposer shall describe the future direction of the technology of the proposed products. Also, include future plans for functionality for the components of the proposed solution. The Proposer should discuss in some detail the strategic product plans for the proposed software products in this response. What have been the significant enhancements to the products in the past few years, and what is expected in the next five years? How will the solution proposed currently provide a stable and robust environment for the State and provide a platform for growth and technological advances for the future?

Proposers shall also include in their discussion of Future Direction all items mentioned in RFP Section 2.9 – Other Scope Considerations.

3.4.11 TECHNICAL PROPOSAL TAB 7 – IMPLEMENTATION AND INTEGRATION SERVICES

In this section of the proposal, the Proposer shall describe their approach in detail to implementing the full solution requested by the State in accordance with the approach outlined in RFP Section 2.6 – “Implementation and Integration Services Scope.” Submission of an approach in accordance with RFP Section 2.6 is mandatory.

If the Proposer believes that another viable approach to meet the requirements of this RFP exists, the Proposer may describe any such alternative approaches in TECHNICAL PROPOSAL TAB 14 – ALTERNATIVE APPROACHES (see RFP Section 3.4.18).

3.4.11.1 Implementation Assumptions

The State is providing “going in” assumptions regarding the delivery and implementation of the proposed solution. The proposed implementation approach must account for each of these preliminary assumptions. The following assumptions apply:

1. The Contractor will implement the K-MED System as a COTS solution or a state transfer from another state government, or a combination of state transfer packaged with COTS tools.
2. The Contractor will implement the K-MED System in three major Activities across three Phases within the specified timeframes as documented in RFP Section 2.3 and RFP Section 2.6.

3. The Contractor will implement the K-MED System in such a way that maximizes end user productivity and minimizes disruption of work.
4. The Contractor will implement the K-MED System in such a way to ensure that all system users are mentored, building their capacity to utilize and oversee the system.
5. The Contractor shall be responsible for developing and conducting staff training, as well as managing all logistics associated with that training.
6. The Contractor will ensure that User Support staffing will be bolstered during each deployment to provide the extra help needed to facilitate the increase of work to be accomplished.
7. The Contractor will ensure that all software product configuration activity shall be completed with KHPA personnel actively involved in configuring the system so that knowledge transfer is maximized.

3.4.11.2 Detailed Description of Services to be Provided

In order to facilitate the State's comparison of Proposer solutions, the Proposer's response to this section of the RFP shall conform to the following format without exception.

3.4.11.2.1 System Development Methodology (SDM)

Proposer shall propose and describe a system development methodology that is defined, documented, and repeatable. The proposal should identify certifications the Proposer has received, such as SEI CMM or CMMI assessments, the International Organization for Standardization (ISO) 900x certifications, the Institute of Electrical and Electronics Engineers' (IEEE) Software Engineering Standards, or any other pertinent certifications.

3.4.11.2.2 Project Management Methodology

The Proposer shall describe its approach to managing the project, including the provision for a full-time, experienced Project Manager who will be accountable for all services and deliverables provided under the Contract resulting from this RFP, and who will work to ensure the on-time delivery and successful deployment of a functioning system that meets the State's requirements and the successful ongoing operation of the solution. As part of its project management approach, the Proposer shall describe the project management tools, standards, controls, and procedures that will be utilized to create a proven, reliable process to deploy the system statewide. This section shall also include a brief description of the Proposer's approach for managing the project on a daily basis.

The intent of this information is to provide assurance to the State of the Proposer's demonstrated ability to manage large, complex enterprise software projects in a manner that ensures quality, project success, long-term viability, and lowest cost of ownership.

Include in this information a statement confirming that the Proposer's Project Management Methodology is in full conformance with the State of Kansas uniform Project Management Methodology for all Information Technology (IT) projects valued at $250,000 or more (see RFP Section 4.65 – "Project Management Methodology").

3.4.11.2.2.1 Detailed Project Schedule

This section shall include a comprehensive Detailed Project Schedule that addresses the State's intended implementation approach. The Detailed Project Schedule shall include tasks to be performed by State personnel, as well as tasks requiring collaboration between State and Proposer personnel. It should include as much detail as possible, although it is understood that details about some later tasks are dependent on the results of other earlier tasks.

The following minimum standards apply to the Detailed Project Schedule submitted with the proposal:

1. Project management activities shall be documented in the Detailed Project Schedule.
2. The Detailed Project Schedule shall outline a plan for the entire implementation project.
3. The Detailed Project Schedule shall include dependencies, critical paths, and resources (both Proposer and State staff) assigned to each task.
4. The Detailed Project Schedule shall include all deliverables listed in RFP Appendix 6 – Deliverables, any deliverables mentioned in the RFP but not listed in RFP Appendix 6, plus any additional deliverables that the Proposer deems necessary to support the proposed implementation Methodology and Approach.
5. Estimated work effort shall be shown for each task.
6. Appropriate milestones shall be identified in the Detailed Project Schedule to help gauge the project's progress toward meeting desired target completion dates.
7. Any assumptions made in developing the Detailed Project Schedule shall be included in this section.
8. Proposers are to pay particular attention to the State of Kansas work plan standards found in Information Technology Executive Council (ITEC) Policy 2400A, "IT Project Planning Instructions," found at http://www.da.ks.gov/kito/ITProposedPlans.htm/.
9. The State requires that the Detailed Project Schedule submitted with the proposal eventually support the Kansas Information Technology Office (KITO) IT Project Quarterly Reporting requirements found at http://da.state.ks.us/kito/.
10. Proposers are advised that the Detailed Project Schedule submitted with the proposal will eventually become the Project Management Plan deliverable (see RPP Appendix 6 – Deliverables). This is the detailed project plan that must be submitted to the Executive Branch Chief Information Technology Officer (CITO) for approval. When the detailed project plan receives CITO approval, then the project can begin. This process is explained in RFP Section 1.5.3 – Explanation of K-MED Procurement Schedule and Process.

The Detailed Project Schedule shall be accessible via Microsoft Project, and shall be included in electronic (Microsoft Project) format (do NOT submit in PDF format only). Printed copies of the proposal shall also include a high-level timeline in Gantt chart format.

The Detailed Project Schedule shall allow a minimum of ten business days for State staff to review, request changes, and/or approve deliverables in accordance with the Quality Assurance Review Process (QARP) explained in RFP Appendix 10. Very complex deliverables or deliverables requiring an extended review period should allow additional time for review. Detailed instructions for inclusion of deliverables in the Detailed Project Schedule are provided in RFP Appendix 6 in RFP Section A6.2.1.

The Proposer shall also provide a Project Staffing Plan that addresses each of the Proposer's project staff as well as the State's project staff (see RFP Section 2.10 -- Resources to be Provided.) The Project Staffing Plan shall show the plan of usage (days per month) on a monthly basis for each resource over the period of the project. The Project Staffing Plan shall be included in Microsoft Excel format (do not submit in PDF format only). Costs shall be reflected only in the separate Cost Proposal.

During implementation, the Contractor's Project Manager shall be responsible for monitoring and updating the Project Management Plan, revising and developing further detail as appropriate. It is expected that the Contractor will provide highly qualified Project Management Office (PMO) staff to manage the work planning effort and to maintain the project schedule in Microsoft Project. The Contractor's Project Manager shall provide weekly Project Management Plan updates to the State project leadership for the duration of the project.

The Proposer shall also list and describe each proposed Implementation Phase deliverable. For those deliverables already described in RFP Appendix 6, the Proposer may use the deliverable descriptions from RFP Appendix 6 as stated if desired. If the Proposer changes anything in the deliverable

descriptions from RFP Appendix 6, then the Proposer shall explicitly point out the proposed change. KHPA is very interested in Proposer creative and inventive suggestions and ideas concerning the right set of deliverables for the K-MED Project and in getting the right content in that right set of deliverables.

3.4.11.2.2.2 Project Time Reporting

The Proposer shall describe its approach to an automated method of project time reporting that integrates with Microsoft Project to support the Project Management Plan and other required reporting. The State wishes to avoid manual techniques which involve multiple keying of time by task information into various spreadsheets. Any software licenses or computing infrastructure required to support the automated time reporting solution shall be noted and described, along with any required team training for State staff. Associated costs shall be included only in the separate Cost Proposal.

3.4.11.2.2.3 Status Reporting

The Proposer shall describe its approach for project status reporting. The State requires that weekly project status reports are provided to reflect the major activities for the reporting period. As part of the Proposer's approach to status reporting, the State will expect weekly participation in status meetings with the State project team. Project management will use the weekly status report to monitor project activity and to detect potential problems or delays. The weekly status report should serve as the agenda for the status meetings. Topics to be covered include:

1. A listing of significant departures from the Project Management Plan with explanations of causes and strategies to achieve realignment;
2. A listing of tasks completed since the last report;
3. Tasks that were delayed and reasons for delay, with expected revised completion date;
4. Planned activities for the next scheduled period;
5. Summary of major concerns or issues encountered, proposed resolutions, and actual resolutions; and
6. Any other topics that require attention from the K-MED Project Director or KHPA executive management.

Also, the State requires that the Proposer's weekly project status reporting approach support monthly executive status reporting, as well as the Kansas Information Technology Office (KITO) IT Project Quarterly Reporting requirements found at http://da.state.ks.us/kito/.

3.4.11.2.2.4 Kansas Information Technology Office (KITO) Project Reporting

Quarterly project reporting to the KITO statewide PMO is required. The Contractor will provide the primary resource used in compiling this required reporting, as well as providing additional information, documentation, and/or related presentations and legislative testimony as required in support of this process, or any other related project reporting. To address this requirement, the Contractor shall submit a draft of each completed Project's proposed Quarterly Report submission to the K-MED Project Director at least ten days before it is due at the Kansas Information Technology Office (KITO) for review and approval or modification. Once accepted, the report will be filed with KITO by the K-MED Project Director.

In this section of the proposal, the Proposer will commit to providing the required KITO project reporting.

3.4.11.2.2.5 Issue Resolution

The Proposer shall describe its approach to issue identification, tracking, and resolution. This discussion shall include the use of any tools or techniques that are integrated into configuration management, software change control, and the overall project management methodology. Topics to be addressed in this section include:

1. Issue identification;
2. Issue tracking;
3. Issue review and prioritization;
4. Issue analysis;
5. Issue resolution; and
6. Issue escalation.

After award, the State and the Contractor shall agree on a protocol for collaboratively resolving implementation issues. This protocol shall address the topics above, responsible parties, and specific steps to be taken on issues or disputes arising during the implementation process.

3.4.11.2.2.6 Action Item Tracking

The Proposer shall describe its approach to action item identification, tracking, and resolution. This discussion shall include the use of any tools or techniques that are integrated into configuration management, software change control, and the overall project management methodology. Topics to be addressed in this section include:

1. Action Item identification;
2. Action Item tracking;
3. Action Item review and prioritization; and
4. Action Item disposition.

After award, the State and the Contractor shall agree on a protocol for collaboratively dealing with implementation action items. This protocol shall address the topics above, responsible parties, and specific steps to be taken concerning action items.

3.4.11.2.2.7 Project Controls, Standards, and Procedures

The Proposer shall describe its proposed project controls, standards, and procedures for all project tasks. These items shall be reviewed and approved by the State's project leadership. This requirement includes, but is not limited to:

1. Managing project documentation – Proposer shall describe templates used (configuration, design specifications, test scenarios, change request, etc.); organization of project directories; naming conventions; and version control procedures.
2. Meeting procedures – Proposer shall describe techniques to ensure that meetings are efficient, productive, and results are adequately documented.
3. Development standards – Proposer shall describe standards and procedures for design specifications, review processes, unit testing, and other controls to ensure the quality and consistency of custom design and development.

4. Software change control procedures – Proposer shall describe the procedures and/or automated tools that will be employed to ensure the integrity of programs and configuration settings developed to support the solution. If any automated tools are to be used during the project, the costs for such tools must be included in the licensing costs section of the separate Cost Proposal.
5. Scope management – The Proposer shall describe its scope control processes to ensure that work is not performed on out-of-scope features, functions, or tasks until the State grants authorization in writing. KHPA has a defined Change Control Process documented in RFP Appendix 11 for consideration by the Proposer. After award, the State and the Contractor shall agree upon and formally document a protocol for scope control.

3.4.11.2.2.8 Risk Management

The Proposer shall describe appropriate methods, tools, and techniques for active and ongoing identification and assessment of project risks; development of risk avoidance, transfer, mitigation, or management strategies; and monitoring and reporting of risk status throughout the life of the project.

The Contractor must provide a Risk Management Plan within 30 calendar days of contract award. The plan must document all identified risks. An assessment must be conducted and documented for each identified risk. The Contractor will work with the KHPA Project Director to ensure appropriate mitigation strategies are identified, documented, assigned and implemented in a timely manner. The Contractor will identify any approach or work processes to address any risks identified to the K-MED Project Director. The K-MED Project Director will review the project risks on a weekly basis.

3.4.11.2.2.9 Project Management Responsibilities

A discussion of the project management responsibilities for the Contractor and the State follows.

3.4.11.2.2.9.1 Contractor Project Management Responsibilities

These are mandatory activities that must be accomplished by the Contractor.

1. Prepare an outline and obtain approval from the State for the contents and format of each deliverable document before beginning work on the deliverable.
2. Responsible for taking minutes at meetings and providing written minutes within seven calendar days after the meeting.
3. Provide an implementation project manager and staff to conduct design sessions.
4. Obtain written approval from the State on the final deliverable.
5. Revise deliverables, if required, using State review findings to meet content and format requirements.
6. Develop, obtain approval, and maintain project work plan.
7. Identify issues related to the project using the State-approved process for documenting issues, processes for assigning issues to resources, and resolving issues.
8. Use State-approved change control / management processes for implementing changes in scope.
9. Report progress against the work plan through weekly written status reports, at weekly review meetings with the State Project Manager, and through a weekly update of the work plan / task schedule.
10. Deliver written status reports and updated work plans / schedules one business day before the status meeting.
11. Identify scope of work issues. Specify the basis upon which an issue is out of scope, including appropriate RFP references.

12. Obtain written State authorization before commencing work on changes to the scope of any task identified within the Work Breakdown Structure.
13. Identify any assumptions or constraints in developing the work plan.
14. Provide an approach to identifying and mitigating risk.
15. A work plan and schedule that addresses all activities required to accomplish the scope of work from project initiation through full statewide implementation of the K-MED System.
16. Deliver reports sufficient to meet Kansas Information Technology Office (KITO) Project Reporting requirements.

3.4.11.2.2.9.2 State Project Management Responsibilities

The responsibilities of State personnel are stated for each task. There are a number of activities that reoccur in every task. Standard State responsibilities for each task are:

1. Perform overall monitoring and management overview of the project to ensure timely and satisfactory completion of all tasks and activities.
2. Review and approve the proposed outline format and content of all deliverable documents.
3. Review Contractor deliverables, determine the approval status of the deliverable, and provide written comment to the Contractor in accordance with the Quality Assurance Review Process (QARP) (see RFP Appendix 10).
4. Conduct weekly status meetings with the Contractor to review progress against the work plan.
5. Review weekly status meeting work products with the Contractor to review progress against work plan.
6. Analyze project issues and approve issue resolutions.
7. Monitor Contractor progress toward achievement of task milestones and contractor's adherence to the work plan and schedule.
8. Analyze proposed project scope of changes, and authorize those that are approved.
9. Provide notice to the Contractor of inadequate performance; request and approve plans of correction.
10. Assign State project managers to the various phases of the contract.
11. Prepare and deliver Project Management Reports.
12. Report on risk and status to the project Steering committee per project management standards.

3.4.11.2.3 Technical Architecture and Infrastructure Design

KHPA is seeking a people-friendly, web-based system. Enterprise architecture (please see RFP Appendix 16) will allow the separate, standalone systems to communicate using exposed, shared services through a common architecture. Service Oriented Architecture (SOA) will have a prominent role in the implementation of the enterprise architecture required by the K-MED System. The SOA developed for K-MED will be used to facilitate functional re-use and data sharing among loosely coupled services. Services must be loosely coupled to reduce system dependencies and self-contained pieces of business functionality deployed as discrete pieces of code and/or data structures that can be reused.

The Vendor must propose a solution that supports an SOA and Enterprise Service Bus (ESB) based solution. The ESB must be based on open standards and allow for the State to leverage existing IT investments. The ESB must be able to support a variety of standard messaging protocols and transform data into a common data format. It must allow the ability to change orchestration, rules, data mapping, and relationships between systems with minimal effort and disruption. The proposed solution must ensure that primary application functions and data are available via external industry standard APIs

(Application Programming Interfaces), web service call, or other acceptable processes. The architecture must support a High Level Client Index (HLCI) that is facilitated by services.

3.4.11.2.3.1 Multiple Environments

The Vendor shall describe their commitment to multiple environments as defined by KHPA for a fully operational architecture for a system of this magnitude. At a minimum, KHPA expects the solution to include or support the below-named environments.

The K-MED Contractor is responsible for the setup and maintenance of the Development environment and the Reference environment. This includes all network components, computer hardware platforms, software, servers, and the development facility.

The K-MED Contractor must provide configuration information for the remaining environments to meet the requirements of this RFP. The State intends to provide hosting services separately. The setup and maintenance of the other environments will be the responsibility of the hosting provider.

When KHPA or the State upgrades software / hardware infrastructure to the next evolution / version of the software / hardware operating system or component, the Contractor must provide any system modifications or additions necessary to enable K-MED to operate according to the requirements of this RFP. KHPA shall provide a minimum of 30 calendar days advance notice to the vendor of any scheduled technical infrastructure changes.

The Contractor is required to communicate any system modifications or additions required to maintain all mandatory technical and performance expectations due to software / hardware upgrades as soon as possible, or at least 60 calendar days prior to the upgrade.

Each proposal shall address the Proposer's solution for recommended technical environments. The State has prepared a list of suggested technical environments presented below. The Proposer may alter this list or include additional environments, if necessary. The proposal must specifically state how any environment will be used and how the vendor would propose that support and maintenance of the various environments be handled (e.g., hosting provider or K-MED Contractor).

1. Development. The Development environment will be used by the Contractor to develop and unit test all software and software updates.
2. Reference. The Reference environment is a copy of the COTS or state transfer system as it was initially delivered to K-MED. This is where analysts can go to answer the question, "How did the original work?"
3. Integration. The Integration environment will be used to conduct module or string testing in a very controlled technical setting.
4. Interface Testing. Because of the unique nature of interface testing, the Interface Testing environment is used exclusively to test interfaces.
5. Conversion Testing. Because of the unique nature of conversion testing, the Conversion Testing environment is used exclusively to test conversions.
6. User Acceptance Testing. The User Acceptance Testing environment will be used by the State to test major software updates before moving the updates to the System Testing Assurance environment.
7. System Testing. The System Testing environment will be used to perform the final testing on approved system changes before these changes are migrated to the Production or Training environments. The System Testing environment is an exact replication of the Production environment. This helps ensure that approved modifications do not have an undesirable effect or an unintended consequence on the system itself.
8. Training. The Training environment will be used by State staff during initial, ongoing, new staff, and any other State required training.

9. Emergency Fix. The Emergency Fix environment will be a copy of the Production environment that will be used to apply emergency fixes for the system that can be tested without affecting the other environments as other testing or training may be occurring.

10. Production. The Production environment will be used by the State to manage real client data, their eligibility, and cases.

All environments must be controlled by the Contractor's proposed configuration management methodology.

3.4.11.2.3.2 Proposed Environment Configurations

Each proposal must outline the configuration requirements to support the set up and maintenance of all proposed K-MED environments, including those environments that would logically fall to the hosting provider to maintain. To the extent possible, the Proposer shall factor all known variables into this response, including business requirements, technical requirements, business continuity requirements, volume metrics, concurrent users, and transaction response time. The Proposer shall provide these specifications for each environment in the Technical Environment Configuration Requirements Report. A separate report form is required for each environment. The template for the Technical Environment Configuration Requirements Report is found in RFP Appendix 14.

3.4.11.2.3.3 Technical Activities and Response Instructions

The following technical activities are within the Contractor's scope for this project. The Proposer shall describe its approach to providing the services and activities associated with each of the following:

1. Provide Technical Architecture and Infrastructure Design. Each Proposer must clearly explain the proposed technical architecture solution. This includes, but is not limited to, enterprise infrastructure services, Enterprise Service Bus / Enterprise Data Bus, Service manager, Service Registry, Business Process Management, etc. As a part of this discussion, incorporate, correlate, and tie in the items listed in RFP Section 2.9 – Other Scope Considerations and discussed as a part of the Future Direction topic in Technical Proposal TAB 6 (please see RFP Section 3.4.10.5). The proposal must also explain why the Proposer feels that this technical architecture and infrastructure design is the best solution.

2. Evaluation of Existing Security Architecture. The Contractor shall provide an evaluation of how the proposed technical architecture design fits within KHPAs existing network security architecture, composed of unique logical areas separating development / test environments from production environments.

3. Technical Assistance. Technical assistance to KHPA and the hosting provider for the sizing, procurement, maintenance, and installation of essential hardware, systems software, maintenance, and installation services necessary to support the new technical architecture.

4. WAN Evaluation Assistance. Evaluation of the Kansas Wide-Area-Network capacity as it relates to the implementation of the proposed software, and specific recommendations concerning any needed WAN upgrades.

5. Initial Hardware and Systems Software. The Contractor will be required to provide and maintain the hardware and systems software necessary to support the design and development process and unit testing at its Topeka facility. The Proposer will describe the proposed Development environment hardware and systems software configuration, as well as its hardware and systems software change management methodology and tools.

   A similar response is required for the Reference environment.

6. Proposed Environments: This is the structure and maintenance of planned database instances / environments named above in RFP Section 3.4.11.2.3.1. The proposal must address additional environments needed as well as any differences in the vendor's approach.

7. K-MED Software Migration. The Proposer will describe how the K-MED software will be ported to another hosting environment after the development process is completed.
8. Specify Desktop Requirements. Provide desktop requirements and specifications necessary to support the new K-MED System software. The State will perform all preparations for its desktop computers to be ready for the new system implementation.
9. Business Continuity. Proposer shall describe a standard methodology for developing a business continuity plan, continuity capabilities, and high-availability infrastructure, as well as a detailed explanation of the related approach, activities, procedures, tools, and templates and how the Proposer manages these activities and leverages the tools and templates.
10. Disaster Recovery Process. Proposer shall describe architecting, implementing, and testing a disaster recovery process for the new K-MED System.
11. Performance Tuning. The Contractor will be expected to assist the hosting provider with performance tuning activities as necessary. The Proposer shall describe its performance tuning methodologies and techniques for databases, application servers, web servers, and other software and devices deployed as part of the proposed solution. This includes batch and online software tuning, as well as data conversion software tuning.
12. Software Upgrades and Updates. The Proposer shall describe its software upgrades and the update methodology, as well as a detailed explanation of the related approach, activities, procedures, tools, templates, and how the Proposer manages these activities and leverages the tools and templates.

The informational data referred to in RFP Appendix 17 – Volume Metrics is provided to assist in completing this section of the proposal.

3.4.11.2.4 Requirements Validation, Analysis, Business Process Design, and Software Configuration

The Proposer shall describe its approach to analyzing the State's system requirements and demonstrating the proposed software's ability to satisfactorily meet those requirements. This approach may include a Conference Room Pilot or a pilot prototype system integrated with the business process analysis and software configuration process. The State desires to receive a formal fit/gap analysis documenting the disposition of each functional requirement and the resolution of identified gaps (e.g., customization, workaround, eliminate requirement). The Contractor will assist KHPA in identifying appropriate business process improvement opportunities, documenting the recommended changes, and planning and implementing the KHPA approved business process changes. When documenting the business process design, the State encourages the use of Business Process Modeling Notation (BPMN).

The Proposer shall then describe its approach and methodology to be used to configure the new K-MED software in accordance with the approved business process design. This section shall also describe:

1. The tools and procedures available to aid in the software configuration process;
2. The documentation provided to support the software configuration; and,
3. The process for validating the configuration against the State's documented requirements.

Please see RFP Appendix 2 for information concerning current business process models.

3.4.11.2.5 Customizations

KHPA anticipates that certain development items will be necessary to meet the requirements referenced in RFP Appendix 1. In the following sub-sections, the Proposer will describe its approach for addressing the various types of customizations as follows:

1. Reports Analysis and Development;
2. Enhancements and Modifications;

3. Interface Development;
4. Data Conversion;
5. Workflow Configuration; and
6. Automated Forms Configuration.

Though it is the State's desire to utilize a fixed price arrangement for the entire project, including all customization activities, consideration will be given to eliminating specific customizations from project scope if such elimination is validated after completion of the software design phase. If any customizations are eliminated as part of this process, then the cost associated with each eliminated customization will be applied to a contingency fund to be used as the State determines.

3.4.11.2.5.1 Reporting and Business Intelligence

In this section of the proposal, the Proposer shall describe its approach and methodology for providing reports analysis and development. Detailed reports requirements and response instructions are located in RFP Appendix 3 – Reporting and Business Intelligence.

3.4.11.2.5.2 Enhancements and Modifications

The Proposer shall describe its approach to making enhancements or modifications to the baseline software solution in a manner that facilitates an easy, low-cost, and low risk migration to new releases of the baseline product. The Proposer shall describe its approach to coding and documenting modifications in such a way as to ensure that they can be easily re-applied when the State upgrades to new releases of the proposed software. The Proposer shall also include its business-justification process for prioritizing and approving each of the identified potential enhancements.

While the State intends to minimize modifications made to the software to the maximum extent possible, it is expected that some modifications will be required. Once proposed modifications are identified through the fit/gap analysis process, the Contractor shall work with the appropriate State business analyst(s) to prepare a high-level design document with cost estimates for review and approval by State project leadership. Upon approval, the Contractor shall produce the detailed technical design and develop the approved modifications. The Contractor shall be responsible for the functional and technical designs, coding, unit testing, and integration testing of all modifications. All modifications shall be documented in such a way as to ensure that they can be easily reproduced when the State upgrades to new releases of the proposed software.

The Proposer shall estimate the work effort required to complete all development items identified by a Fit Rating of 3 (Solution mostly meets the requirement, but will require minor customization or configuration to implement) or a Fit Rating of 1 (Solution somewhat meets the requirement, but will require significant customization or configuration to implement) to the requirements responses provided in TECHNICAL PROPOSAL APPENDIX 1. The Proposer shall show the estimated total work effort for development items, and include the cost of that work effort in Cost Schedule 6 – Enhancements and Modifications of the separate Cost Proposal.

3.4.11.2.5.3 Interface Development

In this section, the Proposer shall describe its approach for the design, development, testing, and deployment of the required K-MED automated interfaces. Detailed interfaces requirements and response instructions are located in RFP Appendix 4 – Interfaces Requirements and Descriptions.

3.4.11.2.5.4 Data Conversion

In this section, the Proposer shall describe its approach to performing all required data conversion activities associated with the project, including developing a comprehensive Data Conversion Plan. The

detailed requirements and responsibilities for data conversion are described in RFP Appendix 5 – Data Conversion Requirements and Descriptions.

3.4.11.2.5.5 Workflow Configuration

The Proposer shall describe its approach to analyzing, establishing, documenting, and assisting in the deployment of workflow, electronic notification, and electronic approval processes that are built into the proposed system, as well as those developed during the project.

The service delivery model used by Kansas involves a number of different agencies and contractors. Each location may organize their staff and work processes differently so the workflow must be flexible to accommodate these various needs. Some offices have only one staff member to work the whole case from application intake to authorization, while in another location clerical staff registers the application only. Once registered, the application is assigned to another worker or to work queues for the next task(s). Virtually every location has different staffing structures for different functions, and it is the intent of KHPA to accommodate the needs of each, using flexible workflow models without necessarily changing the business process. Additionally, the implementation of the Affordable Care Act will introduce new entities, agencies, and consumers to our business which will add complexity to the business models and the system workflows.

The proposed solution must:

- Be flexible to accommodate a wide variety of current and future business models.
- Include templates and other aids to support design and modification of workflows by non-technical staff.
- Provide workflow version control.
- Be rules based.
- Provide for a workflow administrator.
- Monitor workflow statuses and flows.
- Collect and retain activity data as well as data about how processes are working and provide for both standardized and ad hoc reporting capabilities using this data.
- Handle multiple workflow actions done concurrently.
- Provide a means for designing (modeling) workflow templates in graphical and test modes.
- Provide electronic notifications / alerts.
- Accommodate complex workflow styles (e.g., straight-line, loop, branch, and/or chained workflows).

The proposer shall recommend an approach to meet the State's needs for a highly flexible workflow system that can be managed and maintained to a high degree by non technical staff. Detailed workflow requirements are referenced in RFP Appendix 1 in the General Functional Requirements Workbook (Workflow Worksheet).

The Proposer shall assume that the workflow processes are defined by the following levels of complexity:

Complexity	Complexity Descriptions
Simple	A two-step process that includes evaluating data against up to two variables from step one, then the initiation of step two based upon the results of the query.
Average	A process with up to five steps that includes evaluating of data against up to five variables from step one, the initiation of step two based upon the results of the query with a simple approval process, including the development of a simple data entry screen and an approval screen.
Complex	A process with greater than five steps that includes evaluating data against variables entered in step one, the initiation of step two based upon variable rules, the initiation of step three based upon the results of a multi-table query with a multi-step approval, rejection, and re-approval process, including the development of related data entry screen and approval screens.

As a workflow contingency, the Proposer shall plan on designing, developing, and testing workflows of the following complexities:

Complexity Level	Number of Workflow Processes
Simple	5
Average	10
Complex	10

The Proposer shall include the estimated cost of providing workflow contingency in the separate Cost Proposal. Workflow contingency funds shall be used or not used at the discretion of the State, and any workflow contingency funds not used for that purpose may be applied to other project areas as the State deems in its best interest.

The cost of the workflow contingency shall be shown as a payment Deliverable titled *Contingency Workflow* in Cost Schedule 3 – Deliverables Payment (see RFP Section 3.6.7.

In this section, the Proposer will also present a recommended list of workflows (with Complexity Level) that the State may require. This list of workflows need not be priced separately in the Cost Proposal. It is provided for informational purposes only.

3.4.11.2.5.6 Automated Forms Configuration

The Proposer shall describe its approach to analyzing, establishing, documenting, and assisting in the deployment of automated electronic forms. KHPA currently uses many forms to support both the management of its programs as well as its overall operations. The Contractor shall recommend new electronic forms and incorporate existing forms into the overall K-MED solution design as agreed to during the analysis activity. A list of current KHPA business forms is referenced in RFP Appendix 9.

3.4.11.2.6 Security Management Services

The Proposer shall describe its approach to analyzing, establishing, and documenting security functions across all software modules and integrating these security functions into the State's security network.

Administering the medical assistance programs requires KHPA to obtain and retain highly confidential Protected Health Information (PHI) and Personal Identifying Information (PII). KHPA takes the responsibility to protect this data very seriously and expects the Contractor to provide a solution that includes necessary safeguards. It is imperative that all Federal and State rules and regulations, as well as KHPA policies, are followed to ensure customer information is not put at risk. Data must be protected through every phase of development and implementation, when it is stored, being accessed, or transmitted. The solution must also support audit trail functions to easily trace historic information.

3.4.11.2.6.1 Security

The proposed solution shall provide application controls to prevent unauthorized use of the system, maintain system process controls, and log all transactions. In addition, the system shall provide security to limit availability to application functionality, software screens, data records, data elements, and data element values where appropriate.

The Proposer shall describe its approach for integrating security with overall system security using a single sign-on.

The Proposer must fully describe its approach to security for the proposed solution, including but not limited to the use of firewall hardware and software, intrusion detection/prevention systems, other protective measures, and other measures that provide in depth defense for the proposed solution. The proposal must fully describe the risk management approach to application development and deployment in terms of threat and vulnerability identification, analysis and prioritization, and mitigation techniques.

The Proposer must describe how the proposed solution will:

1. Ensure data confidentiality, including protection from unauthorized access, while:

   <u>In transit</u> – either through execution of secure, authenticated, two-way transactions as well as ensuring that all other data is encrypted beyond the reasonable threat of a successful brute force attack, or comparable risk-based mechanisms;

   <u>In storage</u> – ensure that confidential data in databases from which public data is being extracted will not be compromised;

2. Include preventive and detective access controls and reporting mechanisms, ensuring a timely and reliable process for notification to the user, custodian, owner, and/or customer in the event of a security breach;
3. Ensure that access controls are strictly enforceable and auditable;
4. Ensure data integrity – maintain data and transaction integrity and confidentiality; where applicable address legal and regulatory issues with regard to unauthorized access, misuse, or fraud audit trails, and options for resolution.
5. Ensure data reliability – maintain sufficient detail and summary information to ensure statutory and regulatory reporting and compliance responsibilities.
6. Ensure data availability – maintain data and network access continuity ensuring its availability for required business processes.
7. Ensure physical and environmental control – working with the State, identify mechanisms ensuring only authorized operations personnel access data or computer facilities unless expressly approved by the owner of the data, and determine environmental control required to mitigate the risk of loss.

8. Ensure application audit capabilities – implement date-time stamp, or other mechanism sufficient to provide an audit trail for identifying critical data and resource application activity, and the reporting of unauthorized intrusions and activity or attempted breaches.
9. Ensure a rigorous change management and configuration management implementation – implement processes to maintain data integrity, confidentiality, and availability in the application change management processes. A rigorous change management process will include preventive and detective controls ensuring only authorized software changes are implemented. The Contractor must provide in its proposal a detailed description of its configuration management methodology which must include at a minimum:
    a. A description of how the Contractor will control multiple activities occurring simultaneously across multiple environments;
    b. A description of tools and business processes to control software development, including check in/checkout procedures and audit trails;
    c. A description of business processes and procedures for controlling the migration of code from design through coding, testing phases (e.g., unit, integration, acceptance) and promotion into production.
    d. A description of the organizational structure to control all system development and maintenance.
    e. A description of tools and business processes to control documentation and User Guides.

The Proposer may propose options for configuring application security for KHPA to consider. If included, provide the advantages or disadvantages of the proposed approaches.

3.4.11.2.6.2 Security Profile Management

The Proposer shall describe its approach for providing security profile management.

The system must provide for multiple security profiles. K-MED will be utilized by KHPA eligibility workers, program staff, contractors, state agency staff, presumptive eligibility entities, and other external partners. All will require access to different data elements and have different functions within the system. KHPA must have the ability to establish “canned” security profiles as well as easily establish specific security profiles for special situations.

A number of different security profiles have been identified, including those for Eligibility Workers (with limited roles and full roles), Clerical Staff, Line Supervisors, Regional Managers, Quality Assurance Staff, Regional Performance Improvement Staff, Program/Policy Managers, Interface/Exchange Managers, Presumptive Eligibility Staff, Presumptive Eligibility Support Staff, System Administrator, Password Administrator, and System Access Administrator. Additional security profiles may be identified in design.

A special security profile for a Long Term Care Community Partner role must also be included. These individuals, who have responsibility in administration of the LTC programs, such as nursing homes, mental health facilities, HCBS case managers, and PACE providers, need access to the system to contribute information necessary to the eligibility determination process. For example, nursing facilities must relay to eligibility staff that the resident/applicant has been screened and determined to be appropriately placed in their facility for services. HCBS case managers and PACE providers likewise must verify that a screening has been completed, the appropriate level of care achieved, and the start date and extent of services to be provided. These entities must also report any changes in circumstances which may affect the individual’s eligibility. This information is currently communicated from the partner entity to eligibility staff via mail, fax, or e-mail.

Eligibility staff members also need the ability to automatically (and manually) communicate applicant/recipient referral, approval, change, suspension, or closure information to the partner entity. This process is also currently completed via mail, fax, or e-mail between eligibility staff and the partner entity. A special profile for LTC Partners is required.

Members and other individuals who are assisting them will need to access individual information through self-service features. Some profiles which must be established include:

1. Individual profiles for members and their Legally Responsible Persons.
2. Person acting on their behalf will also require access to this information, such as a guardian or medical representative. A Medical Representative Profile is established for such individuals.
3. Some individuals will have read-only access to information. This limited access, or Facilitator View, would allow the external user to view information specific to the applicant / recipient eligibility determination, including application status (i.e., received, pending, waiting on information, denied, or approved), program coverage (if any), and notices.

The Vendor shall propose a solution allowing State staff to manage profile creation, maintenance, and tracking, including authorization and assignment of profiles for individual users.

As an option, the proposal shall also include a solution in which the Contractor provides profile maintenance services. With this option, State staff shall authorize all individual profile assignments, but the Contractor will create profiles, modify profiles, track profile changes, and perform all related profile support functions and data entry. This option shall be priced separately in Cost Proposal TAB 10 - Optional Costs (see RFP Section 3.6.14).

3.4.11.2.6.3 Security Audit Trails and History

The Proposer shall describe its approach for providing security audit trails.

The K-MED system must provide a user friendly audit trail which captures a history of every transaction processed by the system. It must also record every user who views a window or other system feature.

3.4.11.2.6.4 Security Requirements

The Proposer shall also respond to the detailed requirements related to Security referenced in RFP Appendix 1 under the Security Management Workbook.

3.4.11.2.7 Testing Services

The Contractor will be responsible for carrying out unit and integration testing for all programs, modules, and sub-systems throughout the development life-cycle. The Contractor is responsible for successfully completing system testing prior to both the pilot phase and implementation phases. The Contractor is responsible for certifying that each program, module, and sub-system meets or exceeds all of the functional, technical, and performance requirements prior to pilot and statewide implementation. The Contractor will be responsible for working with KHPA staff in structuring testing environments that mirror the production environment. The Contractor is also responsible for the initial development of User Acceptance Testing test scenarios, building detailed testing scripts, determining expected results, establishing testing procedures and protocols, etc. KHPA must approve all test scenarios prior to testing and KHPA reserves the right to request that additional test scenarios be developed and tested.

The Contractor will be responsible for providing and maintaining an organizational plan showing Contractor personnel responsible for each type of testing. The Contractor is responsible for the management of the testing effort and other related events and communicating this ongoing information with the KHPA Testing Team. The Contractor must provide KHPA, in a timely manner, with all test results, to include the tracking and correction of deficiencies.

3.4.11.2.7.1 KHPA Testing Team

KHPA will designate a Testing Team for the K-MED project. The KHPA Testing Team will work with the Contractor to ensure testing activities are carried out as necessary. The Contractor shall involve the KHPA Test Team in testing activities as necessary throughout the system development life cycle. The KHPA Testing Team is responsible for overseeing the development of User Acceptance Testing test

scenarios, building detailed testing scripts, determining expected results, and establishing testing procedures and protocols, etc.

3.4.11.2.7.2 Testing Approach

The Proposer shall describe its approach and commitment to all phases of testing required for a system of this magnitude, including, but not limited to:

1. Maintain the application aspects of online technical environments for system testing, user acceptance testing, training, and production.
2. A structured, automated system for identifying, prioritizing, tracking, fixing, and re-testing programs found to have errors or failures;
3. Structured promotion of programs to subsequent testing levels;
4. Adequate testing of programs at the unit test level;
5. Adequate integration (string) testing of all programs, modules, and sub-systems related with one another;
6. A complete and comprehensive System Test, to allow for the testing of all portions or sections of the application, with multiple programs running concurrently;
7. Testing of pre-defined scenarios that are representative of actual cases;
8. Testing of recovery processes or component outages/failures;
9. Interface Testing;
10. Conversion Testing;
11. User Acceptance Testing;
12. Performance (load/stress) testing; and
13. Batch processing functions.

The Proposer shall also list and describe any tools used to facilitate the testing process, including Performance Testing. KHPA will not procure testing tools for this project and any testing tools proposed shall be provided by the Contractor and licensed by the Contractor for use by its staff and the applicable State staff for the project at the testing site. The Contractor shall provide any required training on the proposed testing tools to all State staff that will be required to use the proposed testing tools. At the end of the engagement, ownership of the testing tool will be transferred to the State at no cost. The Contractor shall also provide any needed testing infrastructure (desktops, servers, etc.) to support the provided testing tools. At the end of the engagement, ownership of the testing infrastructure will be transferred to state at no cost.

The Contractor must have a plan for involving end-users in System Testing. The test plan must provide for end-users to exercise the entire system, including the use of converted data, in a controlled environment that is completely separate. The Contractor will work with KHPA to provide staff for this process.

The Contractor shall be responsible for providing detailed testing deliverables that include test plans, a testing methodology, test scripts, test conditions, expected results, and actual results. Performance Testing will provide, as a minimum, testing against both anticipated initial go-live and anticipated one year post go-live amounts of data.

3.4.11.2.7.2.1 Unit Testing

The Contractor is responsible for providing unit testing. The Unit Testing Plan may include a single web page with related fields (verification of valid values, completeness, accuracy, presence when required, etc.), or a single action (system sign-on, print screen functionality, etc.). Screen copies of individual

screens, with appropriate messages when required, data base changes (when data is saved, or updated) will be included for each test case.

3.4.11.2.7.2.2 Integration Testing

The Contractor must conduct a comprehensive Integration Test in a tightly controlled technical setting. The plan for the test will include, but may not be limited to, a series of web pages with related fields (verification of valid values, completeness, accuracy, presence when required, etc.), or a single action or thread (system sign-on, print screen functionality, complete screening process, etc.). Verification of a thread or process path will be documented to include a screen print of all screens and data base changes which occur as during the completion of a process or test case.

3.4.11.2.7.2.3 System Testing

The Contractor must conduct a comprehensive System Test in a technical environment that is an exact replication of the Production environment. The plan for the test will include, but may not be limited to, a series of web pages with related fields (verification of valid values, completeness, accuracy, presence when required, etc.), or a single action or thread (system sign-on, print screen functionality, complete screening process, etc.). Verification of a thread or process path will be documented to include a screen print of all screens and data base changes which occur as during the completion of a process or test case.

3.4.11.2.7.2.4 Interfaces Testing

The Contractor must conduct comprehensive unit, integration, and system testing of all interfaces. At the system testing level, samples from actual production data must be used, simulating the actual interface process. All interface manual procedures must be formally tested as well. All internal and external interfaces will be tested, verified, and confirmed at both ends with supporting documentation for each interface.

3.4.11.2.7.2.5 Conversion Testing

The Contractor will be responsible for unit, integration, and system testing of all conversion routines prior to use in Production conversion activities. The Contractor will be responsible for the preparation of a conversion plan, preparation of a conversion test plan, development of conversion test criteria, and establishment of the test environment. To ensure a thorough test, the Contractor's conversion approach must include all of the following:

1. Samples from actual case files must be used;
2. Multiple sets of trial conversions must be conducted;
3. Conversion testing must simulate the actual conversion process, including all manual conversion procedures, and must ensure that all subsequent processing cycles operate normally; and
4. System Testing shall include the use of converted data.

3.4.11.2.7.2.6 User Acceptance Testing (UAT)

UAT is designed to demonstrate that the system meets Kansas specifications and performs all processes correctly. This shall include operational readiness and on-going testing for maintenance, modifications, and enhancements, regardless of the number and complexity of the modifications. All system functions and interfaces shall be tested with fully converted data. Components of the test shall require that the Contractor demonstrate readiness to perform all Contractor system functions and contractual requirements, including manual processes.

The State shall identify the schedule for test cycles and delivery of output.

User Acceptance Testing shall be conducted in a controlled and stable environment. No modifications to the software or files in the UAT library shall be made without written prior approval from the State.

KHPA requires three types of User Acceptance Testing:

1. Structured Data Test. This test is designed to ensure that the system data structure design is consistent. Individual and case data are stored correctly and referential integrity is enforced. This test will ensure that all data elements captured on a screen or derived by the system are consistent and stored correctly throughout the life of a case. This test must be performed at the data level in terms of following:
    a. Medicaid Case Structures are correctly created and all Medicaid case related data (entity, attribute, and their relationship) values are captured and stored correctly.
    b. All data related to individuals are captured and stored correctly.
    c. Individuals participating in one or more cases are correctly associated with respective Medicaid cases.
    d. All history information (effective dated records, version history, and span history) are correctly created and stored with audit information. All history records must be associated with base data.
    e. In the case of de-normalized attributes for performance and reporting, it must be consistent in value with the base data.
    f. Default values for data attributes are set correctly per business rule.
2. Operational Readiness Test. This test is designed to ensure that the State, the Contractor, and the new K-MED System are ready to process all inputs, determine eligibility, and distribute correct benefits; that they meet all reporting requirements, utilize a properly functioning data communications network, and have a demonstrated back-up capacity. It shall include a full volume test, as defined by KHPA, of production capacity cases to demonstrate that the K-MED System and the State and Contactor's staff are prepared for full production. In addition, a pilot test of actual cases processing in a full operational environment, from application intake, through eligibility determination, benefit authorization, benefit distribution and the sending of notices, including all reporting functions, shall be conducted. A demonstration and verification of physical security, data security, user profiles, and overall system security is also required. The Contractor shall allocate a minimum of six weeks in the Detailed Project Schedule to execute Operation Readiness Testing.
3. Disaster Recovery Test. This test is designed to ensure that, in the event of a manmade or natural disaster, the Contractor can have the system available in the disaster recovery location within the prescribed time and with no loss of data.

3.4.11.2.7.2.7 Performance / Stress Testing

The Contractor will be responsible for developing a series of performance tests to demonstrate that the K--MED System meets all performance requirements. Performance Testing shall include all local office and central office functions and shall include stress testing of appropriate batch processes as well. The Contractor will be responsible for carrying out two distinct performance tests in order to verify system performance against requirements. The Contractor shall suggest the timing of those tests and they are to be executed in a manner that would be most advantageous to KHPA should deficiencies be detected that require strategic redirection. In no event will pilot implementation occur unless successful Performance Testing has been carried out.

In the event that Performance Testing is unsuccessful, or if the test results indicate that the K-MED System performance requirements may not be met as the converted caseload increases, the Contractor will be responsible for beginning corrective action(s) no later than five (5) workdays after notification from KHPA. The Contractor will be responsible for corrective action at no additional cost to the State. Following any corrective action, the Contractor is responsible for completing all Performance Testing. If

K-MED operates on multiple tiers, then Performance Testing shall be appropriately designed to test each tier of processing. The Contractor must provide to KHPA complete analysis of network traffic generated during all relevant tests. KHPA reserves the right to perform independent Performance Testing of the K-MED System at any time. The Contractor must use its best efforts to cooperate with KHPA or its designee, and provide data and technical support as requested for Performance Testing.

3.4.11.2.8 Software Revisions (Patches and Fixes)

This section applies only to a proposed solution involving a COTS product. If a State transfer system is proposed, then the Proposer shall simply indicate that fact in a one sentence response to this section, unless the State transfer system relies on some COTS components. In that case, the Proposer shall respond regarding these components.

In the course of conducting the K-MED Project, the State expects that a COTS Software Provider will release revisions (i.e., patches and fixes) to the software being implemented for a variety of reasons, including, but not limited to, correcting errors and bugs detected in the proposed software, to extend or enhance capabilities that have been requested by users, and/or regulatory updates.

Because of the anticipated length of the K-MED Project, it is likely that such revisions may resolve issues encountered during the development and testing phases of the project and thus need to be applied during the project. The application of revisions may also be required by a COTS Software Provider in order to be able to provide support for certain functionality that has been modified by the revision. However, it is difficult to continuously apply all revisions upon their release throughout the project because of the nature of their release schedule, the potential for disruption of project activities by their application, and the likely need for retesting and rework to accommodate their effects.

Given this situation, the Proposer shall describe the recommended strategy and approach for the application of COTS software revisions during the project lifecycle, including a specific discussion of what revisions (categorized and explained as to their general subject, level of complexity, potential impact, and associated strategy) are likely to be released during the duration of the project based on the software proposed, and how the releases will be monitored and candidates identified and evaluated for application during the project.

If, for any reason, the recommended strategy includes delaying application of certain categories of revisions based on the project phase in which they are released until after go-live, an explicit strategy for how these revisions would be addressed in the post-implementation support period, and how the expected impacts can be mitigated, shall be provided, based on the Proposer's experience in previous projects. The scope of the approach to the revisions discussed should not be limited to only that software provided by the COTS Software Provider, but also include any other recommended / anticipated required elements of the software "stack" used to support the scope of the software implementation requested in this RFP.

Any costs associated with this activity that the Proposer wishes to include in the separate Cost Proposal shall be identified and included in Cost Schedule 7 – Other Implementation Costs (see RFP Section 3.6.11).

Also, the State requires confirmation that the proposed approach to software revisions has been successfully used elsewhere in previous projects. The Proposer shall provide a client reference contact name, title, organization, and telephone number. This contact cannot be an employee of the Proposer or any of its proposed subcontractors.

3.4.11.2.9 Training Services

The Contractor is required to provide training to system users at all levels in order to achieve a successful implementation and transition to K-MED. The Contractor is also required to maintain and update all written materials through the life of the contract. The training component includes development of training materials as well as presentation and course work. Training evaluation is also included. Training shall provide instruction in the proper use of the K-MED System and the procedures for using the system to

perform job responsibilities. Materials and sessions are job-specific. KHPA or other contractors provide program and policy training.

KHPA partners with state agencies, contractors, healthcare providers, and others to provide medical eligibility determination services. Users from all organizations must be proficient in using the K-MED System in order to ensure effective and efficient service delivery. The Contractor shall provide training services in order to ensure this outcome is realized.

The training program will utilize a variety of delivery methods to best meet the training objectives. Examples include computer-based training, classroom lectures, written material, and demonstrations. It is particularly important to provide practical sessions to Eligibility Staff responsible for making medical determinations, regardless of where the user is located in the state.

3.4.11.2.9.1 Required Training Sessions and Modules

KHPA has identified the following training modules / sessions which must be provided by the Contractor. Unless specified as required face-to-face delivery, the Vendor will propose the most appropriate training delivery method for the session. The Proposer is encouraged to propose additional sessions that will be necessary to meet the training needs of KHPA.

1. Develop and maintain training, tutorials, and demonstrations online throughout the life of the contract.
2. Provide face-to-face instruction to Presumptive Eligibility Entity staff and necessary Central Office staff prior to the implementation of Phase 1. These sessions will take place off-site.
3. Provide training to all Eligibility Staff to use the Online Intake Application.
4. Provide train-the-trainer sessions to a small group of KHPA staff who will be responsible for implementing additional Presumptive Eligibility entities and training community partners to use the online application.
5. Provide pre-implementation training to designated project staff as determined necessary based on the proposal. KHPA recognizes that in some instances it may need to facilitate or conduct some of these sessions, depending on the content. An example of pre-implementation training would be that if the Proposer proposes a COTS package or a state transfer system, then each functional project team member will need to be trained on the baseline version of that software at the beginning of the project prior to any analysis, design, or configuration activities.
6. Provide face to face implementation and conversion training at all locations where Eligibility Workers are present. This will include SRS offices, the Clearinghouse, Health Departments, and Central Office. These events shall be conducted as close to go-live as possible. Specifically, these sessions shall include the following:
    a. Classroom instruction for all users is required. These may be conducted at regional locations and do not have to take place at the employee's work location. The general sessions shall include instruction for implementation/conversion and ongoing use of the system. These sessions shall include material specific to the current work-arounds that are used to assist in the business processes.
    b. KHPA will be responsible for any policy or procedural change training being implemented at the same time and may wish to co-present at these sessions with the Contractor.
    c. Following classroom instruction, individual assistance will be available at the work location of the employee. Contractor staff will be available to assist with conversion issues and use of the new system. Much of this assistance is expected to be one-on-one, but the Contractor may also conduct small group sessions or other effective ways to handle questions and issues that arise.
    d. The Contractor must offer additional training to ensure all functionality is adequately covered. This will be especially critical if some features are implemented at different time intervals. KHPA may require face-to-face training if necessary.

7. Provide train-the-trainer sessions for KHPA and other contractor staff who will assume the responsibility for training new K-MED System users (e.g., supervisors).
8. Provide specialized training for Central Office / Administrative Roles (e.g., System Administrator, Rules Engine, etc).

Each proposal shall provide detailed information regarding the Proposer's training strategy, plan, and approach.

3.4.11.2.9.2 Training Requirements

In addition to the above, the Contractor shall provide the following:

1. A training facility as defined in RFP Section 3.4.15.5.
2. Clear and sufficient system reference materials and documentation must be available during training sessions. Examples include a security guide, reports guide, testing plan, batch documentation, processing schedules, detailed system design, and system modification design documents, etc.
3. Collaborate with KHPA staff to identify potential prerequisites to any training session. This will also involve developing a plan on how trainees can fulfill the prerequisites.
4. Develop an online training demonstration that customers may select to take them through the self-assessment and the Online Intake Application. This will be part of the public self-service portal.
5. All materials, curricula, and lesson plans shall be reviewed by KHPA prior to training sessions occurring or materials being released. Training must be presented to KHPA for review at least 30 days prior to change unless sufficient notice is not given by KHPA to meet this time frame (e.g., an emergency policy change). Examples of training materials include but are not limited to training modules, desk guides, power point presentations, and the online training demo.
6. Training materials shall be distributed according to a KHPA approved plan.
7. The Contractor shall ensure that all training materials are kept current and are readily available for KHPA staff as well as its miscellaneous partners. As part of this objective, the Contractor must update all printed and online training materials when changes occur, making these available to customers by COB of the day prior to the implementation of the change. All updates to training materials shall be submitted to KHPA for review and approval 30 days prior to implementation.
8. In order to successfully implement the training objectives of the K-MED System, training personnel shall be hired and available to KHPA a minimum of 90 days before the first training session. The Contractor shall also ensure that there are sufficient FTEs or personnel available to meet the training needs of KHPA staff, Presumptive Eligibility entities, SRS, and Clearinghouse staff, etc.
9. The Contractor shall be generally responsible for developing and conducting staff training as well as managing all the logistics associated with that training, except where specifically otherwise noted or agreed to. A schedule of all proposed training sessions must be submitted to KHPA at least 30 days prior to their actual implementation. Training sessions must be set in accordance to a time and date that is agreed to by KHPA. KHPA staff reserve the right to attend any training sessions presented by the vendor. The delivery of training sessions must occur prior to the date that each phase of the system is implemented.
10. The Contractor is responsible for coordinating and scheduling training from KHPA to ensure that their staff is adequately schooled in KHPA policy and KHPA existing systems.

Additional information regarding training volumes and locations can be found in RFP Appendix 8.

3.4.11.2.10 Documentation Services

The Proposer shall describe its proposed approach for developing and maintaining technical and end-user documentation, systems and operational documentation, system configuration documentation, and procedural documentation, including manuals, quick reference guides, tutorials, online help, job aids, and other techniques as appropriate. The Proposer shall describe the approach used to keep technical and user documentation current throughout the project, and throughout the life of the system.

The Proposer shall describe the online help functions delivered with the proposed software, and the processes available, if any, to customize the online help to support the software as configured and customized (if necessary) to meet the State's business needs.

The Contractor is responsible for providing to the State complete, accurate, and timely documentation of the system. System documentation will support users at every level as they navigate the system from the front line user to program administrators to technical staff. System documentation will be maintained in a dynamic shared repository available through the project website, and will include all documentation from online user manuals to technical documentation of the system software. All documentation will be linked to and with all other associated documentation. All documentation will be accessible from the internet and be version controlled with easy to learn navigation principles. The Contractor keep the documentation up to date, providing updates incorporating all changes, corrections, and enhancements.

System documentation must be available and updated on electronic media. All documentation must be organized in a format which facilitates updating, and revisions must be clearly identified and dated. Documentation must include system and subsystem narratives that are understandable by non-technical personnel. The K-MED System documentation must contain an overview of the system, including but not limited to a narrative of the entire system, business process models, and a description of the operating environment.

Detailed documentation requirements are referenced in RFP Appendix 1 under the General Functional Requirements Workbook in the System Documentation Worksheet.

3.4.11.2.11 Document Imaging Services

The proposer shall describe its proposed approach for integrating with the existing KHPA ImageNow system as well as other State imaging systems.

KHPA is currently using ImageNow provided by Perceptive Software, Inc. as its secure enterprise document imaging application. ImageNow is also used by the HealthWave Clearinghouse operated by KHPA contractor Policy Studies, Inc., as well as the Presumptive Medical Disability Team (PMDT) in Topeka.

The Clearinghouse is located in Topeka, Kansas and processes the majority of all family medical applications. It retains images of these cases within ImageNow for maintenance and redetermination. The other medical cases are processed and retained in SRS field offices throughout the State. KHPA out-stationed workers also process and retain medical cases. These offices don't currently utilize imaging services and retain all case files in paper form in file cabinets. Prior to final implementation of the K-MED System, all paper case files will need to be scanned into ImageNow and indexed into an electronic case file. The State will be providing these services.

The PMDT provides disability determination services and retains the records to support the determinations on ImageNow. These include intake forms, notes from client interviews, and medical records. The PMDT also uses the workflow features in ImageNow. The PARTS system is the primary system used by the PMDT.

SRS and other partner agencies may currently have or may purchase their own imaging system / services. Thus, the K-MED System will need to be able to integrate images created from other document imaging systems (e.g., File Net, Documentum) so that these images can be viewed and used to determine medical eligibility.

It is a future goal of KHPA to receive the majority of applications through the Online Intake Application, but consumers will always have the option to use a paper application. Therefore, KHPA will continue to have the need to image any paper applications and all other supplemental documents in the future.

High-level requirements for document imaging are outlined below:

- The K-MED System shall work seamlessly with KHPA's imaging system. KHPA is currently using ImageNow provided by Perceptive Software, Inc. The proposal shall describe how the proposed solution will seamlessly interact with the KHPA imaging system.
- The system will work seamlessly with other State imaging systems (e.g., Documentum and File Net). The proposal shall describe how the proposed solution will integrate with other State imaging systems.

The Proposer shall respond to the detailed requirements related to document imaging referenced in RFP Appendix 1 under the General Functional Requirements Workbook in the Imaging Worksheet. Technical specification documents related to ImageNow are referenced in RFP Appendix 15.

3.4.11.2.12 Knowledge Transfer Services

The Proposer shall describe its knowledge transfer strategy throughout the project to ensure that KHPA employees are prepared to use the system at go-live. The response shall describe the specific procedures that the Proposer will undertake to mentor State staff and ensure adequate State experience and knowledge of the system by the time of transition.

It is important to KHPA that, as a part of the Knowledge Transfer Plan, an effective *mentoring* program is developed for key State staff. KHPA is interested in innovative ideas from Proposers concerning how the mentoring vision can be practically fulfilled. Listed below are some aspects of the mentoring program that KHPA envisions. Proposers shall expand on the concepts articulated here to propose mentoring activities that are actionable and can be practically accomplished "on the go" in the K-MED Project environment.

1. A model business support organization for the new system with key roles identified.
2. Knowledge, skills, abilities, and competencies identified for each key role.
3. Specific Personal Learning Plans (PLPs) for each key KHPA staff member assigned to a key role delineating learning goals and timeframes.
4. Assigned mentors from the Contractor's staff to teach or demonstrate items from the PLPs.
5. Documented confirmation / verification that PLP items have been learned by key KHPA staff.

The Knowledge Transfer Plan is a key deliverable for the State. The State desires a comprehensive knowledge transfer approach that includes individual Personal Learning Plans for key KHPA staff on the K-MED Project Team. It is the intention of the K-MED Project Director to require formal sign-off from key KHPA staff members that appropriate knowledge transfer has occurred. This sign-off will be required for final system acceptance.

3.4.11.2.13 Enterprise Readiness Assessment

The current service delivery model used to support the medical assistance programs is quite complex, involving a number of different state agencies and contractors. Various business processes (see RFP Appendix 2) have been developed to support this model. KHPA hopes to greatly improve the overall business process, and service delivery, with the implementation of the K-MED System.

The Contractor must evaluate and provide an Enterprise Readiness Assessment by gathering information from KHPA, other state agencies, and contractors involved in the eligibility determination process. The Contractor will prepare a report that rates various aspects of enterprise readiness and provides suggestions for improving KHPA's overall business processes. The report shall include a cost benefit analysis by using the Enterprise Readiness Assessment to identify key areas for improvement and how

the K-MED System will be integrated into the solution. The Contractor shall provide inexpensive, less disruptive options in addition to larger changes as part of the report.

The Enterprise Readiness Assessment Report shall, at a minimum, address the following items:

- Communications;
- Culture Change Management;
- Skills Needs and Gap Assessment;
- Creating and Mentoring Change Agents;
- Leadership Alignment and Executive Sponsorship;
- Role Mapping;
- Organizational Readiness;
- Production Transition; and
- Establishment of a K-MED helpdesk.

KHPA will work with the Contractor to identify those changes that will be implemented as part of the K-MED System. The Contractor will work with KHPA to form the Enterprise Readiness (ER) team. The team has the primary responsibility for leading and coordinating cultural change management for all parties involved in the medical assistance determination process. Communication with parties outside of KHPA is essential, and the ER team shall establish communication protocols with state agency representatives about the changes that will take place with the new system and provide assistance in implementing these changes within their infrastructure. Additionally, the ER team will work with the training team to ensure all staff members are fully educated and fully prepared.

The proposal shall address how the assessment and implementation of approved changes will be managed. It shall also outline any experience the Proposer may have in completing Enterprise Readiness Assessments for other organizations, and the results that were achieved.

3.4.11.2.14 User Support Services

The Contractor shall provide technical support services for all users, including system log-on, navigation, and functionality. As K-MED will be used by a wide range of individuals with different roles and skill levels, various types of technical support services must be offered to meet the support needs of all users. KHPA expects users to have access to a range of user support resources and options to use to quickly resolve a problem or question. User support services are role-based where appropriate. User support services provided for the public shall accommodate non-English speakers and diverse populations. The Contractor shall provide user support through all Implementation Phases, including the Pilot Phase. The Contractor is not expected to provide policy or program support, but KHPA will provide approved scripts to respond to general program questions received by the public. The Contractor must provide the mix of electronic and human service functions to meet the User Support requirements. Each proposal must include a description of the number and types of staff as well as any automated or electronic services that will be used.

The Contractor shall provide access to the technical / help desk support 24 hours per day, seven days a week. Access to personnel (telephone, email, etc.) must be provided a minimum of Monday through Friday, 7 am to 7 pm, and Saturday and Sunday, 8 am to 5 pm, except State holidays. The Vendor shall provide details regarding coverage for after hours support, such as an automated paging system, built-in email notification, or other alternatives for emergencies.

At a minimum, the Contractor shall provide a toll-free telephone service, a toll-free facsimile line, online services, email services, and User Manual / Guides which are easily accessible from the system. An Automated Voice Response System (AVRS) or Automated Attendant (AA) shall be provided with system selections based on criteria approved by KHPA. The AVRS / AA must allow a caller to access a call center representative during times when staff members are required to be available. The AVRS / AA can

also be used to route calls to the appropriate location during business hours. The proposal may also include an Interactive Voice Response System (IVRS). If the Proposer elects to include an IVRS, the proposal must clearly state how the IVRS will be used in the User Support solution. The Proposer must clearly outline the mix of electronic and human service functions included in the proposal.

The help desk / technical support personnel shall be knowledgeable and technically trained to answer / resolve K-MED System technical support problems. The help desk staff shall be able to answer "how to" type questions about the K-MED System, as well as questions about hardware and Internet setting configurations, and assist with password or log-on issues, including password reset methods. Include levels of human involvement necessary for each procedure.

3.4.11.2.14.1 Contact and Response Times

Users must have questions and issues dealt with in a prompt, courteous, and secure manner. Telephone calls and emails must be picked up and answered quickly and securely.

1. For telephone contacts – the telephone must be answered within two rings by a human or electronic device. For calls picked up by the AVRS / AA, customer service staff shall assist the caller within one minute. If unable to connect the caller to an actual help desk / technical support person that can assist them with their problem(s) within one minute, the caller is given the option of remaining on hold or leaving a telephone message for a return call. All holds should be answered within three minutes. Answering the telephone and immediately assigning a Problem Report number to the call shall not meet the technical response time requirements.
2. For email contacts, the Contractor's technical support staff shall respond within 15 minutes. If a final response is not available within 15 minutes, a note to the user shall be sent with the expected response time for a resolution. For emails received within 15 minutes of close of business, a response in the first 15 minutes the next business day is acceptable.
3. If investigation and research is required by Contractor's staff and the problem cannot be resolved immediately, then the help desk / technical support staff shall call / email the user within three hours to report progress on the problem's resolution. Contact with KHPA may also be needed, depending on the issue. When necessary, the Contractor shall keep KHPA informed of progress on the resolution as frequently as requested by KHPA. Final resolution regarding individual access is expected within one hour. Other issues must be resolved within 48 hours.
4. The Contractor must provide a voice mail box that allows messages during non-business hours and business hours when the caller chooses to leave a message. The Contractor must supply appropriate staff to retrieve and respond to voice mail messages within one hour of the call for messages left during business hours or within the first two hours of the following business day for messages left during non business hours or during the last business hour of a day. Issues must be resolved according to schedules listed above for telephone calls. Call return times are to be noted on the User Support Log. When returning a call, if the help desk staff are unable to reach the caller by telephone, at least two additional attempts within the next eight business hours are made. The help desk / technical staff shall leave a voice message for the caller following the third attempt, and each message must indicate the Contractor's staff person's name, time called, and instructions to obtain further assistance or that the issue has been resolved.

3.4.11.2.14.2 Grievances

The Contractor shall document and investigate and resolve all grievances in a courteous and prompt manner. Grievances may include:

1. Untimely resolution of issues;
2. Unclear or inaccurate information given by staff;

3. Lack of action on a problem; and
4. Business relationship issues, such as attitude or lack of respect.

All grievances are reported on the User Support Log.

3.4.11.2.14.3 Electronic Support System / User Support Log

The Contractor shall provide an electronic support system for tracking and data collection in the User Support area. The system shall track all problem reports and keep a detailed log of all maintenance / technical support calls and inquiries made to help desk / technical support personnel. This will serve as a record for technical issues as well as for grievances or complaints which need resolved or reviewed. The User Support Log shall be accessible to KHPA each month, or upon request of KHPA. The log must include information on calls, emails, and voice mails. It must indicate which type was received and how / when the issues were handled. The Contractor must provide summary reports of User Support activity monthly.

3.4.11.2.14.4 Prioritization of Calls

KHPA expects the Contractor to prioritize issues coming into the Help Desk. Some issues must be resolved immediately. The department reserves the right to determine and assign levels of severity for the issue / support problems. The severity of the issue / support problem shall determine the problem resolution response time in any calendar month of the contract as follows:

1. Severity Level 1 shall be defined as urgent situations, when K-MED is down and is not accessible for users or there is a security issue. The Contractor's technical support staff shall accept the call for assistance at the time the end-user places the initial call; however, if such staff is not immediately available, the Contractor shall return the call within 15 minutes. The Contractor shall resolve Severity Level 1 problems as quickly as possible, which shall not exceed four hours, unless otherwise authorized in writing by the department. In said situations, the Contractor shall notify all end-users that the system is down and how they can access K-MED information until the system is functional again. Once the system has been fully restored, the Contractor shall send out an electronic notification to all users.
2. Severity Level 2 shall be defined as critical system component(s) that have significant outages and / or failure precluding its successful operation, or possibly endangering the K-MED technical environment. The system may operate but is severely restricted. The Contractor's technical support staff shall accept the end-user's call for assistance at the time the end-user places the initial call; however, if such staff is not immediately available, the contractor shall return the call within 30 minutes. The contractor shall resolve Severity Level 2 problems as quickly as possible, which shall not exceed 12 hours, unless otherwise authorized in writing by KHPA. In said situations, the Contractor shall notify all end-users of the K-MED restrictions. Once the system has been fully restored, the Contractor shall send out an electronic notification to all end-users.
3. Severity Level 3 shall be defined as a minor problem that exists with the system but the majority of functions are still usable and some circumvention may be required to provide service. The Contractor's technical support staff shall accept the end-user's call for assistance at the time the end-user places the initial call; however, if such staff is not immediately available, the contractor shall return the end-user's call within two hours. The contractor shall resolve Severity Level 3 problems as quickly as possible, which shall not exceed 48 hours, unless otherwise authorized by KHPA.

Individual Access issues (such as password resets and log on problems) shall be resolved within one hour of notification or request.

3.4.11.2.14.5 Problem Resolution Response Time

KHPA defines problem resolution response time as from initial contact to final resolution. Initial contact is defined as Contractor's qualified service technician has been contacted by the end-user and the system error / nonconformity severity level has been determined. Final resolution is defined as the time that the issue or problem has been fixed, tested, and verified by KHPA as being resolved.

3.4.11.2.14.6 User Support Requirements

Given the information provided above, in this section of the proposal the Proposer shall define and describe its User Support strategy and approach. The Proposer shall also respond to the detailed requirements related to User Support referenced in RFP Appendix 1 in the User Support Requirements Workbook.

3.4.11.2.15 Deployment (Roll-Out) Support Services

KHPA requires the assistance and expertise of the Contractor to put the proposed solution into production at all K-MED locations. The Proposer shall describe its approach, and the services and level of staffing needed to ensure a successful deployment of the K-MED System.

KHPA also requires a detailed Deployment / Roll-Out Plan deliverable. Listed below are some aspects of the deployment / roll-out process that KHPA envisions. Proposers shall expand on the concepts articulated here and propose any other deployment / roll-out activities that are applicable.

1. Comprehensive pre-testing of key deployment procedures.
2. Pre-staging of all components to the extent possible.
3. A detailed deployment and conversion schedule, with the cut-over components planned at the hour or minute level, orchestrating all tasks, both manual and automated, that need to occur during the deployment period. This shall include every aspect necessary to ensure a smooth and successful cut-over.
4. Detailed checklists for individuals engaged in executing deployment and cut-over tasks.
5. Comprehensive data integrity checkpoints to confirm that all data has been successfully converted.
6. Multiple back-ups at various recovery points so that a minor error discovered during deployment does not mean a complete start over from step one.
7. A special reporting structure or protocol for problems and bugs to ensure that trouble shooting and defect correction can proceed without major interruption.
8. An onsite "all hands on deck" support structure.
9. System performance monitoring during cut-over.
10. Key GO / NO GO decision points, with a comprehensive "roll back" plan in the case of a serious error that cannot be corrected "on the fly" during the deployment process. The existing systems would then be re-installed and the implementation of the new K-MED System would be delayed until the error is corrected.
11. Retirement planning and schedule for relevant existing processes and systems or components of systems.

3.4.11.2.16 Post-Implementation Support Services

The Proposer shall describe its approach, the services, and level of staffing needed to ensure a successful Post-Implementation Support period. The Proposer shall also describe the nature and structure of the proposed Post-Implementation Support Services, including:

1. Post-Implementation Support activities by on-site Contractor staff;
2. Telephone support available from Contractor subject matter experts;
3. Problem reporting and resolution procedures; and
4. Other support offered (e.g., remote dial-in, web site access to patches or fixes, and knowledge base).

KHPA requires a minimum of six months of post-implementation support services by on-site Contractor staff. The composition of the Post-Implementation Support Team shall be approved by KHPA prior to the team's deployment.

3.4.11.2.17 Quality Assurance (QA) Services

In this section, the Proposer shall describe its standard Quality Assurance methodology, as well as provide an explanation as to how the Proposer ensures that its project personnel (including subcontractors) have been trained on the methodology, and that the methodology is in fact used and followed. The methodology description shall provide a detailed explanation of the quality assurance activities, tools, and templates, how the Proposer manages these activities and leverages the tools and templates, and how KHPA and its personnel are integrated into the Proposer's QA processes.

The State is particularly interested in a Quality Assurance process and methodology which is future oriented, identifying and mitigating project risks well before they become significant issues requiring executive management intervention.

The Contractor will provide a Quality Assurance Plan which will identify how the performance expectations referred to in RFP Section 3.4.13 will be monitored and achieved.

Also, Proposers are advised that the QA processes expected for the Implementation Phases of the project differ somewhat from those expected for Ongoing Operations. The QA processes for the Implementation Phases are project execution and software development oriented. The QA processes for Ongoing Operations are program business oriented. KHPA believes that two separate deliverables may be required.

3.4.12 TECHNICAL PROPOSAL TAB 8 – ONGOING OPERATIONS

A discussion of Ongoing Operations and turnover follows.

3.4.12.1 Ongoing Operations

In this section of the proposal, the Proposer shall provide a description of its vision, strategy, and approach for conducting ongoing operations after the end of the post-implementation support period. This description shall include detailed information about the level of staffing, the various staffing roles, and the cyclical and non-cyclical activities that shall be conducted by the Contractor on behalf of KHPA in the Contractor's Ongoing Operations support role. The description shall be comprehensive in nature, as it is the basis for both the KHPA evaluation of the Proposer's bid, and the pricing of the Ongoing Operations portion of the Cost Proposal. Proposers shall bear in mind that the bid in this area is both comprehensive and fixed price in nature. Therefore, if any necessary service or other item or piece of equipment is left out of the proposal, and this service, item, or piece of equipment is later deemed by KHPA to be necessary and essential to the performance of ongoing operations support, then the Contractor will be responsible for providing that service, item, or piece of equipment at no additional charge to KHPA.

KHPA envisions a proposal involving a defined "base level of support." This base level of support would define the level of service from the Contractor that is within the quoted price. The base level of support would most likely be articulated in terms of a certain level of staffing and a certain level of effort expressed in hours that would be for maintenance, modifications, and enhancements of the delivered K-MED System. If KHPA asks for any modifications or enhancements that are beyond the definition of the base level of support, then a Contract Change Order would be necessary to provide said modification or enhancement. Any modifications or enhancements resulting in additional costs would require a contract amendment. Of course, any modification resulting from a defect not in accordance with the K-MED specifications or requirements will be considered a warranty item (see RFP Section 4.50 – Warranty), and its cure would not count against the base level of support.

When describing the vision, strategy, and approach for conducting ongoing operations, the Proposer may make liberal use of references to other sections of the RFP, rather than duplicating lengthy explanations already provided elsewhere. Proposers are to ensure that such references are relevant and clear.

Proposers should also take heed that there are two periods of Ongoing Operations support to consider – one after the end of the post-implementation support period for Implementation Phase 1, and one after the end of the post-implementation support period for Implementation Phase 2.

The Proposer shall also list and describe each proposed Ongoing Operations Phase deliverable. For those deliverables already described in RFP Appendix 6, the Proposer may use the deliverable descriptions from RFP Appendix 6 as stated, if desired. If the Proposer changes anything in the deliverable descriptions from RFP Appendix 6, then the Proposer shall explicitly point out the proposed change. KHPA is very interested in Proposer creative and inventive suggestions and ideas concerning the right set of deliverables for the K-MED Project and in getting the right content in that set of deliverables.

3.4.12.2 Turnover

With the relatively short contract term, K–MED turnover processes are critical to the initial procurement process. Each Proposer shall address procedures related to turnover at contract end. Each proposal shall address any experience the Proposer has with the turnover of a major system to another Contractor or to the client. The K-MED Contractor is expected to be a full partner in the turnover process and has a responsibility to ensure that K-MED continues to operate smoothly during and after the turnover process. As part of this procurement, the K-MED Contractor shall have at least one staff member available to KHPA for at least six months following the official turnover date to address concerns by KHPA. The initial K-MED Contractor is expected to provide access to other knowledgeable individuals within the Contractor's organization to assist with issue resolution in the event the contact person cannot provide an adequate response.

Additional requirements regarding the Turnover Plan Deliverable are found in RFP Appendix 6.

3.4.13 TECHNICAL PROPOSAL TAB 9 – PERFORMANCE EXPECTATIONS

KHPA has established performance standards to ensure that the Contractor is providing quality products and services. The Contractor shall meet all performance standards defined in RFP Appendix 12 – Performance Expectations. Based upon the solution provided, and subject to contract negotiations, KHPA may require the Contractor to meet performance standards in addition to those listed. In accordance with RFP Section 3.4.11.2.17, the Contractor will provide a Quality Assurance Plan which will identify how the performance expectations will be monitored and achieved.

Each Proposer shall explain how their proposed solution will meet the required performance expectations. Historical information from previous engagements is encouraged.

3.4.14 TECHNICAL PROPOSAL TAB 10 – REFERENCES

The bidder shall provide three references from customer(s) that have purchased similar items from the bidder within the last three years. Although the three references provided could be from one qualifying customer, ***references from multiple customers are preferred***.

As a part of its evaluation, KHPA will evaluate reference check questionnaires that have been completed by the customers of the bidder. **The bidder is solely responsible for obtaining and submitting these reference check questionnaires as a part of its Technical Proposal.**

Since this process can be labor and time intensive, and since KHPA will not accept late reference check questionnaires, the bidder is encouraged to begin the process of collecting these completed questionnaires as soon as possible after receiving the RFP.

All references shall be submitted using the Kansas Medical Eligibility Determination (K-MED) System Reference Questionnaire form, provided in RFP Section 5. **THE BIDDER MUST USE THIS FORM, OR AN EXACT DUPLICATE THEREOF**. All requested information on the form shall be completed. If any requested information is not applicable for the reference, this should be indicated with the notation "N/A."

The bidder will be solely responsible for obtaining the fully completed reference check questionnaires, and for including them within the original copy of the bidder's sealed Technical Proposal. To obtain and submit the completed reference check questionnaire, the bidder shall follow the process detailed below exactly:

1. Bidder makes an exact duplicate (paper or Word electronic document) of the State's form, as it appears in **RFP Section 5**.
2. Bidder fills in the Bidder Name and the Reference Name blanks on the forms.
3. Bidder sends the copy of the form to the reference it has chosen, along with a new, standard #10 envelope that is capable of being sealed.
4. Bidder directs the person providing the reference check feedback to complete the form in its entirety, sign and date it, and seal it within the provided envelope. The person may prepare a manual document or complete the exact duplicate Word document and print the completed copy for submission. **After sealing the envelope, the person providing the reference must sign his or her name in ink across the sealed portion of the envelope and return it directly to the bidder.** The bidder will give the reference check provider a deadline, such that the bidder will be able to collect all references in time to include them within its sealed Technical Proposal.
5. **When the bidder receives the sealed envelopes from the reference check providers, the bidder will not open them.** Instead, the bidder will enclose all the unopened reference check envelopes, in an easily identifiable larger envelope, and will include this envelope as a part of the original copy of its Technical Proposal. Therefore, when KHPA reviews the marked original copy of the Technical Proposal, KHPA will find a clearly labeled envelope enclosed or attached, which contains all of the sealed reference check envelopes.
6. KHPA will base its reference check evaluation on the contents of these envelopes. **KHPA WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE**.
7. KHPA reserves the right to clarify information presented in the reference check questionnaires, and may consider clarification responses in the evaluation of reference checks. However, KHPA is under no obligation to clarify any reference check information.

Each completed questionnaire must include:

- The bidder's name;
- The reference's organization name;
- The name of the person responding;

- The signature of the person responding;
- The title of the person responding;
- The telephone number and email contact of the person responding;
- The date the reference form was completed; and
- Responses to the items in the questionnaire.

3.4.15 TECHNICAL PROPOSAL TAB 11 – STAFFING AND FACILITIES

This section discusses the organization, staffing, and facilities aspects of the Proposer's response.

3.4.15.1 Organizational Structure

In this section, the proposal shall clearly describe the vendor's overall organizational structure and how the K-MED Project will fit into the existing organization of the company. The proposal shall also address how the vendor will utilize its existing staff throughout the term of the contract.

Each proposal shall also include:

1. A functional organization chart of the K-MED operation, showing main departments and number of staff members with their titles in these departments. The chart should also provide total staffing and Full Time Equivalent (FTE) figures. If the Proposer's organizational structure should change for the different implementation phases, then please show the different organizations for each phase. For example, the Proposer may consider providing an organizational structure for the development and implementation portion of the project, and another organization structure for the ongoing operations portion of the project.
2. Position Descriptions for positions assigned to this project and the percentage of time these individuals will be dedicated to this contract.
3. A description of how the vendor's staff will work with KHPA staff, both during the development and implementation phases, as well as during the ongoing operations activity.

3.4.15.2 Staffing

The Contractor must provide staff to perform all tasks specified in this RFP. The Contractor is responsible for maintaining a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties as contained herein, regardless of the level of staffing included in the contactor's proposal. In the event that the Contractor does not maintain a level of staffing sufficient to fully perform the functions, requirements, roles, and duties, KHPA may impose liquidated damages (see RFP Appendix 13). Following is a list of items to be addressed in this section of the proposal:

1. The Proposer shall describe its staffing plan for the K-MED Project. The proposal shall outline how the staffing plan will achieve consistent, dependable service regardless of changes that may directly influence work volume.
2. The Contractor must report staff departures to KHPA security staff no later than five business days prior to the last date the employee is employed, to the extent possible.
3. The Proposer shall provide a general description of its proposed staff with number of years of experience in the IT field and number of years of experience in developing medical eligibility determination systems.
4. The Contractor must report staff role changes to KHPA in advance of the change.
5. The Contractor must notify KHPA at least 30 calendar days in advance of any plans to change, hire, or re-assign designated Key Personnel.

6. The Contractor shall ensure that knowledge is transferred from an employee leaving a position to a new employee to the extent possible.
7. The Contractor must fill key positions within 60 calendar days of departure, unless a different timeframe is approved by KHPA. The replacement must be a qualified individual approved by KHPA.
8. The Contractor shall identify a minimum staffing level defined over time and maintain that defined minimum staffing level at all times during designated business hours.
9. Each proposal must describe its back up personnel plan, including a discussion of the staffing contingency plan for:
    a. The process for replacement of personnel in the event of the loss of key personnel or other personnel before or after signing a contract.
    b. Allocation of additional resources to this contract in the event of inability to meet a performance standard.
    c. Replacement of staff with key qualifications and experience and new staff with similar qualifications and experience.
    d. The timeframes necessary for obtaining replacements.
    e. Method of bringing replacements or additions up-to-date regarding the K-MED Project.

3.4.15.3 Key Personnel

This section identifies designated Key Personnel and certain other staff where specific requirements for the position must be met. Individuals filling designated Key Personnel positions must be approved by KHPA. Designated Key Personnel and their general responsibilities are listed below. All designated Key Personnel must be dedicated to the K-MED Project full time, unless otherwise noted, and may not serve in another position, unless noted. Generally, it is preferred by KHPA that all staff assigned to the K-MED Project serve full time, unless otherwise noted.

1. Project Manager – Primary point of contact with KHPA's Project Manager for activities related to contract administration, project management, scheduling, correspondence with KHPA, and deliverable reviews through the completion of implementation. The Project Manager must have a Bachelor's Degree, a current PMP certification, and at least three years experience in project management.
2. Account Director – Assumes the duties of the Project Manager following implementation. Responsible for ensuring the overall operation of the K-MED system. The Account Director must have a Bachelor's Degree and at least five years experience in management.
3. Deputy Account Director – Serves as the backup for the Account Director in his or her absence. May also serve in another position. Must have a Bachelor's Degree and at least three years experience in IT Management.
4. System Manager – Primary point of contact with State staff regarding system implementation, maintenance and modification activities. The System Manager must have a Bachelor's Degree and at least two years experience in IT Management.
5. System Architect – Responsible for the design, maintenance, procedures, and architecture related to data, program applications, and systems documentation. The System Architect must have a Bachelor's Degree in a relevant field and at least two years experience managing system architecture at the enterprise level. Must have experience in SOA-based system development of systems of similar size and complexity as K-MED. Position may be part time, dedicated to K-MED, or may serve in another position.
6. User Support Manager – Responsible for User Support / Help Desk operation. Must have a Bachelor's Degree and at least five years experience in an IT Support capacity.

7. Training Manager – Responsible for coordinating all training. Serves as the primary point of contact for the KHPA training Manager(s). Must have a Bachelor's degree and at least five years training experience.
8. Database Administrator – Responsible for design and maintenance of K-MED's database(s). Must have a Bachelor's degree and at least five years relevant database experience.
9. Testing Manager – Responsible for overseeing all phases of K-MED testing. Must have a Bachelor's degree and at least five years testing management experience.
10. Privacy/Compliance Manager – Primary point of contact with KHPA staff for all privacy compliance issues, including HIPAA. The Privacy Manager must have a Bachelor's degree and knowledge of privacy-related compliance and five years relevant experience.

Resumes shall be provided for each designated Key Personnel position and for each Team Lead position shown on the Proposer's project organization chart. Describe each Team Lead's proposed role on the K-MED Project. Resumes are necessary only for those positions that will be onsite at project inception. Those that arrive later will provide their resumes at that time. Resumes shall include the following information:

1. Proposed role on project;
2. Education and training;
3. Recent relevant experience (including start and end dates);
4. Size and scope of projects supported; and
5. Reference contact information, including e-mail address and telephone number.

Proposed designated Key Staff and Team Leads should be available to staff the K-MED Project, unless prevented from doing so by circumstances beyond the Proposer's control.

In addition, the Proposer shall describe its process for staffing project positions. That is, under what circumstances are sub-contractors used? How are skill requirements communicated within the firm? What tools or processes are used to specify required competencies and to screen available staff to fill project roles? Proposer shall warrant that all proposed staff members are fully trained and conversant with the applicable Proposer methodologies.

If any staff member from the Proposer's team requires special accommodations for a disability or work limitation, please note such in this section.

3.4.15.4 Other Personnel

The proposal shall also include a description of the numbers and types of other staff, including:

- Senior Systems Analysts;
- System Engineers;
- Senor Programmer / Analysts;
- Programmer / Analysts;
- Business Analysts
- Reporting Specialists;
- Documentation Specialists;
- User Support Specialists;
- Trainers, including Instructional Designers;

- Clerical; and
- Other Staff.

3.4.15.5 Facilities Location and Space Requirements

The Contractor shall maintain a facility within five miles of the city limits of Topeka, Kansas. This facility shall meet the requirements of the Americans with Disabilities Act and appropriate fire code. The Contractor shall limit access to its facilities to appropriate and authorized personnel only, and provide the State with a copy of its security plan. Security from threats and hazards must meet security guidelines specified in 45 C.F.R. 95.621(f).

The facility will serve as the base location for the User Support and Training functions and staff working in these areas shall be located at this facility. In addition, the Account Director and full-time designated Key Staff must be based at this facility. The Contractor may perform some development functions outside of Topeka but within the continental United States, and K-MED data must never leave the continental United States. The Contractor's project team is generally expected to perform 100% of its work on-site in Topeka except as otherwise proposed, agreed to, and approved by KHPA project leadership. The proposal must clearly explain which positions and functions will be located in the Topeka facility and which are located outside the Topeka facility. If off-site (away from Topeka) services are proposed, then the proposed approach shall include all off-site coordination activities necessary to manage and coordinate all off-site activity. KHPA does not expect to manage Contractor personnel, whether located on-site or off-site.

The Contractor must limit access to any off-site facilities included in the operation, including storage facilities, and must provide KHPA with a copy of its security planned procedures for all off-site facilities. KHPA reserves the right to perform physical security checks at KHPA's discretion.

At the Topeka facility, the Contractor must provide one dedicated KHPA conference room, which the Contractor may use when not in use by KHPA. The room must be private and enclosed, with tables and ergonomically adjustable seating for a minimum of 15 people, and include whiteboard(s) and a conference telephone. Additionally, at least two fully functional K-MED workstations must also be available for KHPA use. The facility shall have sufficient parking for at least 30 visiting KHPA staff. Five "close in" parking spaces are to be designated for KHPA staff only.

The facility must also include a training lab, complete with a minimum of 20 equipped student workstations and one instructor workstation. Each workstation located in the training room as well as the additional two noted above will be equipped with a PC, keyboard, and mouse that meets minimum ergonomic requirements and be fully functional to both right and left hand users. The following also apply:

1. Monitor size must be a minimum of 22 inches flat screen.
2. PCs must be replaced periodically. A maximum three-year replacement cycle is required.
3. Contractor will be responsible for coordinating with DISC and KHPA IT to configure LAN and intranet connectivity. Contractor will provide one multifunction printer, copier, scanner, FAX for use in the training lab.
4. The latest version of the following software (or equivalent products as required by KHPA) shall be included with each PC. Currently, KHPA uses:
    a. Operating system: Windows XP Professional V2002 Service Pack 3; and
    b. Microsoft Office 2007 Professional Plus.

5. Maintenance and Support:
    a. The Contractor shall be responsible for all PC maintenance and hardware upgrades identified by KHPA IT throughout the life of the contract at no additional cost to KHPA.
    b. The Contractor shall upgrade any software, including but not limited to those listed, in order to maintain compatibility with KHPA current versions of application software.
        i. These will be required within one year of version release by the software vendor, if requested by KHPA. Generally, the Contractor will be required to align their upgrade schedule to that of KHPA.
        ii. All upgrades must be completed within 14 calendar days following notification by KHPA dependent on availability of software or hardware.
6. Each proposal must include the technical description of the proposed hardware. The Contractor shall provide system build specs (processor, memory, graphics, hard drive sizing, etc.) prior to purchasing all hardware and PCs for the training lab. The Contractor must understand that the specifications listed above represent current KHPA requirements and may be modified as needs change. The Contractor is expected to comply with any changes in KHPA hardware and software standards. The proposal shall include a description of maintenance functions that will be provided.
7. Conflicting Standards:

    RFP Section 3.4.11.2.3.3 asks the Proposer to provide minimum required desktop specifications for its proposed K-MED software, and therefore a possibility of conflicting standards exists. Such conflicts shall be resolved by State and Contractor technical staff prior to any purchase.

3.4.16 TECHNICAL PROPOSAL TAB 12 – PROPOSER ASSUMPTIONS

The Proposer shall document any Proposer assumptions associated with the Technical Proposal.

3.4.17 TECHNICAL PROPOSAL TAB 13 – LESSONS LEARNED

The Proposer shall provide a discussion of the significant lessons learned from experience at previous eligibility projects of similar size and scope, and how the Proposer will apply those lessons to the K-MED Project.

3.4.18 TECHNICAL PROPOSAL TAB 14 – ALTERNATIVE APPROACHES

KHPA is very interested in innovative and alternative solutions that vendors may wish to offer. Although a cost-effective solution for K-MED is a necessity, KHPA wants to see the “prime” solutions Proposers have to offer as well. Proposers are encouraged to propose options or other solutions that offer increased functionality to the system but may not have been proposed due to cost. On the other hand, KHPA also encourages vendors to point out requirements and functionality which may drive up the overall cost of the bid. Proposers shall propose cost-effective alternatives where these issues exist. KHPA may request a Revised Offer or separate cost sheets for alternative approaches offered by the Proposer.

3.4.19 TECHNICAL PROPOSAL APPENDIX 1 – REQUIREMENTS RESPONSES

The Proposer shall complete the requirements worksheets referenced in RFP Appendix 1 in accordance with RFP Appendix 1 instructions and include them here.

For each requirements worksheet, Proposers shall also include any descriptive narrative necessary to fully explain their proposal if not fully covered in requirements worksheet Explanations or Response References to other parts of the proposal.

3.4.20 TECHNICAL PROPOSAL APPENDIX 2 – EXCEPTIONS

By submission of a response, the Proposer acknowledges and accepts all terms and conditions of the RFP unless clearly avowed and wholly documented in this section.

The Proposer shall review the Contract Terms and Conditions found in RFP Section 4 and may provide a detailed explanation of any proposed exceptions here.

The Proposer shall copy the entire RFP Section 4, “Contract Terms and Conditions,” into this TECHNICAL PROPOSAL APPENDIX 2.

1. Proposers shall indicate Acceptance of a stated term or condition with initials in the “Yes” space provided for each term or condition. The initials shall be the initials of the individual who signed the Signature Sheet and the Technical Proposal Transmittal Letter.
2. When applicable, Proposers shall indicate lack of Acceptance of a stated term or condition with initials in the “No” space provided for each term or condition. The initials shall be the initials of the individual who signed the Signature Sheet and the Technical Proposal Transmittal Letter.
3. For any term or condition with initials in the “No” space, the Proposer shall provide a detailed explanation of the exception. The Proposer must submit any exceptions with exact alternatives its firm wishes to negotiate. Contract negotiations will occur in accordance with the K-MED Procurement Schedule (see RFP Section 1.5.2).
4. Proposer may submit additional terms or conditions that it desires the State to consider. These must be clearly identified in a separate section of this TECHNICAL PROPOSAL APPENDIX 2.

In no event shall a Proposer submit its own standard contract terms and conditions as a response to this RFP.

As part of contract negotiations, a comprehensive statement of work based on the proposal will be developed and included in the final contract between the State and the Contractor.

If appropriate, a separate Contract may be negotiated with the Software Provider.

3.5 COST PROPOSAL OVERVIEW

The format and sections of the Cost Proposal shall conform to the tabbed structure outlined below. All tabs shall be labeled appropriately. Adherence to this format is necessary in order to permit effective evaluation of proposals.

The Cost Proposal shall be in the following format:

Title Page

TAB A – Table of Contents

TAB B – Executive Summary

TAB C – Administrative Requirements

TAB 1 – Schedule 1 – Summary Presentation

TAB 2 – Schedule 2 – Total Costs Summary

TAB 3 – Schedule 3 – Deliverables Payment

TAB 4 – Schedule 4 – Staffing Plan by Implementation Services Activity

TAB 5 – Schedule 5 – Staffing Plan by Position

TAB 6 – Schedule 6 – Enhancements and Modifications

TAB 7 – Schedule 7 – Other Implementation Costs

TAB 8 – Schedule 8 – Ongoing Operations Costs

TAB 9 – Schedule 9 – Labor Rates

TAB 10 – Optional Costs

TAB 11 – Hardware and Software Costs

TAB 12 – Proposer Cost Assumptions

3.6 COST PROPOSAL CONTENT

Cost information is to be provided in accordance with the templates referenced in RFP Appendix 7 - Cost Proposal Schedules. The following explains the content that is required in each of the sections of the Cost Proposal.

Proposers are cautioned that most of the Cost Schedules are driven off of Cost Schedule 5. Starting the cost process with Cost Schedule 5 is advisable. Also, be aware that many of the cells in the cost worksheets have formulas or references to other worksheets. Exercise care when modifying or changing these cells.

3.6.1 COST PROPOSAL TITLE PAGE

The title page shall be placed as the front cover and / or insert and includes:

1. The Bid Event ID Number (EVT0000186).
2. The title of the RFP (Kansas Medical Eligibility Determination (K-MED) Software with Associated Integration Services and Ongoing Operational Support).
3. The RFP Closing Date (Proposal Submission Deadline from the K-MED Procurement Schedule in RFP Section 1.5.2).

4. The Proposer's name.
5. The inscription, "Cost Proposal."
6. A separate and distinct control number for each of the copies placed in the bottom right corner. The control number naming convention is <Proposer Name>-<two digit sequential number> (e.g., "Acme-09"). Please ensure that the signed paper original is designated with control number "01."

3.6.2 COST PROPOSAL TAB A – TABLE OF CONTENTS

The Cost Proposal shall be submitted with a table of contents that clearly identifies and denotes the location of each section and sub-section of the Cost Proposal, with hyperlinks to the sections from the table of contents. Each page of the response shall be clearly and uniquely numbered. Additionally, the table of contents shall clearly identify and denote the location of all enclosures and attachments to the proposal.

3.6.3 COST PROPOSAL TAB B – EXECUTIVE SUMMARY

The Proposer shall provide an overview of the Cost Proposal which describes any pricing approaches, discounts, and reasons why the Proposer's combined technical and cost approach is the best value to KHPA.

3.6.4 COST PROPOSAL TAB C – ADMINISTRATIVE REQUIREMENTS

The Proposer must fill out the Signature Sheet form and submit it with the Cost Proposal in this section. The person who signs the Cost Proposal Signature Sheet must be the same person who signed the Technical Proposal Signature Sheet.

3.6.5 COST PROPOSAL TAB 1 – SCHEDULE 1 – SUMMARY PRESENTATION

This section shall include Schedule 1 – Summary Presentation from
RFP Appendix 7 - Cost Proposal Schedules.

This schedule summarizes key data, such as total costs by fiscal year, average hourly rates by fiscal year, hours by work activity by year, etc., from several of the other schedules and is intended to assist in evaluating the Cost Proposal.

1. Schedule 1 / Table 1 – This table automatically pulls data from Schedule 2. No entry is required.
2. Schedule 1 / Table 2 – This table automatically pulls data from Schedule 2. No entry is required.
3. Schedule 1 / Table 3 – This table automatically pulls data from Schedule 4. No entry is required.
4. Schedule 1 / Table 4 – This table automatically pulls data from Schedule 4. No entry is required.
5. Schedule 1 / Table 5 – This table automatically pulls data from Schedule 6. No entry is required.
6. Schedule 1 / Table 6 – This table automatically pulls data from Schedule 7. No entry is required.
7. Schedule 1 / Table 7 – Proposers shall enter the Total Optional Costs from Cost Proposal TAB 10.
8. Schedule 1 / Table 8 – Proposers shall enter the Total Hardware and Software Costs from Cost Proposal TAB 11.

3.6.6 COST PROPOSAL TAB 2 – SCHEDULE 2 – TOTAL COSTS SUMMARY

This section of the Proposer's response shall include Schedule 2 – Total Cost Summary from RFP Appendix 7 – Cost Proposal Schedules. This schedule is comprised of five sections:

1. Section 1 of Schedule 2, the ***Required Business and Technology Software Licenses*** section, shall include pricing for the six State fiscal years FY11, FY12, FY13, FY14, FY15, and FY16 for any fees related to the licensing of the proposed K-MED System software product.

    a. Provide the licensing cost for each individual application module and third-party tool included as part of the proposed software solution. Include those software components that are necessary to operate and maintain the proposed COTS software, State transfer system, or combination hybrid. The costs for each item are to be quoted separately unless bundled pricing is offered.

    b. Proposers shall enter the Required Business and Technology Software Licenses cost information into Section 1 of Schedule 2.

    c. The Contractor is responsible for obtaining and retaining appropriate licenses of any current KHPA-used products necessary to support the proposed software solution.

    d. The State will pay any required business and technology software license fees separately.

2. Section 2 of Schedule 2, the ***Ongoing Software Maintenance Support*** section, shall include pricing for the ongoing software annual maintenance fees.

    a. Any fees related to ongoing maintenance of any included software shall be provided, as well as any discounts offered. The initial basis for annual maintenance fees shall be based on the negotiated purchase price for the licensed products (not the "then list price" of software purchased).

    b. In no event shall annual maintenance fees for any proposed software products be increased during the period covered by this RFP and in any year thereafter by more than the lower of (a) three percent of the previous year's maintenance fees, or (b) the increase or decrease in the inflation factor based on the Midwest Urban Consumer Price Index (CPI) for all urban consumers, all items, not seasonally adjusted, for calendar year 2011, using the current series, 1982-84 base period.

    Maintenance fees for succeeding years shall be adjusted accordingly; i.e., the maintenance fees for the second year shall be the rate in effect during the first year of the maintenance fee as adjusted plus an inflation factor (not to exceed three percent) as described above, for calendar year 2012.

    Notwithstanding the foregoing, in no event shall the maintenance factor used to calculate the annual maintenance fee exceed the "then current" factor in effect used generally by the Software Provider or any Third Party Software Provider to calculate annual maintenance fees for similarly situated licensees in the United States.

    c. Proposers shall enter the Ongoing Software License and Maintenance Support cost information into Section 2 of the Schedule.

    d. The State will pay any ongoing software maintenance support fees separately.

3. Section 3 of Schedule 2, the ***Implementation Services*** section, shall provide pricing for the proposed solution for each specified implementation services activity. This section shall be consistent with Schedule 4 - Staffing Plan by Implementation Services Activity submitted in COST PROPOSAL TAB 4 (see RFP Section 3.6.8) and Schedule 5 – Staffing Plan by Position submitted in COST PROPOSAL TAB 5 (see RFP Section 3.6.9).

    No entry is required for this section. Section 3 of Schedule 2 automatically pulls data from Schedule 4 - Staffing Plan by Implementation Services Activity.

4. Section 4 of Schedule 2, the ***Other Implementation Costs*** section, shall provide pricing for Other Implementation Costs by fiscal year. This section shall be consistent with Schedule 7 - Other Implementation Costs submitted in COST PROPOSAL TAB 7 (see RFP Section 3.6.11).

   Proposers shall enter the fiscal year totals from Schedule 7 – Other Implementation Costs onto Schedule 2 and ensure that the Totals cells on Schedule 2 and Schedule 7 match.

5. Section 5 of Schedule 2, the ***Ongoing Operations*** section, shall provide pricing for Ongoing Operations by fiscal year. This section shall be consistent with Schedule 8 - Ongoing Operations Costs submitted in COST PROPOSAL TAB 8 (see RFP Section 3.6.12).

   No entry is required for this section. Section 5 of Schedule 2 automatically pulls data from Schedule 8 - Ongoing Operations Costs.

6. Section 6 of Schedule 2, the Total Ongoing Operations Calculation section, shall provide the total cost of Ongoing Operations. This section shall be consistent with the totals provided elsewhere on Schedule 2.

   No entry is required for this section. Section 6 of Schedule 2 automatically pulls data from elsewhere in Schedule 2.

3.6.7 COST PROPOSAL TAB 3 – SCHEDULE 3 – DELIVERABLES PAYMENT

This section shall include Schedule 3 – Deliverables Payment from RFP Appendix 7 – Cost Proposal Schedules.

Schedule 3 is based on the Proposer's implementation methodology that supports the Detailed Description of Services to be Provided (see RFP Section 3.4.11.2). The Total Payment Amount on Schedule 3 shall be consistent with the Total Implementation Services Cost on the proposed Section 3 - Implementation Services portion of Schedule 2 – Total Costs Summary submitted in COST PROPOSAL TAB 2, plus any Other Implementation Costs proposed in Schedule 7. Schedule 3 shall include a 20 percent retainage as specified in RFP Section 4.67 – Payment Retainage.

Proposers shall enter a Proposer-defined Deliverable Reference Number, list their payment related deliverables, specify an Estimated Due Date for each deliverable (from the Microsoft Project schedule), and provide the payment amount attributed to each deliverable in Schedule 3 – Deliverables Payment. The deliverables listed for Schedule 3 must match the payment deliverables presented in the Microsoft Project schedule.

Proposers are advised that Schedule 3 represents the proposed payment plan for the Analysis and System Development Activities of the K-MED Project. It is NOT the proposed payment plan for the Ongoing Operations Activity. The exact payment per deliverable will be determined during negotiations.

Additionally, the following Payment Deliverables are required:

1. A Payment Deliverable titled *Contingency Reports* (please see RFP Section A3.6 in RFP Appendix 3);
2. A Payment Deliverable titled *Contingency Interfaces* (please see RFP Section A4.5 in RFP Appendix 4);
3. A Payment Deliverable titled *Contingency Conversions* (please see RFP Section A5.5 in RFP Appendix 5); and
4. A Payment Deliverable titled *Contingency Workflows* (please see RFP Section 3.4.11.2.5.5).

3.6.8 COST PROPOSAL TAB 4 – SCHEDULE 4 – STAFFING PLAN BY IMPLEMENTATION SERVICES ACTIVITY

This section shall include Schedule 4 – Staffing Plan by Implementation Services Activity from RFP Appendix 7 – Cost Proposal Schedules.

No entry is required on this schedule. It pulls totals for each work activity by month and fiscal year from Schedule 5 – Staffing Plan by Position. It also calculates estimated FTEs by month and average hourly rates by fiscal year.

3.6.9 COST PROPOSAL TAB 5 – SCHEDULE 5 – STAFFING PLAN BY POSITION

This section shall include the Schedule 5 – Staffing Plan by Position from RFP Appendix 7 - Cost Proposal Schedules.

Working from a resource loaded and leveled Microsoft Project workplan, Proposers shall enter each position scheduled for each work activity, the hourly rate, and the number of hours scheduled by month.

Proposers shall use fully loaded hourly rates in Schedule 5. “Fully loaded” is further defined in RFP Section 3.6.13 (Cost Schedule 9 – Labor Rates).

Note that Schedule 5 has two sections for data conversion: one section to quote the conversion of an initial five years of history; and another section to quote the conversion of an additional five years of history. These sections are presented together on Schedule 5 for comparison purposes. Note that the totals at the bottom of the worksheet include only the figures for the initial five years. Please see RFP Section A5.5 in RFP Appendix 5.

3.6.10 COST PROPOSAL TAB 6 – SCHEDULE 6 – ENHANCEMENTS AND MODIFICATIONS

This section shall include Schedule 6 – Enhancements and Modifications from RFP Appendix 7 - Cost Proposal Schedules.

This schedule requires a description of the level of effort estimated for each proposed enhancement or modification cross-referenced by requirement reference number, if applicable. Proposers shall also enter an hour estimate in the appropriate column for any requirement given a Fit Rating 3 (minor customization or configuration) or a Fit Rating 1 (significant customization or configuration). The cost of each item is also required.

Proposers shall use the appropriate section of Schedule 6 based on the requirements workbook groupings. If there is a modification or enhancement that is not based on a defined requirement, then Proposers shall use one of the Other (Describe) sections of Schedule 6.

Proposers are cautioned that the Total Enhancements and Modifications hours and cost shall be consistent with the Total Hrs FY11-14 and Total Cost FY11-14 columns from the Enhancements and Modifications row in Schedule 4 – Staffing Plan by Implementation Services Activity.

3.6.11 COST PROPOSAL TAB 7 – SCHEDULE 7 – OTHER IMPLEMENTATION COSTS

This section shall include Schedule 7 – Other Implementation Costs from RFP Appendix 7 – Cost Proposal Schedules.

This schedule requires a detailed description and any assumptions for all other implementation costs included as part of the solution which have not been defined and described in other parts of the Cost Proposal Schedules. Items listed on Schedule 7 shall be grouped and totaled by fiscal year.

In accordance with RFP Section 3.4.11.2.8 – Software Revisions (Patches and Fixes), any costs that the Proposer wishes to include in the Cost Proposal associated with COTS software patches and fixes shall be included here.

Proposers are cautioned that no Ongoing Operations costs may be placed in this category of costs. All Ongoing Operations costs belong in Schedule 8 – Ongoing Operations Costs (please see RFP Section 3.6.12).

3.6.12 COST PROPOSAL TAB 8 – SCHEDULE 8 – ONGOING OPERATIONS COSTS

This section shall include Schedule 8 – Ongoing Operations Costs from RFP Appendix 7 – Cost Proposal Schedules.

RFP Section 3.4.12 has a description of what is included in Ongoing Operations.

The Proposer shall enter the Ongoing Operations fee for each month shown in Schedule 8 for both the Phase 1 Ongoing Operations section and the Full Ongoing Operations section. Proposers shall explain the rational for each month's fee, breaking it down by staff member and projected hours, using fully loaded hourly rates. "Fully loaded" is further defined in RFP Section 3.6.13 (Cost Schedule 9 – Labor Rates).

Proposers are advised that Schedule 8 represents the proposed payment plan for the Ongoing Operations Activity of the K-MED Project.

3.6.13 COST PROPOSAL TAB 9 – SCHEDULE 9 – LABOR RATES

This section shall include Schedule 9 – Labor Rates from RFP Appendix 7 – Cost Proposal Schedules.

Although the State will generally not reimburse the Proposer on a "time and materials" or "not to exceed" basis for project deliverables, it may be necessary to make scope changes that require assistance in areas not anticipated for which the State may consider a time and materials payment arrangement. For this purpose, the Proposer shall provide all inclusive fully loaded billing rates for a range of different skill areas using Schedule 9 – Labor Rates provided in RFP Appendix 7 – Cost Proposal Schedules. These Labor Rates shall be presented by fiscal year in accordance with Schedule 9.

An "all inclusive fully loaded billing rate" means that EVERYTHING is included in the rate. This means that items such as salary, benefits, facilities maintenance, rent, utilities, telephones; consumables, travel, hardware, software that is not a part of the COTS or State transfer solution, etc. are ***all*** included in the "all inclusive fully loaded billing rate." No charges for anything other than COTS or State transfer software licensing fees, COTS or State transfer software maintenance fees, implementation deliverables payments, or monthly Ongoing Operations fees will be allowed.

The Proposer may provide both onsite and remote hourly pricing, if desired. If this is done, the Proposer is cautioned to clearly identify pricing as being either onsite or remote hourly pricing.

3.6.14 COST PROPOSAL TAB 10 – OPTIONAL COSTS

If the Proposer desires to offer additional functionality or services not specifically requested by the State, the licensing, maintenance, support, and implementation services costs associated with the proposed optional software or services shall be provided here. Proposers are required to fully disclose all fees associated with the optional software or services. Prices quoted shall be considered valid until the end of the contract.

KHPA has also identified several optional requirements with yellow shading in the Requirements Workbooks. If any of these optional requirements will need modifications to implement (that is, they have a Fit Rating of "3" or "1"), then the cost of such modifications will be provided in Cost Proposal TAB 10, with hours and staffing itemized by requirement.

Other optional items identified in the RFP shall be priced here. These include:

1. Costs associated with implementing and supporting the K-MED System to serve the HealthyKids population as discussed in RFP Section 2.9.5.
2. Costs associated with creating, maintaining, modifying, and tracking individual security profiles as discussed in RFP Section 3.4.11.2.6.2.

3.6.15 COST PROPOSAL TAB 11 – HARDWARE AND SOFTWARE COSTS

All third-party products (middleware, database management software, operating system software, compilers, job schedulers, security-related packages, etc.) required to successfully install and operate the proposed software shall be identified, describing the cost, quantities, release levels, etc., of each of these products. Appropriate license and maintenance costs shall be included.

The Proposer shall also list the itemized costs associated with providing the required hardware and systems software needed, specifying the required cache servers, web servers, application servers, database servers, and all other associated devices and applicable systems software. Appropriate license and maintenance costs shall be included.

To accomplish this, the Proposer shall modify the Technical Environment Configuration Requirements Reports provided in Technical Proposal TAB 7 (see RFP Section 3.4.11.2.3.2) to include the required cost information, and then include the revised Technical Environment Configuration Requirements Reports here. If, after doing this, there are other hardware and software items left over, these shall then be listed, described, and priced separately.

The Contractor is responsible for obtaining and retaining licenses of current KHPA-used products necessary to complete the scope of work and requirements of this RFP.

Proposers are again cautioned to NOT include ANY cost information in the Technical Proposal.

3.6.16 COST PROPOSAL TAB 12 – PROPOSER COST ASSUMPTIONS

The Proposer shall document any Proposer assumptions associated with the Cost Proposal.

RFP Section 4:
CONTRACT TERMS AND CONDITIONS

Proposer's acceptance of each term and condition must be initialed below. Any exceptions shall be explained in detail and submitted with the proposal. The State will take into consideration Proposer's willingness to accept without exception all terms and conditions contained in this Section. State reserves the right to reject any exceptions. All other contract terms or conditions Proposer would like the State to consider must be submitted with the proposal. All other terms or conditions not timely submitted with the proposal will be rejected and may be grounds for rejection of the entire proposal. Please refer to RFP Section 3.4.20 for instructions concerning how to present the proposed Contract Terms and Conditions in the proposal.

4.1 Contract Documents

This RFP, any amendments, the response and any response amendments of the Contractor, and the State of Kansas DA-146a (Contractual Provision Attachment) shall be incorporated into the written contract, which shall compose the complete understanding of the parties.

In the event of a conflict in terms of language among the documents, the following order of precedence shall govern:

1. Form DA146a;
2. written modification to the executed contract;
3. written contract signed by the parties;
4. the RFP, including any and all amendments; and
5. Contractor's written proposal submitted in response to the RFP as finalized.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.2 Contract

The successful bidder will be required to enter into a written contract with the State. The contractor agrees to accept the provisions of Form DA 146a (Contractual Provisions Attachment), which is incorporated into all contracts with the State and is incorporated into this RFP.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.3 Contract Formation

No contract shall be considered to have been entered into by the State until all statutorily required signatures and certification have been rendered and a written contract has been signed by the successful bidder.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.4 Notices

All notices, demands, requests, approvals, reports, instructions, consents or other communications (collectively "notices") that may be required or desired to be given by either party to the other shall be IN WRITING and addressed as follows:

Kansas Division of Purchases
900 SW Jackson St, Room 102N
Topeka, KS 66612-1286
RE: Bid Event ID Number EVT0000186

or to any other persons or addresses as may be designated by notice from one party to the other.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.5 Termination for Cause

The Director of Purchases may terminate this contract, or any part of this contract, for cause under any one of the following circumstances:

- The Contractor fails to make delivery of goods or services as specified in the contract;
- The Contractor provides substandard quality or workmanship;
- The Contractor fails to perform any of the provisions of this contract; or
- The Contractor fails to make progress as to endanger performance of this contract in accordance with its terms.

The Director of Purchases shall provide Contractor with written notice of the conditions endangering performance. If the Contractor fails to remedy the conditions within ten (10) days from the receipt of the notice (or such longer period as State may authorize in writing), the Director of Purchases shall issue the Contractor an order to stop work immediately. Receipt of the notice shall be presumed to have occurred within three (3) days of the date of the notice.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.6 Termination for Convenience

The Director of Purchases may terminate performance of work under the contract in whole or in part whenever, for any reason, the Director of Purchases shall determine that the termination is in the best interest of the State of Kansas. In the event that the Director of Purchases elects to terminate this contract pursuant to this provision, it shall provide the Contractor written notice at least 30 days prior to

the termination date. The termination shall be effective as of the date specified in the notice. The Contractor shall continue to perform any part of the work that may have not been terminated by the notice.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.7 Debarment of State Contractors

Any Contractor who defaults on delivery or does not perform in a satisfactory manner as defined in this Agreement may be barred for up to a period of three (3) years, pursuant to K.S.A. 75-37,103, or have its work evaluated for pre-qualification purposes. Contractor shall disclose any conviction or judgment for a criminal or civil offense of any employee, individual, or entity which controls a company or organization that will perform work under this Agreement that indicates a lack of business integrity or business honesty. This includes (1) conviction of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract or in the performance of such contract or subcontract; (2) conviction under state or federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, or receiving stolen property; (3) conviction under state or federal antitrust statutes; and (4) any other offense to be so serious and compelling as to affect responsibility as a state contractor. For the purpose of this section, an individual or entity shall be presumed to have control of a company or organization if the individual or entity directly or indirectly, or acting in concert with one or more individuals or entities, owns or controls 25 percent or more of its equity, or otherwise controls its management or policies. Failure to disclose an offense may result in disqualification of the bid or termination of the contract.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.8 Rights and Remedies

If this contract is terminated, the State, in addition to any other rights provided for in this contract, may require the Contractor to transfer title and deliver to the State in the manner and to the extent directed, any completed materials. The State shall be obligated only for those services and materials rendered and accepted prior to the date of termination.

In the event of termination, the Contractor shall receive payment prorated for that portion of the contract period services were provided to or goods were accepted by State subject to any offset by State for actual damages including loss of federal matching funds.

The rights and remedies of the State provided for in this contract shall not be exclusive and are in addition to any other rights and remedies provided by law.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.9 Force Majeure

The Contractor shall not be held liable if the failure to perform under this contract arises out of causes beyond the control of the Contractor. Causes may include, but are not limited to, acts of nature, fires, tornadoes, quarantine, strikes other than by Contractor's employees, and freight embargoes.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.10 Waiver

Waiver of any breach of any provision in this contract shall not be a waiver of any prior or subsequent breach. Any waiver shall be in writing and any forbearance or indulgence in any other form or manner by State shall not constitute a waiver.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.11 Independent Contractor

Both parties, in the performance of this contract, shall be acting in their individual capacity and not as agents, employees, partners, joint ventures or associates of one another. The employees or agents of one party shall not be construed to be the employees or agents of the other party for any purpose whatsoever.

The Contractor accepts full responsibility for payment of unemployment insurance, workers compensation, social security, income tax deductions and any other taxes or payroll deductions required by law for its employees engaged in work authorized by this contract.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.12 Staff Qualifications

The Contractor shall warrant that all persons assigned by it to the performance of this contract shall be employees of the Contractor (or specified Subcontractor) and shall be fully qualified to perform the work required. The Contractor shall include a similar provision in any contract with any Subcontractor selected to perform work under this contract.

Failure of the Contractor to provide qualified staffing at the level required by the contract specifications may result in termination of this contract or damages.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.13 Subcontractors

The Contractor shall be the sole source of contact for the contract. The State will not subcontract any work under the contract to any other firm and will not deal with any subcontractors. The Contractor is totally responsible for all actions and work performed by its subcontractors. All terms, conditions and

requirements of the contract shall apply without qualification to any services performed or goods provided by any subcontractor.

The State of Kansas requires tax clearance certificates for all subcontractors be submitted with the technical proposal, and that the bidder additionally provide subcontractor(s) legal company name, contact information and tax ID number (FEIN/TIN) as well.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.14 Proof of Insurance

Upon request, the Contractor shall be present an affidavit of Worker's Compensation, Public Liability, and Property Damage Insurance to the Division of Purchases.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.15 Conflict of Interest

The Contractor shall not knowingly employ, during any period of this contract or any extension to it, any professional personnel who are also in the employ of the State and providing services involving this contract or services similar in nature to the scope of this contract to the State. Furthermore, the Contractor shall not knowingly employ, during the period of this contract or any extensions to it, any state employee who has participated in the making of this contract until at least two years after his/her termination of employment with the State.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.16 Confidentiality

All State information or data are considered confidential information and data. Contractor agrees to return any or all information and data furnished by the State promptly at the request of State, in whatever forms they are maintained by Contractor. Upon termination or expiration of this agreement, the Contractor and each of the persons and entities working for the Contractor shall return to the State all data or information, electronic or written, or descriptive materials, or any other related matter of any type including but not limited to drawings, blueprints, descriptions, or other papers or documents which contain any such confidential information.

Upon termination or expiration of this agreement or at the request of State, the Contractor and each of the persons and entities working for the Contractor shall securely destroy all electronic data provided by the State and sanitize storage media used to store such data in compliance with State of Kansas ITEC policy 7900. The Contractor will provide a media sanitization procedure that meets requirements for data classified by HIPAA as confidential in HIPAA Regulation Part 164.310(d), 1 & 2, subject to State approval. Documentation of the sanitization must be provided to the State following the execution of that process.

Contractor will have access to information and private confidential information or data, maintained by the State of Kansas, to the extent necessary to carry out Contractor's responsibilities under this contract. This information and data may include, but is not limited to, personal financial information, information regarding undercover law enforcement agents, social security numbers, student employees, medical providers and/or their recipients, etc. Contractor agrees that any information or data it may have in its custody regarding any participant shall be kept strictly confidential. All the information and data of the

State shall be considered to be confidential and private and Contractor may not disclose any information or data at any time to any person or entity. Contractor agrees to comply with all state and federal confidential laws in providing services under the contract.

1. Contractor shall be fully responsible for providing adequate supervision and training to its agents and employees to ensure compliance with all applicable State and Federal Acts regarding confidentiality and/or open records issues. No private or confidential data collected, maintained, or used in the course of performance of this contract shall be disseminated by Contractor except as required by statute, either during the period of the contract or thereafter. Contractor shall only use confidential information as required by this contract. All electronic data shall be secured through encryption or other comparable security measures.
2. Contractor shall limit access to confidential information solely to staff of Contractor who have a need to know for purposes of fulfilling Contractor's obligations under this contract. Contractor shall not remove confidential information from State's site without State's prior written approval.
3. Contractor shall hold State harmless and indemnify the State for expenses or damages, of any kind, incurred or suffered by the State as a result of the unauthorized disclosure of said data by Contractor or any agent, representative, employee, or subcontractor of Contractor. Contractor shall notify the State of any loss or breach of confidential information or data within 24 hours of receipt of such knowledge. Contractor shall also be responsible and liable for any and all damages to individuals due to such breaches or loss of confidential information. In the event of any security breach in which the confidential information of one or more individuals is compromised or is potentially compromised, Contractor shall be responsible and pay for any and all damages, expenses, and costs (including lost wages and efforts spent to defend or correct against identity theft) caused to the State or any individual for the disclosure of any State Information. Contractor shall provide notice to the State and affected individuals of such disclosure and shall also offer free of charge to the individuals or the State identity theft protection insurance for a period of five years. These terms shall also apply to any third-party vendor or subcontractor.
4. The Contractor shall hold all such confidential information in trust and confidence for the State, and agrees that it and its employees will not, during the performance or after the termination of this agreement, disclose to any person, firm, or corporation, or use for its own business or benefit any information obtained by it while in execution of the terms and conditions of this agreement.
5. Any staff, individual, or entity assigned to work for Contractor under this agreement shall separately sign an agreement(s) to the effect of this Subsection and also but not limited to the Department of Administration computer security user agreement.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.17 Nondiscrimination and Workplace Safety

The Contractor agrees to abide by all federal, state and local laws, and rules and regulations prohibiting discrimination in employment and controlling workplace safety. Any violations of applicable laws or rules or regulations may result in termination of this contract.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.18 Environmental Protection

The Contractor shall abide by all federal, state and local laws, and rules and regulations regarding the protection of the environment. The Contractor shall report any violations to the applicable governmental

agency. A violation of applicable laws or rule or regulations may result in termination of this contract for cause.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.19 Hold Harmless

The Contractor shall indemnify the State against any and all loss or damage to the extent arising out of the Contractor's negligence in the performance of services under this contract and for infringement of any copyright or patent occurring in connection with or in any way incidental to or arising out of the occupancy, use, service, operations or performance of work under this contract.

The State shall not be precluded from receiving the benefits of any insurance the Contractor may carry which provides for indemnification for any loss or damage to property in the Contractor's custody and control, where such loss or destruction is to state property. The Contractor shall do nothing to prejudice the State's right to recover against third parties for any loss, destruction or damage to State property.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.20 Care of State Property

The Contractor shall be responsible for the proper care and custody of any state owned personal tangible property and real property furnished for Contractor's use in connection with the performance of this contract. The Contractor shall reimburse State for such property's loss or damage caused by Contractor, normal wear and tear excepted.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.21 Prohibition of Gratuities

Neither the Contractor nor any person, firm, or corporation employed by the Contractor in the performance of this contract shall offer or give any gift, money, nor anything of value, neither any promise for future reward nor compensation to any State employee at any time.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.22 Retention of Record

Unless the State specifies in writing a different period of time, the Contractor agrees to preserve and make available at reasonable times, and at no cost to the State or Federal government, all of its books, documents, papers, records and other evidence involving transactions related to this contract for a period of six (6) years from the date of the expiration or termination of this contract.

Matters involving litigation shall be kept for one (1) year following the termination of litigation, including all appeals, if the litigation exceeds six (6) years.

The Contractor agrees that authorized federal and state representatives, including but not limited to, personnel of the using agency; independent auditors acting on behalf of state and/or federal agencies shall have access to and the right to examine records during the contract period and during the six (6) year post contract period. Delivery of and access to the records shall be within five (5) business days at no cost to the state.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.23 Antitrust

If Contractor elects not to proceed with an antitrust cause of action resulting from the performance of the Agreement, Contractor assigns to the State all rights to and interests in any cause of action it has or may acquire under the anti-trust laws of the United States and the State of Kansas relating to the particular products or services purchased or acquired by the State pursuant to this Agreement.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.24 Modification

This contract shall be modified only by the written agreement and approval of the parties. No alteration or variation of the terms and conditions of the contract shall be valid unless made in writing and signed by the parties. Every amendment shall specify the date on which its provisions shall be effective.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.25 Assignment

The Contractor shall not assign, convey, encumber, or otherwise transfer its rights or duties under this contract without the prior written consent of the State. State may reasonably withhold consent for any reason.

This contract may terminate for cause in the event of its assignment, conveyance, encumbrance or other transfer by the Contractor without the prior written consent of the State.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.26 Third Party Beneficiaries

This contract shall not be constructed as providing an enforceable right to any third party.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.27 Captions

The captions or headings in this contract are for reference only and do not define, describe, extend, or limit the scope or intent of this contract.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.28 Severability

If any provision of this contract is determined by a court of competent jurisdiction to be invalid or unenforceable to any extent, the remainder of this contract shall not be affected and each provision of this contract shall be enforced to the fullest extent permitted by law.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.29 Governing Law

This contract shall be governed by and construed in accordance with the procedural and substantive laws of the State of Kansas.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.30 Jurisdiction

The parties shall bring any and all legal proceedings arising under this Contract in the State of Kansas, District Court of Shawnee County. The United States District Court for the State of Kansas sitting in Topeka, Shawnee County, Kansas, shall be the venue for any federal action or proceeding arising hereunder in which the State is a party. The Eleventh Amendment of the United States Constitution is an inherent and incumbent protection with the State and need not be reserved, but prudence requires the State to reiterate that nothing related to this Contract shall be deemed a waiver of the Eleventh Amendment. Contractor shall be responsible for all the State's reasonable attorney's fees, costs and expenses related to Contractor's negligence or breach of Contractor's obligations under the Contract. Contractor waives all defenses of lack of personal jurisdiction and *forum non conveniens*. Process may be served on Contractor in the manner authorized by applicable law or court rule.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.31 Integration

This contract, in its final composite form, shall represent the entire agreement between the parties and shall supersede all prior negotiations, representations or agreements, either written or oral, between the parties relating to the subject matter hereof. This Agreement between the parties shall be independent of and have no effect on any other contracts of either party.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.32 Immigration and Reform Control Act of 1986 (IRCA)

All contractors are expected to comply with the Immigration and Reform Control Act of 1986 (IRCA), as may be amended from time to time. This Act, with certain limitations, requires the verification of the employment status of all individuals who were hired on or after November 6, 1986, by the contractor as well as any subcontractor or sub-contractors. The usual method of verification is through the Employment Verification (I-9) Form.

With the submission of this bid, the contractor hereby certifies without exception that such contractor has complied with all federal and state laws relating to immigration and reform. Any misrepresentation in this regard or any employment of persons not authorized to work in the United States constitutes a material breach and, at the State's option, may subject the contract to termination for cause and any applicable damages.

Unless provided otherwise herein, all contractors are expected to be able to produce for the State any documentation or other such evidence to verify Contractor's IRCA compliance with any provision, duty, certification, or like item under the contract.

Contractor will provide a copy of a signed Certification Regarding Immigration Reform and Control From (http://www.da.ks.gov/purch/CertificationImmigrationForm.doc) with the technical proposal.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.33 Worker Misclassification

The Contractor and all tiered subcontractors under the contractor shall properly classify workers as employees rather than independent contractors and treat them accordingly for purposes of workers' compensation insurance coverage, unemployment taxes, social security taxes, and income tax withholding. Failure to do so may result in contract termination.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.34 Injunctions

Should Kansas be prevented or enjoined from proceeding with the acquisition before or after contract execution by reason of any litigation or other reason beyond the control of the State, Contractor shall not be entitled to make or assert claim for damage by reason of said delay.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.35 Statutes

Each and every provision of law and clause required by law to be inserted in the contract shall be deemed to be inserted herein and the contract shall be read and enforced as though it were included herein. If through mistake or otherwise any such provision is not inserted, or is not correctly inserted, then on the application of either party the contract shall be amended to make such insertion or correction.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.36 Federal, State and Local Taxes

Unless otherwise specified, the proposal price shall include all applicable federal, state and local taxes. The Contractor shall pay all taxes lawfully imposed on it with respect to any product or service delivered in accordance with this Contract. The State of Kansas is exempt from state sales or use taxes and federal excise taxes for direct purchases. These taxes shall not be included in the bidder's price quotation. Upon request, the State shall provide to the Contractor a certificate of tax exemption.

The State makes no representation as to the exemption from liability of any tax imposed by a governmental entity on the Contractor.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.37 Accounts Receivable Set-Off Program

If, during the course of this contract the Contractor is found to owe a debt to the State of Kansas, agency payments to the Contractor may be intercepted / set-off by the State of Kansas. Notice of the setoff action will be provided to the Contractor. Pursuant to K.S.A. 75-6201 et seq, Contractor shall have the opportunity to challenge the validity of the debt. If the debt is undisputed, the Contractor shall credit the account of the agency making the payment in an amount equal to the funds intercepted.

K.S.A 75-6201 et seq. allows the Director of Accounts & Reports to set-off funds the State of Kansas owes Contractors against debts owed by the Contractors to the State of Kansas. Payments set-off in this manner constitute lawful payment for services or goods received. The Contractor benefits fully from the payment because its obligation to the State is reduced by the amount subject to set-off.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.38 Definitions

A glossary of common procurement terms is available at http://da.ks.gov/purch, under "Purchasing Forms."

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.39 Definite Quantity Contract

The Request is for a close-ended contract between the Contractor and the State to furnish a predetermined quantity of a good or service during a given period of time.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.40 HIPAA Confidentiality

Per the Health Insurance Portability and Accountability Act (1996) (HIPAA), the agency is a covered entity under the act and therefore Contractor is not permitted to use or disclose health information in ways that

the agency could not. This protection continues as long as the information or data is in the hands of the Contractor.

The Contractor shall establish and maintain procedures and controls acceptable to the agency to protect the privacy of members' information. Unless the Contractor has the member's written consent, the Contractor shall not use any personally identifiable information obtained for any reason other than that mandated by this agreement.

The successful Contractor must sign a Business Associate Agreement at the time of Contract award (when signing the Contract). This document will contain additional HIPAA, Personally Identifiable Information (PII), and conflict of interest language required with this contract.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.41 Off-Shore Sourcing

Bidders shall disclose in their bid response the location where the contracted services will be performed and whether or not any of the work necessary to provide the contracted services will be performed at a site outside the United States. Data containing Private Health Information (PHI) or Personal Identification Information (PII) shall not be transmitted to or processed at any site outside the United States.

If, during the term of the contract, the Contractor or subcontractor plans to move work previously performed in the United States to a location outside of the United States, the Contractor shall immediately notify the Division of Purchases and the respective agency in writing, indicating the desired new location, the nature of the work to be moved and the percentage of work that would be relocated. The Director of Purchases, with the advice of the respective agency, must approve any changes prior to work being relocated. Failure to obtain the Director's approval may be grounds to terminate the contract for cause.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.42 Mandatory Provisions

The provisions found in Contractual Provisions Attachment (DA 146a) are incorporated by reference and made a part of this contract.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.43 Prices

Prices shall remain firm for the entire contract period and subsequent renewals. Prices shall be net delivered, including all trade, quantity and cash discounts. Any price reductions available during the contract period shall be offered to the State of Kansas. Failure to provide available price reductions may result in termination of the contract for cause.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.44 Payment

Payment schedule shall be on a frequency mutually agreed upon by both the agency and the Contractor.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.45 Upgrades

Bidders shall indicate the upgrade price and policy for any software, firmware, or hardware upgrades anticipated for the equipment bid. If the upgrades are provided without cost, this should be indicated.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.46 Demonstration Requirements

A demonstration of the selected devices/equipment/solution for the using agencies may be required before final contract approval. The State of Kansas reserves the right to request said devices/equipment/solution fully configured/operational for testing, which shall be furnished at no expense to the State within ten (10) days after receipt of request. Devices/equipment will be returned at the bidder's expense if not consumed during the evaluation process.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.47 Performance Guaranty / Bond

The Contractor shall file with the Director of Purchases a performance guaranty/bond in the amount of $1,000,000. The guaranty shall be released upon the completion of this contract subject to total or partial forfeiture for failure to adequately perform the terms of this contract. If damages exceed the amount of the guaranty, the State may seek additional damages.

A performance guaranty must be one of the following: (1) certificate of deposit payable to the State; or (2) a properly executed bond payable to the State.

Necessary bond forms will be furnished by the Division of Purchases and can be completed by any General Insurance Agent. Bonds shall be issued by a Surety Company licensed to do business in the State of Kansas.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.48 Equipment

All proposed equipment, equipment options, and hardware expansions must be identified by manufacturer and model number and descriptive literature of such equipment must be submitted with the bid response.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.49 Implied Requirements

All products and services not specifically mentioned in this solicitation, but which are necessary to provide the functional capabilities described by the specifications, shall be included. Furthermore, all products and services required to make the vendor's proposal functional shall be identified in the vendor's proposal. If additional products or services are later found to be necessary to make the vendor's proposal functional, or to make the vendor's proposal compliant with the specifications, regardless of whether the additional needed products or services are identified as being necessary by the State or the vendor, such products or services shall be provided by the vendor at no charge to the State.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.50 Warranty

The State requires a warranty on any and all equipment, hardware, software, and services proposed to be effective throughout the term of this contract plus any renewals or extensions agreed to by the parties. The date the defect or issue was discovered will be the determination date for warranty purposes. This warranty shall be included in the cost of the solution.

The Contractor will be the sole point of contact on any problems with the equipment, hardware, software, systems or services proposed during the warranty period.

The Contractor shall be responsible for all work performed under these specifications. The Contractor shall make good, repair and replace, at the Contractor's own expense, as may be necessary, any defective work, material acceptance, if in the opinion of the agency or the Division of Purchases said defect is due to imperfection in material, design, or workmanship for the warranty period specified.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.51 Acceptance

No contract provision or use of items by the State shall constitute acceptance or relieve the Contractor of liability in respect to any expressed or implied warranties.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.52 Ownership

All data, forms, procedures, software, manuals, system descriptions, or set of systems rules, source code, and workflows developed or accumulated by the Contractor under this contract shall be owned by the using agency. The Contractor may not release any materials without the written approval of the using agency.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.53 Software Code and Intellectual Property Rights

The State of Kansas will have all ownership rights in the completed system including all software or modifications thereof and associated materials, work products, data, models, forms, source code, procedures, manuals, system descriptions, workflows, and other Intellectual Property developed by the Contractor(s) under this contract, with the exception of proprietary operating/vendor software packages (e.g., ADABAS or TOTAL) which are provided at established catalog or market prices and sold or leased to the general public. All agencies of the federal government shall have a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use for Federal Government purposes, such software, modifications, and documentation in accordance with 45 CFR 95.617 and 45 CFR 95 Subpart F.

The State of Kansas reserves the right to use any and all ideas presented in a proposal unless the respondent presents a valid legal case that such ideas are trade secret or confidential information, and identifies the information as such in its proposal. A respondent may not object to the use of ideas that are not the respondent's intellectual property and so designated in the proposal that: (1) were known to State of Kansas before the submission of the proposal, (2) were in the public domain through no fault of State of Kansas, or (3) became properly known to State of Kansas after proposal submission through other sources or through acceptance of the proposal.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.54 Data

Any and all data required to be provided at any time during the bid process or contract term shall be made available in a format as requested and/or approved by the State.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.55 Submission of the Bid

Submission of the bid will be considered presumptive evidence that the bidder is conversant with local facilities and difficulties, the requirements of the documents and of pertinent State and/or local codes, state of labor and material markets, and has made due allowances in the proposal for all contingencies. Later claims for labor, work, materials, equipment, and tax liability required for any difficulties encountered which could have been foreseen will not be recognized and all such difficulties shall be properly taken care of by Contractor at no additional cost to the State of Kansas.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.56 New Materials, Supplies or Equipment

Unless otherwise specified, all materials, suppliers or equipment offered by the Contractor shall be new, unused in any regard and of most current design. All materials, supplies and equipment shall be first class in all respects. Seconds or flawed items will not be acceptable. All materials, supplies or equipment shall be suitable for their intended purpose and, unless otherwise specified, fully assembled and ready for use on delivery.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.57 Bidder Contracts

Bidders must include with their RFP response, a copy of any contracts, agreements, licenses, warranties, etc. that the bidder would propose to incorporate into the contract generated from this Bid Event. (State of Kansas form DA-146a remains a mandatory requirement in all contracts.)

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.58 Contract Price

Statewide contracts are awarded by the Division of Purchases to take advantage of volume discount pricing for goods and services that have a recurring demand from one or more agencies. However, if a state agency locates a vendor that can provide the identical item at a lower price, a waiver to "buy off state contract" may be granted by the Division of Purchases.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.59 Transition Assistance

In the event of contract termination or expiration, Contractor shall provide all reasonable and necessary assistance to State to allow for a functional transition to another vendor.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.60 Award

Award will be line item or group total, whichever is the best interest of the State of Kansas.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.61 Termination for Unavailability of Funds

It is understood and agreed by the Contractor and the State of Kansas that all obligations of the State of Kansas including continuance of payments hereunder, are contingent upon the availability and continued appropriation of state and federal funds, and in no event shall the State of Kansas be liable for any payments hereunder in excess of such available appropriated funds. In the event that the amount of any available or appropriated funds provided by the state or federal sources for the purchase of services hereunder shall be reduced, terminated or shall not be continued at an aggregate level sufficient to allow for the purchase of the services specified hereunder for any reason whatsoever, the State of Kansas shall notify the Contractor of such reduction of funds available and shall be entitled to reduce the State's commitment hereunder or to terminate the contract as it deems necessary.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.62 Termination Obligations of Contractor and the State of Kansas

In the event of any termination, the Contractor shall:

a. Stop work under the contract on the date and the extent specified in the notice of termination.

b. Place no further orders or subcontractor services or facilities except as may be necessary for completion of such portion of the work under the contracts as is not terminated.

c. Terminate all orders and subcontracts to the extent that they relate to the performance of work terminated by the notice of termination.

d. Complete the performance of such part of the work as shall not have been terminated by the notice of termination.

e. Any payments advanced to the Contractor for coverage of members for periods after the date of termination shall be promptly returned to the State of Kansas.

f. The Contractor shall promptly supply all information necessary for the reimbursement of any outstanding claims.

g. The Contractor shall comply with the terms and provisions of the turnover plan as submitted and approved. The final monthly payment will be withheld until all applicable data transition issues are resolved. If data transition is not completed within ninety (90) calendar days, penalties will be assessed at 20% of the final monthly payment with an additional 10% assessed for every 15 calendar days thereafter.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.63 Geographic Information System (GIS) Compliance

All databases created in this work shall be compliant with existing GIS development standards and enterprise infrastructure to optimize spatial functionality and encoding for address data elements. The Kansas enterprise Geographic Information System (GIS) is based on Environmental Systems Research Institute (ESRI) technology. Kansas supports both internal and external web map service environments and server-side web map development is an emerging trend in GIS development standards, along with higher utilization of centralized spatial database engine (SDE) and implementation of comprehensive geocoding and address standardization. The Kansas GIS infrastructure includes central file servers, central Oracle SDE spatial databases, and concurrent desktop licenses for ArcGIS, and extension products, along with GPS field data collection and data management tools for spatial databases. Kansas

supports and implements the GIS Addressing Standard established by the Kansas GIS Policy Board. A copy of this standard is accessible from the Kansas GIS website link at http://www.da.ks.gov/kito/itec/documents/addressing_standard.pdf.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.64 Technology Architectural Compliance

All information technology initiatives and acquisitions will comply with the Kansas Information Technology Architecture, which can be viewed at http://www.da.ks.gov/kito/cita/documents/KITA_Ver11.2_Final4.pdf.

For information technology projects with total cumulative cost greater than $250,000, project plan documents must include an Architectural Statement for review by the Chief Information Technology Officer (CITO) of the appropriate branch.

Compliance with the Technology Architecture is assured when:

A. An item is selected for purchase from a state contract listed in the Technology Architecture; or

B. An item is included in a general category listed under the heading “Acceptable Standard” or “Emerging Standard” in the Technology Architecture; or

C. The item conforms to a technical standard listed under the headings “Acceptable Standard” or “Emerging Standard” in the Technology Architecture.

Compliance with the Technology Architecture is problematic when an item conforms to a technical standard or is included in a general category under the heading “Retired Standard” in the Technology Architecture. Contractors shall provided justification for new acquisitions or initiatives that are proposed under this heading. All state contracts for information technology products must conform to the Technology Architecture. Contractor certifies and warrants that all their offerings are in conformance with the Kansas Information Technology Architecture.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.65 Project Management Methodology

The State of Kansas has adopted a uniform Project Management Methodology for all Information Technology (IT) projects valued at $250,000 or more. The methodology can be found at http://da.state.ks.us/kito under “Information Technology Project Management.” Kansas has enacted comprehensive statutes (K.S.A. 75-7203 et. seq.) dealing with the architecture, management, and oversight of IT activities statewide. The Information Technology Executive Council (ITEC), implementing their oversight responsibilities under those statutes, has adopted ITEC Policy 2500, which can be found at http://www.da.ks.gov/kito/itec/ITPoliciesMain.htm. That policy sets forth project reporting requirements.

The Contractor shall deliver to the agency all information regarding contractor performance necessary for the agency to meet its project reporting obligations under ITEC policies. Such information may include, but shall not be limited to:

A. Work Breakdown Structure:

   (i) With summary level tasks; and

   (ii) With individual tasks at less than or equal to 80 hours apiece.

B. Estimated cost to completion data;

C. Gantt charts:

(i) With critical path identification;

(ii) With identifying milestones;

(iii) Showing progress to date;

(iv) With identified start and finish dates for all tasks; and

(v) Correlated one-to-one with the Work Breakdown Structure.

When requested by the State, the project reporting information shall be provided in compatible electronic form, as well as printed output. The State uses Microsoft Project as its primary project management software package.

Larger or more complex projects, or projects encountering difficulties, may require additional data reports, or an increased reporting frequency. Such additional requirements shall be maintained and supported by the Contractor, if required by the agency to meet the requirements of the Kansas Information Technology Office (KITO) or the legislative Joint Committee on Information Technology (JCIT).

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.66 Liquidated Damages

The required Liquidated Damages are specified in RFP Appendix 13. For purposes of the RFP, Proposers shall lift that language from RFP Appendix 13 and insert it here.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.67 Payment Retainage

An amount representing 20 percent of the maximum total compensation payable under this Contract shall be withheld by the State until 90 days after the final State approval of all services to be performed by the Contractor under this Contract (excluding maintenance services) and formal acceptance by the State of the new K-MED System, as well as all deliverables. Compensation is not deemed to have been earned until all conditions precedent to payment have been met.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

4.68 Date Data Compliance

The contractor warrants fault-free performance in the processing of date and date-related data (including, but not limited to, calculating, comparing, and sequencing) by all goods and services delivered. Fault-free performance includes, but is not limited to, the manipulation of data with correct results when using dates prior to, through, and beyond January 1, 2000, and shall be transparent to the user.

Hardware and software products, individually and in combination, shall provide the correct system date and correct calculations which utilize or refer to the date data, without human intervention, including leap year calculations. Hardware and software products, individually and in combination, shall also provide correct results when moving forward or backward across the year 2000.

Acceptance: ____ Yes (Initial) ____ No (Initial and Provide a Detailed Explanation of Exception)

I am a duly authorized agent of _____ ("Proposer") and warrant that I am authorized to accept and bind Proposer to the terms and conditions as indicated by my initials above.

_____ _____

Signature Date

_____

Printed Name:

_____

Title:

RFP Section 5:
FORMS

Immediately following are the various forms that support the procurement process and the submission of a proposal. These forms are as follows:

1. Expression of Interest Form;
2. Signature Sheet;
3. Supplier Diversity Survey Form;
4. Tax Clearance Instructions;
5. Certification Regarding Immigration Reform & Control;
6. DA-146a Contractual Provisions Attachment;
7. Kansas Medical Eligibility Determination (K-MED) System Reference Questionnaire; and
8. Disclosure Agreement.

Proposers shall complete applicable forms in accordance with the instructions contained within each, and submit with the proposal in accordance with the instructions in RFP Section 3.4.7 – TECHNICAL PROPOSAL TAB 3 – ADMINISTRATIVE REQUIREMENTS.

EXPRESSION OF INTEREST FORM

Item: **Kansas Medical Eligibility Determination (K-MED) Software with Associated Integration Services and Ongoing Operational Support**

Agency: Kansas Health Policy Authority (KHPA)

By submitting this form, a vendor is expressing an interest in the State of Kansas Medical Eligibility Determination (K-MED) Software with Associated Integration Services and Ongoing Operational Support procurement. This form will be used to create an email mailing list of interested vendors or individuals for the procurement. Whenever a communication of interest to potential Proposers and subcontractors is posted to the Division of Purchases web site at **http://da.ks.gov/purch/**, then those on the mailing list will receive an email advising them of that event with instructions on how to access the communication. The State is not responsible for email delivery failures.

Also, those who submit this form will receive one complete set of the various file attachments referenced in the RFP on a CD or a flash / thumb drive.

Please send completed forms to Tami Sherley, Procurement Officer, via:

- Email at tami.sherley@da.ks.gov.
- FAX at 785-296-7240
- United States Postal Service at: 900 S. W. Jackson Street, Room 102-N
Topeka, Kansas 66612-1286
- Courier at: 900 S. W. Jackson Street, Room 102-N
Topeka, Kansas 66612-1286
785-296-2376
- Hand delivery at: 900 S. W. Jackson Street, Room 102-N
Topeka, Kansas 66612-1286

Contact Name_____

Company_____

Mailing Address_____City & State_____Zip _____

Office Telephone_____Mobile_____Fax_____

E-Mail_____

Signature_____Date_____

Typed Name _____Title_____

If an interested company desires to list multiple individuals, please submit a separate form for each.

SIGNATURE SHEET

Item:

Agency:

Closing Date:

By submission of a bid and the signatures affixed thereto, the bidder certifies all products and services proposed in the bid meet or exceed all requirements of this specification as set forth in the request and that all exceptions are clearly identified.

Legal Name of Person, Firm or Corporation_____

Mailing Address_____ City & State_____Zip _____

Toll Free Telephone_____Local_____ Cell: _____Fax_____

Tax Number_____

CAUTION: If your tax number is the same as your Social Security Number (SSN), you must leave this line blank. DO NOT enter your SSN on this signature sheet. If your SSN is required to process a contract award, including any tax clearance requirements, you will be contacted by an authorized representative of the Division of Purchases at a later date.

E-Mail _____

Signature_____Date_____

Typed Name _____Title_____

In the event the **contact for the bidding process** is different from above, indicate contact information below.

Bidding Process Contact Name_____

Mailing Address_____ City & State_____Zip _____

Toll Free Telephone_____Local_____ Cell: _____Fax_____

E-Mail_____

If **awarded a contract and purchase orders** are to be directed to an address other than above, indicate mailing address and telephone number below.

Award Contact Name_____

Mailing Address_____ City & State_____Zip _____

Toll Free Telephone_____Local_____ Cell: _____Fax_____

E-Mail_____

Pricing is available to political subdivisions. Yes ____ No ___
(Refusal will not be a determining factor in award of this contract.)

Agencies may use the Business Procurement Card for contract purchases. Yes ____ No ___
(Refusal will not be a determining factor in award of this contract.

State of Kansas
Department of Administration
Division of Purchases

Supplier Diversity Survey Form

Why is the Division of Purchases requesting this information?

Current statutes governing the activities of the Kansas Division of Purchases do not include preferences or set-asides for Small Business Enterprises (SBEs). The Division of Purchases is interested in determining to what extent purchase orders and contracts are awarded to SBEs under existing work efforts. ***Please Note:*** *You must submit this form with each bid opportunity.*

Persons or concerns wishing to receive a Purchase Order or Contract Award resulting from this bid opportunity must provide the information contained in this document before the award is made. To help expedite this procurement, it is requested that you submit this form with your bid.

COMPANY DATA

Legal Company Name _____

Doing Business As (if applicable)_____

Federal Tax ID Number / FEIN _____

CAUTION: If your tax number is the same as your Social Security Number (SSN), you must leave this line blank. DO NOT enter your SSN on this sheet. If your SSN is required for any reason, you will be contacted by an authorized representative of the Division of Purchases at a later date.

Diversity Program Contact Name_____Title_____

Phone Number _____Fax Number _____

E-Mail Address _____Company Web _____

Address _____

City _____State _____Zip Code _____

Legal Structure: ☐ Corporation ☐ Partnership ☐ Non-Profit ☐ Sole Proprietorship ☐ LLC

Signature _____Date:_____

COMPANY DIVERSITY DATA

(A) **Business Classification (See Appendix A for definitions):**
Is your business a **Small Business Enterprise (SBE)** as defined by the SBA?

☐ Yes ☐ No ☐ Don't Know

Check all that Apply:

☐ Disabled (DIS) ☐ SBA-Small Disadvantage Business (SDB)

☐ Veteran-Owned (VBE) ☐ Women-Owned (WBE) ☐ Service-Disabled Veterans-Owned (DVBE)

☐ African American ☐ Native American ☐ Minority-Owned Business Enterprise (MBE)

☐ Hispanic American ☐ Asian Pacific American ☐ Disadvantaged Business Enterprise (DBE)

☐ Asian Subcontinent American ☐ Other: _____

(B) Has your Business Classification Status been certified by a state, municipal, federal or other certifying agency?

☐ No ☐ Yes Certifying Entity:_____

Other State of Kansas Resources for Small Business Enterprises (SBE)

Kansas Department of Commerce
Office of Minority/Women Business Development
http://www.kansas.gov/ksbdc/

State of Kansas
Department of Administration
Division of Purchases
Supplier Diversity Survey Form

Appendix A
Definition of Terms

Small Business Enterprise / Concern (SBE)
SBEs are businesses that do not exceed the size standard for the product or service it is providing as measured by its employment and/or business receipts in accordance with the U.S. SBA numerical size standards. These standards are defined as FAR 52.219-8, 13 CFR Part 121 and 13 CFR 121.410.

Disadvantaged Business Enterprise (DBE)
DBEs are defined as a business which are (a) owned by socially disadvantaged individuals who have been subjected to racial or ethnic
prejudice or cultural bias because of their identity as a member of a group without regard to their individual qualities; or (b) owned by economically disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished opportunities to obtain capital and credit as compared to others in the same line of business who are not socially disadvantaged.

Disabled Business Enterprise (DIS)
DIS businesses are at least 51% owned and controlled by one or more U.S. citizens who has a physical or mental impairment which substantially limits one or more of such person's major life activities.

Small Disadvantage Business Concern (SDB)
SDB businesses are certified by the SBA as meeting the following criteria: (1) they are small business concern and (2) must be at least 51% owned and controlled by one or more U.S. citizens who are socially and economically disadvantaged. African Americans, Asian Pacific Americans, Asian Subcontinent Americans, Hispanic Americans and Native Americans are presumed to qualify as being socially disadvantaged. Other individuals can qualify if they show by a preponderance of the evidence that they are socially disadvantaged. In addition, the personal net worth of each eligible owner applicant must be less than $750,000, excluding the values of the applicant's ownership interest in the business seeking certification and the owner's primary residence. Successful applicants must also meet applicable size standards for small businesses in their industry. SDB regulations can be found in FAR 52.219-8 and 13 CFR parts 121 & 124.

Veterans-Owned Business Concern (VBE)
VBE businesses are at least 51% owned and controlled by one or more U.S. citizens who are Veterans of the U.S. Armed Forces. In the case of any publicly owned business, at least 51% of the stock is owned by one or more veterans and one or more veterans must control the management and daily business operation. The term "Veteran" means a person who served in the active military, naval or air service and who was discharged or released there from under conditions other than dishonorable. VBE regulations can be found in FAR 52.219-9 & 38 USC 101 (2).

Service-Disabled Veterans-Owned Business Concern (DVBE)
DVBE businesses are at least 51% owned and controlled by one or more U.S. citizens who are service-disabled Veterans of the U.S. Armed Forces. In the case of any publicly owned business, at least 51% of the stock is owned by one or more service-disabled veterans and one or more veterans must control the management and daily business operation. The term "Veteran" means a person who served in the active military, naval or air service and who was discharged or released there from under conditions other than dishonorable. The term "Service-Disabled" means a veteran of the U.S. Military Service has a service-connected disability with a disability rating of 0%-100%. In the case of permanent or severe disability, the spouse of caregiver of such a service-disabled veteran may control the management and daily operations. DVBE regulations can be found in FAR 52.219-9 & 38 USC 101 (2) & USC 101 (16).

Women-Owned Business Concern (WBE)
WBE businesses are at least 51% owned and controlled by one or more U.S. citizens who are female gender. In the case of any publicly owned business, at least 51% of the stock is owned by one or more women and one or more women must control the management and daily business operations. For Federal contracting regulations see FAR 52-219-8.

Minority-Owned Business Enterprise (MBE)
MBE businesses are at least 51% owned and controlled by one or more U.S. citizens belonging to certain ethnic minority groups. In the case of any publicly owned business, at least 51 % of the stock is owned by one or more minorities, and one or more minorities must control the management and daily business operations. "Ethnic Minority Groups" are people of Asian Pacific American, Asian Subcontinent American, African American, Hispanic American and Native American descent.

- **African Americans:** People whose origins lay in any of the Black racial groups of Africa.
- **Asian Pacific Americans:** People whose origins lay in Brunei, Burma, China, Guam, Indonesia, Japan, Kampuchea (Cambodia), Korea, Laos, Malaysia, Northern Mariana Islands, Republic of the Marshall Islands, Federated States of Micronesia, Republic of Palau (U.S. Trust Territory of the Pacific Islands), the Philippines, Samoa, Singapore, Taiwan, Thailand and Vietnam.
- **Asian Subcontinent Americans:** People whose origins lay in Bangladesh, Bhutan, India, Pakistan, Sri Lanka or Nepal.
- **Hispanic Americans:** People whose origins are in the South and Central America, Mexico, Puerto Rico, Cuba or the Iberian Peninsula (including Portugal).
- **Native Americans:** American Indians, Inuit (Eskimos), Aleuts, and native Hawaiians of Polynesian ancestry.

Date of Last Update: March, 2007

TAX CLEARANCE INSTRUCTIONS

PLEASE NOTE: THIS INFORMATION HAS CHANGED EFFECTIVE 10/27/09

A "Tax Clearance" is a comprehensive tax account review to determine and ensure that the account is compliant with all primary Kansas Tax Laws administered by the Kansas Department of Revenue (KDOR) Director of Taxation. Information pertaining to a Tax Clearance is subject to change(s), which may arise as a result of a State Tax Audit, Federal Revenue Agent Report, or other lawful adjustment(s).

To obtain a Tax Clearance Certificate, you must:

- Go to **http://www.ksrevenue.org/taxclearance.htm** to request a Tax Clearance Certificate
- Return to the website the following working day to see if KDOR will issue the certificate
- If issued an official certificate, print it and attach it to your bid response
- If denied a certificate, engage KDOR in a discussion about why a certificate wasn't issued

Bidders (and their subcontractors) are expected to submit a current Tax Clearance Certificate with every event response.

Per KSA 75-3740-(c), the Director of Purchases may reject the bid of any bidder who is in arrears on taxes due the State of Kansas. The Secretary of the Kansas Department of Revenue is authorized to exchange such information with the Director of Purchases as is necessary to determine a bidder's tax clearance status, notwithstanding any other provision of law prohibiting disclosure of the contents of taxpayer records or information.

Please Note: *Individual and business applications are available. For applications entered prior to 5:00 PM Monday through Friday, results typically will be available the following business day. Tax clearance requests may be denied if the request includes incomplete or incorrect information.*

Please Note: You will need to sign back into the KDOR website to view and print the official tax clearance certificate.

Information about Tax Registration can be found at the following website:
http://www.ksrevenue.org/busregistration.htm

The Division of Purchases reserves the right to confirm tax status of all potential contractors and subcontractors prior to the release of a purchase order or contract award.

In the event that a current tax certificate is unavailable, the Division of Purchases reserves the right to notify a bidder (one that has submitted a timely event response) that they have to provide a current Tax Clearance Certificate within ten (10) calendar days, or the Division may proceed with an award to the next lowest responsive bidder, whichever is determined by the Director of Purchases to be in the best interest of the State.

CERTIFICATION REGARDING IMMIGRATION REFORM & CONTROL

All Contractors are expected to comply with the Immigration and Reform Control Act of 1986 (IRCA), as may be amended from time to time. This Act, with certain limitations, requires the verification of the employment status of all individuals who were hired on or after November 6, 1986, by the Contractor as well as any subcontractor or sub-subcontractor. The usual method of verification is through the Employment Verification (I-9) Form. With the submission of this bid, the Contractor hereby certifies without exception that Contractor has complied with all federal and state laws relating to immigration and reform. Any misrepresentation in this regard or any employment of persons not authorized to work in the United States constitutes a material breach and, at the State's option, may subject the contract to termination and any applicable damages.

Contractor certifies that, should it be awarded a contract by the State, Contractor will comply with all applicable federal and state laws, standards, orders and regulations affecting a person's participation and eligibility in any program or activity undertaken by the Contractor pursuant to this contract. Contractor further certifies that it will remain in compliance throughout the term of the contract.

At the State's request, Contractor is expected to produce to the State any documentation or other such evidence to verify Contractor's compliance with any provision, duty, certification, or the like under the contract.

Contractor agrees to include this Certification in contracts between itself and any subcontractors in connection with the services performed under this contract.

_____ _____

Signature, Title of Contractor Date

State of Kansas
Department of Administration
DA-146a (Rev. 1-01)

CONTRACTUAL PROVISIONS ATTACHMENT

Important: This form contains mandatory contract provisions and must be attached to or incorporated in all copies of any contractual agreement. If it is attached to the vendor/contractor's standard contract form, then that form must be altered to contain the following provision:

"The Provisions found in Contractual Provisions Attachment (Form DA-146a, Rev. 1-01), which is attached hereto, are hereby incorporated in this contract and made a part thereof."

The parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being the _____ day of _____, 20_____.

1. **Terms Herein Controlling Provisions**: It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.

2. **Agreement With Kansas Law**: All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.

3. **Termination Due To Lack Of Funding Appropriation**: If, in the judgment of the Director of Accounts and Reports, Department of Administration, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, State may terminate this agreement at the end of its current fiscal year. State agrees to give written notice of termination to contractor at least 30 days prior to the end of its current fiscal year, and shall give such notice for a greater period prior to the end of such fiscal year as may be provided in this contract, except that such notice shall not be required prior to 90 days before the end of such fiscal year. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided State under the contract. State will pay to the contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any such equipment. Upon termination of the agreement by State, title to any such equipment shall revert to contractor at the end of State's current fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.

4. **Disclaimer Of Liability**: Neither the State of Kansas nor any agency thereof shall hold harmless or indemnify any contractor beyond that liability incurred under the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.).

5. **Anti-Discrimination Clause**: The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111 et seq.) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 et seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

   Parties to this contract understand that the provisions of this paragraph number 5 (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting state agency cumulatively total $5,000 or less during the fiscal year of such agency.

6. **Acceptance Of Contract**: This contract shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.

7. **Arbitration, Damages, Warranties**: Notwithstanding any language to the contrary, no interpretation shall be allowed to find the State or any agency thereof has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the State of Kansas shall not agree to pay attorney fees and late payment charges beyond those available under the Kansas Prompt Payment Act (K.S.A. 75-6403), and no provision will be given effect which attempts to exclude, modify, disclaim or otherwise attempt to limit implied warranties of merchantability and fitness for a particular purpose.

8. **Representative's Authority To Contract**: By signing this contract, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this contract on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.

9. **Responsibility For Taxes**: The State of Kansas shall not be responsible for, nor indemnify a contractor for, any federal, state or local taxes which may be imposed or levied upon the subject matter of this contract.

10. **Insurance**: The State of Kansas shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the State to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.), the vendor or lessor shall bear the risk of any loss or damage to any personal property in which vendor or lessor holds title.

11. **Information**: **No provision of this contract shall be construed as limiting the Legislative Division of Post Audit from having access to information pursuant to K.S.A. 46-1101 et seq.**

12. **The Eleventh Amendment**: "The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment."

STATE OF KANSAS
Kansas Medical Eligibility Determination (K-MED) System
Reference Questionnaire

Vendor Name (Proposer):

_____

Reference Name: (Client Organization)

_____

Person Responding to this Request for Reference Information:

_____
Printed Name

_____
Signature

_____
Title

_____
Telephone

_____
E-Mail

_____
Date

NOTE: *Please provide responses to the items that appear on the following pages. If completed using an electronic copy in Microsoft Word format, use as much space as required. If completed manually, please record responses in spaces provided.*

A. Indicate (by checking appropriate box) which functionality that the Vendor assisted your organization in implementing, and which is currently in production for your site. If the system is in production, please indicate the date it was put into production. If other major functionality not listed was acquired, please list these in the blank boxes at the bottom of the table.

Acquired	Functionality	Assisted by Vendor	In Production	Date In Production
☐	Public Self-Service Portal	☐	☐	
☐	Presumptive Eligibility Tool	☐	☐	
☐	Presumptive Medical Disability Determination	☐	☐	
☐	Registration / Intake	☐	☐	
☐	Eligibility Determination	☐	☐	
☐	Caseload Management	☐	☐	
☐	Cost Avoidance	☐	☐	
☐	Incorrect Payments and Collection	☐	☐	
☐	Fair Hearing and Grievances	☐	☐	
☐		☐	☐	
☐		☐	☐	
☐		☐	☐	
☐		☐	☐	
☐		☐	☐	
☐		☐	☐	
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☐		☐	☐	
☐		☐	☐	
☐		☐	☐	
☐		☐	☐	
☐		☐	☐	

B. Please indicate the dates that the Vendor provided services.

From:		Through:	

C. Indicate the services provided by the Vendor to your organization.

- ☐ Project Management
- ☐ Technical Architecture and Infrastructure Design
- ☐ Requirements Validation
- ☐ Business Process Design and Software Configuration
- ☐ Reporting and Business Intelligence
- ☐ Enhancements and Modifications
- ☐ Interface Development
- ☐ Data Conversion
- ☐ Workflow Configuration
- ☐ Security Management
- ☐ Testing
- ☐ Training
- ☐ Documentation
- ☐ Document Imaging
- ☐ Knowledge Transfer
- ☐ Enterprise Readiness
- ☐ User Support (Help Desk)
- ☐ Communications
- ☐ Cultural Change Management
- ☐ Production Transition
- ☐ Deployment (Roll-out) Support
- ☐ Post-Implementation Support
- ☐ Quality Assurance Services
- ☐ Other: _____

D. Please rate your level of agreement with the following statements, and note any comments. **IMPORTANT**: If you mark "Disagree," please provide an explanation of your response.

Evaluation Questions	Agree Strongly	Agree	Disagree	Strongly Disagree
1. We negotiated an equitable contract with the vendor, with contract terms and conditions that were important to us. *Comments:*	☐	☐	☐	☐
2. The Vendor has been responsive when there have been issues or problems with the contract. *Comments:*	☐	☐	☐	☐

Evaluation Questions	Agree Strongly	Agree	Disagree	Strongly Disagree
3. The Vendor followed through with any representations made during the sales process. *Comments:*	☐	☐	☐	☐
4. The Vendor has a sound project management methodology, using a comprehensive set of tools, processes, and templates. *Comments:*	☐	☐	☐	☐
5. The Vendor assigned the right number of vendor personnel with the right skills for the right amount of time to our project. *Comments:*	☐	☐	☐	☐
6. The Vendor was able to complete the project on time, on function, and within budget. *Comments:*	☐	☐	☐	☐
7. We are satisfied with the quality of the software that we acquired. *Comments:*	☐	☐	☐	☐
8. We are satisfied with the level of effort required to implement the software. *Comments:*	☐	☐	☐	☐

Evaluation Questions	Agree Strongly	Agree	Disagree	Strongly Disagree
9. The software is meeting our business needs. *Comments:*	☐	☐	☐	☐
10. We are satisfied with the vendor's responsiveness when there have been issues or problems with the software.	☐	☐	☐	☐
11. The Vendor has been responsive when there have been post-production issues or problems. *Comments:*	☐	☐	☐	☐
12. Knowing what we know now, we would make the same decision to use this Vendor for this project. *Comments:*	☐	☐	☐	☐

E. Did your organization assess any liquidated damages or other financial or administrative sanctions on this Vendor? If yes, please indicate the reason for assigning damages or sanctions.

F. What other advice do you have for the State of Kansas?

DISCLOSURE AGREEMENT

This Agreement is effective as of the ____ day of _____, _____ by and between the Kansas Health Policy Authority, the single State Medicaid Agency (hereinafter "KHPA") having offices at Topeka, Kansas, and _____, a _____, having offices at _____ (hereinafter "_____".

WHEREAS, KHPA and _____ (hereinafter the "Parties"), contemplate that they may exchange research, technical, financial and/or business information (documentation and/or hardware) relating to a program to assess _____(hereinafter the "Program"; and

WHEREAS, _____represents that the technical information is personal property, and that _____ is the sole owner of any and all proprietary rights in the technical information, which may or may not be patentable or constitute the basis of patentable inventions, and may be treated as Proprietary Information and/or as Confidential Information;

NOW THEREFORE, in consideration thereof, the Parties agree as follows:

1. Definitions

A. "Disclosing Party" means the Party disclosing information to the other in furtherance of the Program.

B. "Receiving Party" means the Party receiving information from the other in furtherance of the Program.

C. "Proprietary Information" is any information, knowledge or data received by the Receiving Party from the Disclosing Party in furtherance of or pursuant to the Program that is clearly marked with proprietary legends by the Disclosing Party at the time of disclosure and, if the information is orally or visually disclosed, that it is identified as proprietary at the time of said first disclosure and is clearly marked with proprietary legends and/or is reduced to writing within thirty (30) days of oral disclosure.

2. Covenants

A. KHPA agrees, subject to the provisions of the Kansas Open Records Act, K.S.A. 45-201 et seq., as amended, that all documents received from and marked by _____ as Proprietary Information will be treated by KHPA with the same degree of care with which KHPA treats and protects all Proprietary Information.

B. _____ agrees that all documents received from and marked by KHPA as Proprietary Information will be treated by _____ with the same degree of care with which _____ treats and protects its own Proprietary Information.

C. The Receiving Party shall use such Proprietary Information only for the mutual benefit of the Parties and in furtherance of the Program. The Receiving Party shall not use such Proprietary information for any other purpose, such as competing with the Disclosing Party.

D. In the event that the Disclosing Party furnishes sample products or other equipment or material ("Items") to the Receiving Party, which are suitably marked to identify them as encompassing Proprietary Property of the Disclosing Party, the Items so received shall be used and the Proprietary Information derived from said Items shall be treated as Proprietary Information transferred pursuant to this Agreement. The Receiving Party agrees not to cause or permit the reverse engineering, reverse assembly, or reverse compilation of the Items.

E. All Proprietary Information items shall remain the property of the Disclosing Party and shall be promptly returned to the Disclosing Party or destroyed upon written request. The requested action will be at the expense of the Disclosing Party.

F. The obligations under this Agreement as to any Proprietary Information shall continue for five (5) years from the date of first disclosure of such Proprietary Information to the Receiving Party, notwithstanding any earlier expiration or termination of this Agreement.

G. No breach of this Agreement shall occur if any Proprietary Information is disclosed and any one of the following occurs or has occurred:

(i) such information is in the public domain at the time of initial disclosure to the Receiving Party by the Disclosing Party, or subsequently becomes publicly known through no wrongful act of the Receiving Party;

(ii) such information is known to the Receiving Party prior to the time of initial disclosure, as evidenced by competent and contemporaneous written documentation;

(iii) such information is furnished to a third party by the Disclosing Party without confidentiality restrictions substantially similar to those herein;

(iv) such information is rightfully received by the Receiving Party, without restriction as to further disclosure, from a third party who had the lawful right to disclose such information;

(v) such information is independently developed by the Receiving Party without the use of or reference to Proprietary Information; or

(vi) such information is required to be disclosed pursuant to proper governmental or judicial process, provided that notice of such process is in such process to contest such disclosure.

The identification of any of the occurrences, (i) - (vi) above, will be promptly communicated between the parties to this Agreement.

H. The Parties hereto represents and warrants that they have the full right and authority to enter into this Agreement and to exchange Proprietary Information pursuant to the terms and covenants of this Agreement.

3. Disclaimers

A. All Proprietary Information disclosed under this Agreement shall remain the exclusive property of the Disclosing Party and nothing contained herein shall be construed as a grant, express or implied or by estoppels, of a transfer, assignment, license, lease of any right, title or interest in the Proprietary Information.

B. Neither party makes any warranty or representation as to the accuracy or completeness of any Proprietary Information disclosed under this Agreement.

4. No Other Business Relationship

This Agreement does not represent or imply any agreement or commitment to enter into any further business relationship. This Agreement does not create any agency or partnership relationship between the parties or authorize a party to use the other party's name or trademarks. Neither party is precluded from independently pursuing any activities similar to or in competition with the Program contemplated herein. Neither party will be liable to the other for any of the costs associated with the other's efforts in connection with this Agreement.

5. Term

This Agreement shall expire five (5) years after the effective date hereof unless terminated earlier upon the end of a thirty (30) day period after receipt of a written notice by one party from the other. Such termination shall not affect the Receiving Party's obligations relative to Proprietary Information received prior to the effective date of such termination, as defined in Paragraph 2.F above.

6. Assignment

This Agreement and the rights and duties hereunder may not be assigned or otherwise transferred by either of the Parties without the prior written consent of the other. If this Agreement is so assigned or otherwise transferred, it shall be binding on all successors and assigns.

7. Governing Law

This Agreement shall be governed and construed in accordance with the internal laws of the State of Kansas, without giving effect to the choice of law or conflicts of law principles of such state. Any legal action or proceeding relating to this Agreement shall be instituted in a state or federal court in Shawnee County, Kansas.

8. Severability

If any provision of this Agreement shall be adjudged by any court of competent jurisdiction to be unenforceable or invalid, that provision shall be limited or eliminated to the minimum extent necessary so that this Agreement shall otherwise remain in full force and effect and enforceable.

9. Waiver

The failure of either part to act in the event of a breach of this Agreement by the other shall not be deemed a waiver of such breach or a waiver of future breaches, unless such waiver shall be in writing and signed by the party against whom enforcement is sought.

10. Entire Agreement/No Amendment

This Agreement constitutes the entire understanding between the Parties and supersedes all previous understandings, agreements, communications, and representations, whether written or oral, concerning the treatment of Proprietary Information.

11. Authorized Signature

This Agreement is valid only when signed by an employee with authority to bind that party.

12. Miscellaneous

A. The following individuals are designated as the persons to receive Proprietary Information from the Disclosing Party:

_____
_____
_____
_____

Kansas Health Policy Authority
900 SW Jackson Ste 900N
Topeka, KS 66612

Either Party can change the individual designated by written notice to the other. Receipt of Proprietary Information by any individual other than the designated receiver shall not affect the obligations of the Receiving Party.

B. This Agreement may not be superseded, amended or modified except by written agreement between the Parties, and signed by a duly authorized official of each of the Parties.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement and/or authorized same to be executed by their duly authorized representatives as of the date shown below the respective signatures, said Agreement to be effective as of the later date.

Kansas Health Policy Authority	_____
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

RFP Appendix 1: REQUIREMENTS

The following Requirements Matrix workbooks and worksheets are available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/. Proposers shall complete the requirements workbooks and worksheets in accordance with the instructions contained therein and include them in TECHNICAL PROPOSAL APPENDIX 1 (see RFP Section 3.4.19).

A1.1 REQUIREMENTS – GROUPS BY WORKBOOK

Requirements are categorized into the following workbook and worksheet groups:

1. **Public Self-Service Portal Workbook**
    a. Portal – General Worksheet
    b. Self Assessment Worksheet
    c. Online Intake Application Worksheet
    d. Portal – View or Change Information Worksheet
    e. Portal – Pilot Worksheet
2. **Functional Eligibility Requirements Workbook**
    a. Presumptive Eligibility Tool Worksheet
    b. Registration / Intake Worksheet
    c. Determine Eligibility Worksheet
    d. Caseload Management Worksheet
    e. Quality Assurance Worksheet
    f. Cost Avoidance Worksheet
    g. Incorrect Payments and Collection Worksheet
    h. Fair Hearing and Grievances Worksheet
    i. Presumptive Medical Disability Determination (PMDD) Worksheet
3. **General Functional Requirements Workbook**
    a. General Requirements Worksheet
    b. Notices and Outreach Worksheet
    c. Workflow Worksheet
    d. High Level Client Index Worksheet
    e. System Documentation Worksheet
    f. Imaging Worksheet
    g. Policy Management Worksheet
    h. Storage Worksheet

4. **Reporting and Business Intelligence Workbook**
    a. Reporting Worksheet
    b. Performance Management Worksheet
5. **Security Management Workbook**
    a. Security Worksheet
    b. Profile Management Worksheet
    c. Audit Trail and History Worksheet
6. **Technical Workbook**
    a. Architecture Worksheet
    b. Processing and Operations Worksheet
    c. Database Management Worksheet
    d. Maintenance Worksheet
    e. Desktop and Server Configuration Worksheet
    f. IT Policy Worksheet
    g. Disaster Recovery Worksheet
    h. Exception-Error Handling Worksheet
7. **User Support Workbook**
    a. User Support Worksheet

Additional requirements discussion follows.

A1.2 WORKBOOK #1: PUBLIC SELF-SERVICE PORTAL

A discussion of each worksheet in the Public Self-Service Portal Workbook follows.

A1.2.1 Worksheet #1a: Portal – General

Proposers shall respond to all requirements in the Portal – General Worksheet.

K-MED must include a portal for the general public that offers features for both members and non-members. The portal will allow anyone to complete a screening for potential eligibility, find information about medical programs, and apply for coverage. Once securely logged on, active members will have additional features available, including the ability to check the status of an application, check benefits, report a change, complete a review form, and read notices sent to them. The portal shall be accessible in multiple languages to include English, Spanish, Chinese, French, Japanese, Korean, Arabic, Farsi, German, Hmong, Lao Russian, Somali, Swahili, and Vietnamese. KHPA is responsible for providing translated material. The K-MED Contractor is not responsible for translating written documents but is responsible for ensuring all material is displayed properly, including special characters needed for some languages. The portal shall accommodate a diverse population of users including those with visual and hearing impairments, persons with low and moderate educational levels, and the elderly. The system shall be 508 compliant.

All features must be accessible through a single website, although the portal may link to other locations. When first entering the website, the user shall be presented with all features, including the self-assessment tool, the intake application and the “check benefits” features. Through the MMIS Contractor, HP Enterprises, KHPA members currently have access to a member portal to check coverage. The K-MED vendor must collaborate with HP to provide a single log-on that enables the member to access

information from both systems. This solution must be cost-effective by leveraging the existing portal. The proposed solution must describe how the vendor will manage coordinating the portal. Additional information regarding HP Member Service can be obtained by completing a Disclosure Agreement and submitting it to the Purchasing Officer (please see RFP Section 3.4.7, Item #9).

KHPA requires that all rules supporting the portal be cross-referenced or linked to the K-MED System so that a rule only needs to be changed once to be effective throughout the system.

A1.2.2 Worksheet #1b: Self Assessment

Proposers shall respond to all requirements in the Self Assessment Worksheet.

The self assessment tool will offer anyone the ability to complete a high-level eligibility determination for potential medical coverage. The self- assessment tool shall screen for all medical programs and is not meant be a final determination of eligibility.

The Self Assessment tool must accommodate the individual who wishes to provide the least amount of information possible. Basic information includes household size, gross income, resources, etc. This basic information should indicate programs for which a consumer is potentially eligible and provide a link to the Online Intake Application if the consumer wishes to apply.

The self assessment tool will also accommodate the individual who wishes to provide more detailed information, including personal identifying information. When specific information such as full name, date of birth, and / or social security number are provided, the Self Assessment tool shall offer access to the eligibility system to identify the consumer and other household members and identify any current or recent benefits. PII, PHI or other confidential information cannot be released unless the individual has securely logged on. Once the assessment is completed the tool shall indicate programs for which the household are potentially eligible and provide a link to the Online Intake Application if the consumer wishes to apply.

A1.2.3 Worksheet #1c: Online Intake Application

Proposers shall respond to all requirements in the Online Intake Application Worksheet.

A user-friendly Online Intake Application will enable persons to apply for any medical program online. For persons accessing the application from the Self-Assessment tool, specified information will auto-populate the Online Intake Application. The Online Intake Application shall guide the consumer through the application process. It will only present the consumer with questions that pertain to their specific situation or request for coverage. For example, a mother who completes an application for her two children only would not be presented with questions that pertain to the Elderly & Disabled medical program (such as resources). Or, an elderly individual reports that she owns a life insurance policy would then be prompted to provide additional information about the policy (such as issuing company, cash surrender value, and loan amount). The Online Intake Application shall lead the consumer field by field, but require only the minimum information necessary to apply for services. With this in mind, the Online Intake Application should also provide hints or tips when a question is skipped or information is left incomplete.

An electronic signature process which meets KHPA requirements must also be offered. KHPA is also considering telephonic signatures. If the applicant has securely logged on, the Online Intake Application shall access the K-MED System to determine if any or all individuals are known to the eligibility system. If they are known, the system shall review the individuals separately and determine if verification of certain information has been provided in the past. An example of this is citizenship and / or identity documents. The consumer shall then be presented with a list of information that they either failed to provide or may have to provide for a determination to be made. The consumer shall have the option to review the entire application and make corrections. The consumer shall also be presented with the option of including supporting documents. A variety of options must be available for providing supporting documents, including up-loading, e-mailing, scanning, etc. The consumer can attach any information that will be needed to complete the application (including copies of birth certificates, pay stubs, tax returns, etc.).

The system must route the application to the appropriate staff person, work unit, or queue. For Phase I, this will require a process to route the application, in a format that mirrors an existing application form, to the location that will be responsible for processing. Not all locations will have implemented imaging systems and the Proposer must address how applications will be available to all service locations. For Phase 2, The Proposer must address how applications will be delivered when K-MED is fully implemented when KHPA expects imaging services to be available at all locations.

Members must also have the option of completing a review on-line. Consumers who have securely logged-on will have access to personal information and personal information will be used to help the member complete the review process. KHPA may require a specialized form or just a series of questions. Signatures may or may not be required at review.

A1.2.4 Worksheet #1d: Portal – View or Change Information

Proposers shall respond to all requirements in the Portal – View or Change Information Worksheet.

The portal shall offer members, and persons designated to act on their behalf, access to personal information. The portal will allow the individual to access current and historical information about their case(s). The information, and options, provided to a consumer must be coordinated with MMIS Member Web Services. Information must be easy to read. For example, this feature will allow an applicant to see if a request for coverage is still pending, or, if it is has been processed, the household members who were approved for coverage.

Members, and persons designated to act on their behalf, must also have the ability to report changes. A clear, easy to follow process to capture all necessary change information must be included. For example, if a member reports a new job, additional questions regarding payment rates and availability of health insurance shall follow. When information is reported through the portal, eligibility staff must be automatically notified that information has been reported.

A1.2.5 Worksheet #1e: Portal – Pilot Worksheet

Proposers shall respond to all requirements in the Portal -- Pilot Worksheet.

The Pilot Phase is discussed in RFP Section 2.6 – Implementation and Integration Services Scope.

A1.3 WORKBOOK #2: FUNCTIONAL ELIGIBILITY REQUIREMENTS

A discussion of each worksheet in the Functional Eligibility Requirements Workbook follows.

A1.3.1 Worksheet #2a: Presumptive Eligibility Tool

Proposers shall respond to all requirements in the Presumptive Eligibility Tool Worksheet.

Presumptive Eligibility (PE) allows children the opportunity to receive medical benefits at the time of need. The Presumptive Eligibility program allows certain Medicaid providers to authorize temporary medical coverage for children while the household's formal application for medical benefits is being processed. Medicaid providers authorized to make Presumptive Eligibility decisions are known as Qualified Entities. Trained staff members from these entities are in contact with children and their families at the time of the medical need, and complete a Presumptive Eligibility determination for each child for whom assistance has been requested. They also assist the family with the medical assistance application process. Each entity completes PE determinations at multiple locations.

Qualified entities complete a determination for PE using simplified eligibility requirements that focus on the household's statement of household size, monthly income, and access to other healthcare coverage. Because the PE determination is based on a simplified process, it may not have the same outcome as the final eligibility determination. If a child is eligible for PE coverage, staff members at the Qualified

Entity provide proof of medical assistance coverage to the household. The entity is responsible for providing the family with notification of the outcome of their PE determination.

Currently, Kansas has four Qualified Entities:

1. Children's Mercy Hospital – Kansas City, Missouri;
2. Via Christi Regional Medical Center – Wichita, Kansas;
3. GracedMed Health Clinic – Wichita, Kansas; and
4. Hunter Health Clinic – Wichita, Kansas.

KHPA provides the PE program as a component in a targeted outreach effort to provide medical assistance coverage to children who appear to be eligible but are not yet enrolled. KHPA has plans to significantly expand the presumptive eligibility program by adding new sites in the future. In addition, KHPA will begin providing presumptive eligibility coverage for pregnant women.

Currently this determination is completed outside of the eligibility system. KHPA expects the PE determination will be integrated into the eligibility system so that policies can be applied consistently, and data collection is improved.

Specific implementation time frames for PE functionality are required. As PE is included in both the Pilot Phase and Phase 1, and the Contractor must be prepared to roll-out the PE Tool by February 15, 2012. As with the self service portal and on-line intake application, there are other requirements necessary to implement these features, and the Proposer shall provide an explanation of those in the proposal.

In addition, as part of the overall K-MED project, KHPA will also be expanding PE to Pregnant Women soon after the implementation of the PE Tool. The functionality to operate PE for Pregnant Women is included in Implementation Phase 1 scope.

A1.3.2 Worksheet #2b: Registration / Intake

Proposers shall respond to all requirements in the Registration / Intake Worksheet.

Registration is the basic function of recording information into the system to track a request for coverage. The information recorded during the registration process is used to create unique individual identification numbers (High Level Client Index) and case numbers. In addition, the application date, the request for coverage date, and any expedited or accelerated indicators are also captured. The information is used to create the basis for medical determination, including household composition, appropriate assistance plan(s), and the applicable budgeting method. The K-MED System must support manual registration as well as automatic registration from an electronic application or request. KHPA hopes to increase efficiency by reducing the number of manual registrations through the implementation of the Online Intake Application. In addition, the K- MED System must also automatically determine potential medical program eligibility based upon information received during the registration process. For example, it must recognize that a pregnant teen may be eligible for pregnant woman coverage, caretaker medical, poverty level child coverage (Medicaid or CHIP), and medically needy coverage. Staff will no longer have a need to identify the medical program upon registration. Eliminating this step will increase efficiency and will also ensure that no medical program is overlooked during the eligibility determination process.

The K-MED System will also use the registration process to identify individuals who were previously known to the system, currently receiving assistance, or currently associated to another case. It is very important that duplicate individual numbers are not created for the same person, and that people currently receiving assistance are identified during the registration process. Although KHPA hopes to see the majority of coverage applications come through the online application process, the K-MED System must also support capturing intake through traditional methods, such as paper applications, telephone, and mail requests.

A1.3.3 Worksheet #2c: Determine Eligibility

Proposers shall respond to all requirements in the Determine Eligibility Worksheet.

Eligibility determination is the process of applying an ever-evolving complex and hierarchical set of rules to specific data associated with an individual or assistance unit for the purpose of identifying entitlement to coverage under one or more established medical assistance programs. The determination process is fluid in that eligibility is evaluated continuously throughout the individual's association with the Kansas medical assistance programs – at initial application, during scheduled periodic reviews, as relevant changes occur, and whenever specific program eligibility requirements change or new ones are added.

Kansas currently administers approximately 50 different medical assistance programs. Some of these programs are stand alone while others integrate or conjoin to create an eligibility coverage package. At a minimum, the eligibility system must accomplish the following:

1. Eligibility Periods: The K-MED System must allow base periods (budget periods) to range in duration from one to six months with the ability to shorten or lengthen individually established periods as needed and retain a viewable history of these changes. The K-MED System must determine the correct base period automatically with the option for manual override.

   Penalty periods which may limit eligibility for specific programs or services must also be determined, applied, maintained, adjusted, rescinded, and / or reinstated as the circumstances dictate. The system must also support full month as well as date specific eligibility. The K-MED System must automatically determine the effective date of coverage and must transmit this information to the MMIS.

2. Non-Financial Eligibility: The K-MED System must support various non-financial tests, including residency, citizenship, and alienage and cooperation. Once met, some non-financial tests are considered met for the individual's lifetime. The K-MED System must be able to recognize these situations and track such indicators. The System must also have the capability to place in a pending status certain eligibility factors for later follow up or resolution.

3. Financial Eligibility: The K-MED System must provide accurate and complete financial eligibility determination. It must support a number of budgeting methodologies, including the ability to perform multiple tests on a single household when some family members may be eligible for multiple programs. It must recognize various types of incomes and resources and the countable / exempt status of incomes and resources by program or individual. There are a number of variations in the determination of countable income and assets and these rules are constantly changing. The K-MED System must provide a worker-friendly solution to this complicated process.

4. Alerts: The eligibility system must provide the capacity to create and direct to appropriate internal and external users automatic and optional manual alerts upon the occurrence of specified events.

5. Capture, Retain, and Display Data: The eligibility system must capture, retain, and display data received from various sources, including the Online Intake Application or dedicated eligibility staff (internal and external). The system must allow changes to the data with a viewable history of all changes.

6. Mass Change: The eligibility system must have the capability to automatically re-determine eligibility for a group or groups of recipients based on specified occurrences, such as time limited coverage, a change in program protected income level, a cost-of-living adjustment to public or private benefit payments, or a change in standard / common health insurance premium amounts.

5. Communicate with external entities: The eligibility system must be able to automatically or manually communicate with partner agencies and interface with other systems, such as nursing facilities, PACE entities, HCBS case managers, medical clinics, and MMIS and SSA data systems. This includes the ability to send and receive referrals and information.

6. Long term care: The eligibility system must be capable of determining applicant eligibility for specific non-independent living long term care programs such as Institutional Living, PACE,

HCBS, and WORK. These programs require a secondary level of rules in addition to the underlying primary Medicaid eligibility requirements. There is also an inherent co-dependency outside partnership element associated with these programs.

Applicant / recipients move from one living arrangement to another which provides the basis of the eligibility determination – independent living one day, hospitalized the next, admitted to a nursing facility a week later, and then eventually discharged to an HCBS arrangement after several months. The system must be fluid enough to track this movement, determine the appropriate program eligibility, the cost sharing (if any) based on the specific program protected income level, and coordinate with the partner entities at each step of the way. It is vitally important that the system support an effective method to process retroactive eligibility program changes.

7. Spousal impoverishment: The eligibility system must support a separate automated resource assessment and / or income allocation determination for an individual in a long term care living arrangement that also has a community spouse. The assessment must capture resource data for a specific date in time and calculate a community spouse resource allowance (CSRA) based on established guidelines. That CSRA must then be permanently retained (with an ability to revise the amount) and associated with the individual and spouse in an eligibility determination for long term care coverage. Once completed in a separate calculation, the income allocation determination will also be associated with the individual and spouse for long term care purposes.
8. Case Log: The system must generate entries automatically bases on specific actions while also supporting manual entries. All entries of the case log must be retained, though the ability to suppress any entry must also be present. In addition, the case log must automatically populate fields, such as the date, time, and user. Because the case log serves as a historical record of eligibility, it must be flexible and have the capacity to view, research, download, and print in a variety of ways.
9. Case Maintenance: The eligibility system must be capable of processing changes that occur during the eligibility period. When a change is reported, the system shall update case information, re-determine eligibility, generate notification to the consumer, and add documentation to the case log of actions which have occurred. This process shall be automated, but allow for manual intervention or updates as required by staff. Changes reported on the case may be handled by staff or changes may occur as part of a system interface.
10. Reviews: The eligibility system must support the process of reviewing eligibility. Reviews occur at different intervals for the various medical programs. The system shall support varying methods of reviewing eligibility. These may include a paper process where a review form is generated with pre-populated individual case information and mailed to the consumer. It shall also support the ability to conduct reviews by telephone and passive reviews whereby the coverage is continued when no changes are reported.

A1.3.4 Worksheet #2d: Caseload Management

Proposers shall respond to all requirements in the Caseload Management Worksheet.

The K-MED System must support multiple case management approaches. Families come in all shapes and sizes and the K-MED System must be flexible enough to support this variety. These households contain members who may belong to several different assistance plans which may require different budgeting methods. For example, a household may have a woman and her two biological children living with her boyfriend who is the father of her unborn child. Another family may have one member who is a SSI recipient and the other family members are eligible for a poverty level program. The K-MED System must support these various case composition scenarios and have the ability to manage these cases.

Under the current service delivery model used for the medical programs is can be difficult to adequately provide eligibility determinations for a whole family, or even an individual. Various members of a family may have eligibility determined and managed at different offices.

Currently, families may have medical assistance requests for some household members processed and maintained in the Clearinghouse while other household members have their requests processed at the local SRS office or by the KATCH outreach staff. Specific criteria have been developed to determine which staff processes which types of request. The primary criteria concern the type of medical assistance a household member receives. For example, a disabled parent with a child may have their Working Healthy case managed at the SRS office while the child's HealthWave coverage may be managed at the Clearinghouse. Because the cases don't cross reference appropriately in the current system, it takes careful coordination between staff in both locations to ensure accurate benefits are provided. Foster Care eligibility staff members in the local SRS offices maintain medical coverage for children in Foster Care. When a child leaves foster care and has been reunited with his family, the family applies for medical assistance at the Clearinghouse. Extra effort on the part of both the foster care eligibility worker and the Clearinghouse worker are required to ensure the child's coverage does not lapse. Even a slight break in coverage can impact a fragile reintegration plan.

The criteria that drive this current business model will continue to exist and must be supported by the K-MED System.

Requests for medical assistance may be received on an application that also has a request for the Supplemental Nutrition Assistance Program (SNAP). The system must be able to separate these requests so that the SNAP request is routed and processed in the current system and the medical request, along with the imaged documents, will be routed and processed within the K-MED System. These two requests may be processed by the same worker who will have to work in the two different systems to determine the eligibility for both requests. Some basic eligibility information may need to be sent and received from each system through an interface to support these staff that may be working in the two systems.

The K-MED System must allow for cases to be transferred as necessary to meet the business needs and to support the Kansas business model. Cases are often transferred from one caseload to another. Staff at an SRS office may determine initial eligibility, and then the case may be transferred to the KHPA Clearinghouse for maintenance. The Clearinghouse may then have to transfer a case back to the SRS office if certain changes are necessary. At times, several cases have to be transferred at the same time due to balancing caseloads between staff, establishing new caseloads, reorganizing within the agency, or other changes that necessitate the redistribution of the cases.

The ability to evaluate and monitor caseloads is necessary to manage the resources and ensure the work is completed in a timely manner.

A1.3.5 Worksheet #2e: Quality Assurance

Proposers shall respond to all requirements in the Quality Assurance Worksheet.

The mission of KHPA's Medicaid Eligibility Quality Control (MEQC) and Payment Error Rate Measurement (PERM) teams is to assist the State with program efficiency and resource utilization by evaluating the performance of existing and future health care programs and providing measureable data for accountability in compliance with federal reporting requirements. To accomplish this, it is essential that the K-MED System be able to randomly sample selected Medicaid and CHIP beneficiaries per ever-changing, but specific PERM and MEQC project criteria, and provide MEQC with an accurate electronic record and timeline of all information used and actions taken to make the eligibility decision. Additionally, to assist the State with the corrective action process, the State is requesting that the MEQC review forms developed annually be available on the K-MED System as well as specified reports automatically generated from this information. The goal of MEQC is the elimination of erroneous benefit assignment and payment by providing project data to improve customer service, focus training efforts, and assist in effective policy decision making at the Central Office level. Please see the document titled Medicaid Eligibility Quality Control referenced in RFP Appendix 22.

A1.3.6 Worksheet #2f: Cost Avoidance

Proposers shall respond to all requirements in the Cost Avoidance Worksheet.

KHPA coordinates with internal and external teams to perform medical cost avoidance functions. These entities provide the business functions that include Third Party Liability (TPL) who identify private insurance in which consumers are enrolled; Child Support Enforcement (CSE) who identify private insurance provided by an absent parent; Estate Recovery Unit (ERU) who pursue the assets of deceased consumers; Health Insurance Premium Payment System (HIPPS) who identify employer provided health insurance available to consumers; and the Medical Subrogation Unit who identify payments made for medical services from lawsuits.

If these business functions are properly administered and supported, great cost savings to the State can result. The K-MED System must support and enhance these business functions so that the opportunities to increase recoveries are improved.

The K-MED System must improve the process for identifying potential third party payers of medical assistance claims. Many consumers have private insurance, are eligible for insurance from their employer, but are not enrolled, have private insurance provided by an absent parent, receive settlements from law suits, or have resources recoverable by Estate Recovery after their death. Identifying these situations, pursuing these resources, and tracking activities can lead to recoveries and substantial savings for KHPA. Currently, many of the processes in place to support the cost avoidance and recovery functions are paper-based manual functions. The K-MED System must enable automation of these processes to support increased capacity for these referrals. This automation should allow for increased efficiencies for the various agencies and their staff that are involved in these processes.

Currently, MMIS performs claims payment functions, supports asset recovery functions, and maintains TPL information. KHPA does not envision these functions changing with the implementation of the K-MED System. Rather, the process to support these functions within the MMIS shall be made more efficient with K-MED. Currently, a user must sign on to MMIS to access and view this information. KHPA prefers that this information be viewable within the K-MED System to allow staff to access the information with minimal effort. KHPA does not specify a method to solve this problem, but has considered the creation of a new interface from MMIS containing this information. The information would be sent to the K-MED System to load and display the data. Another option would be the creation of a “window” into MMIS which would allow the information to remain there but would be viewable in a K-MED System screen / window. KHPA is open to other proposed options that would allow users easier access to information residing in MMIS to assist with an expected increase in cost-avoidance activity.

A1.3.7 Worksheet #2g: Incorrect Payments and Collection

Proposers shall respond to all requirements in the Incorrect Payments and Collection Worksheet.

Incorrect benefits can be either the overpayment or underpayment of medical coverage caused by client or staff errors. It is unfortunate when these errors occur, and issues for customers, providers, and staff result. KHPA seeks a solution that will minimize incorrect payments by ensuring policy is consistently applied across all cases and by using data obtained through trusted sources, such as interfaces. But, when incorrect payments do occur, the K-MED System must provide an efficient solution to support the identification, calculation, monitoring, and collection of these incorrect medical benefits.

In many cases, the amount of an overpayment is directly related to claims that have been paid. This information is available in MMIS. MMIS pays and retains the claims payment information and history for all claims, including fee-for-service claims, Managed Care capitation payments, cost sharing premiums, etc. The K-MED System must be able to access this information to calculate the initial overpayment amount. It must also process any changes to that amount if adjustments, denials, or reversals are made to any claims used in the initial calculation. This reconciliation process is very important as claims may be submitted up to a year after the service was provided. Claims may also be adjudicated with one result, only to be resubmitted and adjudicated with a different result later. The K-MED System must support these types of situations when calculating and tracking incorrect payments. A similar process is needed for underpayments in more limited situations.

Several state agencies receive and use Medicaid, CHIP, and other State-funded dollars for their programs and services. The K-MED System must also be able to determine the amount of the incorrect benefit that can be attributed to each of these agencies and the percentage of Federal / State share, if appropriate.

A1.3.8 Worksheet #2h: Fair Hearing and Grievances

Proposers shall respond to all requirements in the Fair Hearing and Grievances Worksheet.

Applicants, recipients, providers, and other concerned citizens have the right to request a formal hearing concerning a decision or final action of the responsible agency. These hearings occur through an administrative process with decisions rendered by an independent arbitrator. Unfavorable decisions may be appealed by either party to the action to a secondary administrative appeal level. An adverse decision rendered against the initiating party at that stage may be appealed to district court for review.

In addition, an informal complaint in the form of a grievance concerning an agency action or policy may be received. A review of the situation is completed for possible corrective action. If warranted, corrective action is taken immediately. If not, the complainant is contacted to inform them of their right to request a fair hearing. The process would then proceed as described above.

In rare instances, the agency may also initiate a fraud determination against an individual through a court of appropriate jurisdiction. This process is outside of and separate from the informal administrative process outlined for fair hearings and grievances.

The eligibility system must support all functions of the fair hearing, grievance, and fraud determination processes. Communication and coordination between all entities to the process is crucial, whether it be the individual filing the appeal, the decision making agency, or the administrative hearings division where the request is filed.

KHPA currently maintains a fair hearings data base which records all appeal requests received for the agency. The HP Fair Hearings Data Base will continue to serve this function and the K-MED solution must interface with this agency registry. The HP Fair Hearings Data Base will provide overall tracking of fair hearing requests and the ultimate disposition and status of the hearing. However, additional detail of eligibility-related hearings will be maintained in the K-MED System. The Proposer must include a solution that doesn't duplicate the functions provided by the current data base.

The K-MED System must allow the automated and manual creation, assignment, identification, and tracking of all fair hearing requests, grievances, and fraud filings. This includes the status of the proceeding, timetables and action due dates, decisions rendered, ultimate outcomes, and cross references to similar actions associated with specific individuals, assistance units, programs, or particular eligibility data elements (such as resources, income, or transfer of property).

The system must support the ability to maintain and create standardized forms and templates used in association with these processes. Upon completion, the forms are filed and / or transmitted electronically to the appropriate entities, such as the Office of Administrative Hearings, the District Court, or other partner agency.

A1.3.9 Worksheet #2i: Presumptive Medical Disability Determination (PMDD)

Proposers shall respond to all requirements in the Presumptive Medical Disability Determination (PMDD) Worksheet.

In order to receive Medicaid based on disability, an individual must qualify using the Social Security Administration's (SSA) disability criteria. As part of the eligibility determination, eligibility staff members check the Social Security record to determine if a disability finding has been made. If a disability determination has not been completed by SSA, an internal disability decision is made. The Presumptive Medical Disability Determination (PMDD) process is used to make these decisions. The Presumptive

Medical Disability Team (PMDT) is the operational unit in KHPA which makes internal medical disability determinations.

The PMDD process is initiated by an application for medical assistance for an individual claiming a significant disability but does not have a determination from SSA. A referral is made to the PMDT to complete the disability determination, but the eligibility worker remains responsible for completing the full eligibility determination. The PMDT completes the disability determination by collecting information from written forms and, sometimes, telephone calls. Medical records are collected to assist with the determination. PMDT requests these records from medical providers, and a special release, signed by the patient, is usually necessary to obtain the documents. Once all the information is gathered, a Disability Examiner provides an initial finding on the case. Cases found appropriate for approval are then routed to the Disability Review Team (DRT) for a final decision. Kansas Disability Determination and Referral Services currently contracts with KHPA to provide the DRT services. The final decision on the case is communicated back to the PMDT, who gathers the information and provides the information back to the eligibility worker. The PARTS system is currently used to support the PMDT. It provides for some workflow and tracking as well as a record of historical determinations.

The K-MED System will provide for automatic referrals between eligibility staff and PMDT and between PMDT and the DRT. If will also provide an automated workflow that recognizes when cases are pending with PMDT. It will generate requests for additional information, including medical records, and track record information received. As PMDT may need to schedule some telephone appointments, it will also provide scheduling features.

All data from PARTS is expected to be converted to the K-MED System.

A1.4 WORKBOOK #3: GENERAL FUNCTIONAL REQUIREMENTS

A discussion of each worksheet in the General Functional Requirements Workbook follows.

A1.4.1 Worksheet #3a: General Requirements

Proposers shall respond to all requirements in the General Requirements Worksheet.

A discussion of the General Requirements Worksheet follows.

A1.4.1.1 Basic Functionality

KHPA expects the K-MED System will be developed with the end-user in mind, especially eligibility staff that are responsible for processing large volumes. With the implementation of the Affordable Care Act the need for a highly efficient support system is amplified as the volume of work is expected to drastically increase. The K-MED System must truly act as a helpful tool for the end user and enable staff to work to the full extent possible. Quick response time, minimizing the number of “clicks” necessary to navigate the system, eliminating data entry of the same information, maximized system availability, the ability to easily navigate through the system, and linking values are some of the features that the K-MED System must possess.

KHPA has established standards for response time, hours of operation, and functionality that will enable the user to work efficiently. Regarding hours of operation, the proposal must specifically state the approximate hours necessary for system maintenance and when maintenance is usually scheduled. It is most critical that all system functionality be available from 7am – 7pm. KHPA may consider alternatives to these standards if the solution proposed provides the level of functionality described. If the vendor is suggesting such alternatives, the proposal must clearly outline benefits to KHPA (such as cost effectiveness) and how the proposed alternative would impact the requirements.

The Contractor must also provide an interface with a postal suite to validate addresses and help identify incorrect addresses. The Contractor must also interface with the hosting provider.

KHPA relies on funding from a number of federal agencies and programs to support the administration of the medical programs. Many of these programs allow KHPA to receive federal funds based upon a predetermined federal matching rate. Matching rates vary by program and project. For example, Medicaid operations matching rates differ from those available for some Medicaid projects. Documentation for all claims of federal matching funds is required. The K-MED System will support multiple medical programs and claims for administrative matching funds for all activities performed by the Contractor must be documented to support KHPA's claim for federal funding. The Contractor is responsible for providing a Cost Allocation Plan of any and all administrative costs incurred. The proposal shall clearly explain how the Bidder's solution will provide for accurate and thorough cost allocation.

In addition, the proposal shall include a Customer Relationship Management (CRM) solution to document and manage interactions with both consumers and the general public. The solution must allow front line staff working directly with customers to have easy access to existing customer information, enabling staff to provide quick and accurate responses to inquiries. The CRM must allow the staff person handling the contact to make notes during the call, and then create any necessary work tasks as a result of the contact. It must automatically notate the call in the case file, or other location where no case file exists. Tasks will be assigned according to the appropriate workflow for the situation, but may go to another staff person, a work queue, or remain with the person taking the call. KHPA seeks solutions which automate a number of these steps, yet still supports the service delivery model. Ultimately, the CRM component will facilitate a positive customer experience while increasing operational efficiency. In addition, the CRM shall provide KHPA with reporting capabilities regarding customer contact volumes and types. For instance, the CRM shall allow KHPA to identify peak call times, key issues which create additional contacts, and demographics of those making contacts. KHPA recommends that the vendor consider integrating the CRM solution with the requirements related to grievance tracking.

A1.4.1.2 GIS Capabilities

KHPA is asking contractors to address how their solution may be enhanced by the use of GIS in its operation. KHPA and the State are very interested in using GIS technology more effectively, especially in a large volume operation such as the medical assistance program. Each proposal shall address how GIS can and has been used previously to better meet eligibility system business objectives.

A1.4.2 Worksheet #3b: Notices and Outreach

Proposers shall respond to all requirements in the Notices and Outreach Worksheet.

A discussion of the Notices and Outreach Worksheet follows.

A1.4.2.1 Notices

Effective communication with members and non-members is essential. The ability to effectively communicate with the many customers, entities, agencies, and collateral contacts with which KHPA interacts is vital to KHPA operations and business. Medical programs have traditionally relied on paper-based processes as the means for these communications. The K-MED System offers the opportunity to broaden notification methods to include new technologies that allow easier, faster, and more effective communication. The K-MED System must provide the ability for the member to view notices through a window on the web portal. All notices must be available in a broad range of languages as well. All methods of communication shall comply with Federal and State confidentiality and privacy laws, including HIPAA. Notices must be sent nightly as well as some weekends as KHPA must provide timely information to applicants and recipients.

The K-MED System must allow notice to be mailed to multiple parties. For example, in some situations a copy of a notice sent to a client must also be generated for a Responsible Person on the case. Mass change events may require the production and mailing of thousands of notices. Notice generation must be worker-friendly and use templates developed by KHPA central office staff.

Although printing and mailing features are not included in this procurement, the K-MED System must fully support the provider of these services by ensuring that quick and accurate notice generation occurs. Proposers should note any specific needs regarding the print and mail facility in their response.

A1.4.2.2 Outreach

The basic outreach strategy of the KATCH grant is to use a variety of methodologies to connect with potentially-eligible consumers in their own environments. Part of this strategy is the placement of KATCH outreach workers in 12 communities throughout Kansas. These outreach workers are stationed in urban as well as rural settings to reach populations that have not responded to traditional marketing methods.

Outreach workers are assigned to a clinic which serves as a home base for them. In addition to meeting with applicants at the clinic, outreach workers are also expected to become the face of HealthWave by developing relationships within the community in which they work. Some of this work will occur outside of the office where applicants live and work; in homes, on farms, and at various community gatherings.

It's essential that the K-MED System accommodate the KATCH outreach workers wherever they are. The system must be flexible, portable, and assist the outreach workers in determining eligibility. The system must also allow the outreach workers to access cases that are being managed at other locations, such as the HW Clearinghouse and SRS, so that they can fully assist local consumers.

Another essential aspect of the outreach strategy is to empower consumers through education and access. The K-MED System must provide consumers the ability to obtain and change information related to their cases in an easy, reliable manner. When the consumer makes a change using the online system, the system must take appropriate action, such as notifying a staff person or work queue, or processing the information automatically. KHPA also expects the individual making the report to receive feedback regarding the status of the report.

Identifying needs and opinions through the use of targeted surveys is another tool to empower consumers. The K-MED System must support a variety of customer surveys. This will include basic surveys to capture feedback on the design of the various consumer features and website organization, but could also include very specific personal information in order to develop programs, including medical coverage issues. As KHPA currently utilizes Survey Monkey, vendors are encouraged to determine if this tool can be used to support these features. The Contractor is expected to collect and compile results on issues related to the system, but KHPA shall collect and compile results on any program specific survey. However, technical assistance is expected to be provided by the Contractor. KHPA expects the Contractor to continuously offer the opportunity for feedback regarding the design of the tool(s) and should plan on three additional surveys per year related to the system and six program-related surveys per year.

A1.4.3 Worksheet #3c: Workflow

Proposers shall respond to all requirements in the Workflow Worksheet.

Workflow is discussed in RFP Section 3.4.11.2.5.5.

A1.4.4 Worksheet #3d: High Level Client Index

Proposers shall respond to all requirements in the High Level Client Index Worksheet.

Currently a unique high level client index (HLCI) or client ID is assigned to every new customer registered to the KAECSES AE system as well as other sister systems maintained by the Kansas Department of Social and Rehabilitation Services (SRS). This allows each customer to be logically represented only once with the same set of registration demographic data in all systems assuring vital cross program participation data is available and that global customer searches and matching are possible.

Since all KHPA medical assistance programs are currently maintained in the KAECSES AE system, each current medical assistance customer will have a unique client ID assigned by the KAECSES-AE HLCI

function. With implementation of the new K-MED System this same unique shared HLCI relationship must be maintained with all current sister systems and with the expectation that other agencies and systems could begin using the K-MED HLCI in the future.

The following basic HLCI functionality must be provided at a minimum:

1. Maintain a real time sync function between the new K-MED System HLCI and the KAECSES-AE HLCI.
2. Assign a unique high level client index.
3. Soundex, simple, partial name, compound, complex, and fuzzy search capabilities.
4. Cross reference any new client ID to an existing client ID, any duplicate IDs assigned to this customer as well as any other current or historic client IDs.
5. Distinguish the primary ID from any erroneously assigned duplicate IDs.
6. Must be able to link (cross reference to each other) two IDs erroneously created for the same customer.
7. Must be able to unlink previously erroneously linked IDs.
8. Must maintain indicators for which system(s) each customer is associated with and communicate information back to the associated system(s).
9. Must maintain alias information.
10. Must maintain the integrity of any converted data.

A1.4.5 Worksheet #3e: System Documentation

Proposers shall respond to all requirements in the System Documentation Worksheet.

System Documentation is discussed in RFP Section 3.4.11.2.10.

A1.4.6 Worksheet #3f: Imaging

Proposers shall respond to all requirements in the Imaging Worksheet.

Imaging is discussed in RFP Section 3.4.11.2.11.

A1.4.7 Worksheet #3g: Policy Management

Proposers shall respond to all requirements in the Policy Management Worksheet.

Medical program policies are ever-changing and evolving, and the rules engine provided by the K-MED System must support frequent changes. KHPA policy staff must be able to maintain and update the rules necessary to administer and operate the medical programs. Rules must be written in basic English so that non-technical staff can update and maintain them.

As rules change, policy staff shall have the ability to indicate start and end dates of changed rules. The K-MED System shall also allow for different types of effective dates. For example, a new rule is implemented which goes into effect on May 1. KHPA may determine the change applies to all applications or reviews received after May 1. In this case, all applications or reviews received prior to May 1 would need to utilize the old rule, even if the case is processed after May 1. Or, KHPA could decide the change is actually for all actions taken after May 1. In this case, it wouldn't matter when the application or review was received and the determination would utilize the new rule based on the date action was taken.

K-MED rules must allow the system to return a corrected determination for a prior period of coverage, even after a rules change. For example, a rule is changed with a post-dated effective date must allow cases already processed to be identified and corrected with minimal effort by staff.

The K-MED System shall provide a technique or way to test potential rule updates. This technique shall allow for regression testing, indicating any conflicts with other rules or other areas a changed rule may affect. Designated Policy Staff must have the ability to perform "what if" scenarios that show the outcome to the system if rules are changed.

Although KHPA expects to have a rules engine which can be maintained by non-technical staff, Contractor staff must be available to support staff making rules engine changes through the life of the contract. At that point, KHPA anticipates staff will be fully trained and capable of performing these functions. The Proposal must address the level of support the solution is expected to require of Contractor staff during this transition phase and other support necessary to achieve this goal. Examples of other users' experience during previous implementations of the rules engine are welcome.

A1.4.8 Worksheet #3h: Storage

Proposers shall respond to all requirements in the Storage Worksheet.

The K-MED System shall provide a storage and retrieval solution that allows the system to meet workload requirements. It must provide all required functionality reliably, without interruption, or with minimal interruption, even under unusual situations. The K-MED System must also include archival functionality. The archival process must provide for backup and restore of any system data. The Contractor must provide an archival plan and documentation for the archival of data. Archived data must be easily retrievable with the end user experiencing minimal wait times for recalled data. Data retention and storage parameters must be flexible, as some data must be retained longer than other data. All data procedures must comply with Federal and State retention, archival, and restoration requirements, including those established by the Kansas State Records Board. Data destruction parameters will be defined by the State, requiring the Contractor to provide a data destruction plan, process, and results reports. The Contractor must develop and document an approach to reduce any downtime associated with any storage failures. The Proposer shall provide a description of their solution to address these requirements.

In addition, K-MED must have the ability to transfer long term records to the Kansas Enterprise Electronic Preservation (KEEP) System when it becomes operational. The KEEP Project, led by the Kansas State Historical Society (KSHS), will provide an enterprise-wide trusted digital repository for long-term Kansas government electronic records. The digital repository will provide public access to authentic records to support e-Democracy, accountability, and transparency in government. KEEP will also provide certification of authenticity for specific record sets on a fee basis. The KEEP System will be built on the international standard for trustworthy digital repositories, the Open Archival Information System (ISO 14721:2003). Additional information about KEEP is found at http://keep.ks.gov/. The KEEP Project is currently in progress. Bids must address how the proposed solution will accommodate record transfer to KEEP.

A1.5 WORKBOOK #4: REPORTING AND BUSINESS INTELLIGENCE

A discussion of each worksheet in the Reporting and Business Intelligence Workbook follows.

A1.5.1 Worksheet #4a: Reporting

Proposers shall respond to all requirements in the Reporting Worksheet.

Reporting is discussed in RFP Appendix 3.

A1.5.2 Worksheet #4b: Performance Management

Proposers shall respond to all requirements in the Performance Management Worksheet.

Performance Management is discussed in RFP Section A3.2 in RFP Appendix 3.

A1.6 WORKBOOK #5: SECURITY MANAGEMENT

A discussion of each worksheet in the Security Management Workbook follows. Security Management is discussed in RFP Section 3.4.11.2.6.

A1.6.1 Worksheet #5a: Security

Proposers shall respond to all requirements in the Security Worksheet.

Security is discussed in RFP Section 3.4.11.2.6.1.

A1.6.2 Worksheet #5b: Profile Management

Proposers shall respond to all requirements in the Profile Management Worksheet.

Profile Management is discussed in RFP Section 3.4.11.2.6.2.

A1.6.3 Worksheet #5c: Audit Trail and History

Proposers shall respond to all requirements in the Audit Trail and History Worksheet.

Audit Trail and History is discussed in RFP Section 3.4.11.2.6.3.

A1.7 WORKBOOK #6: TECHNICAL REQUIREMENTS

A discussion of each worksheet in the Technical Workbook follows.

A1.7.1 Worksheet #6a: Architecture

Proposers shall respond to all requirements in the Architecture Worksheet.

Technical Architecture is discussed in RFP Section 3.4.11.2.3.

Enterprise Architecture is discussed in RFP Section 2.9.4 and RFP Appendix 16.

A1.7.2 Worksheet #6b: Processing and Operations

Proposers shall respond to all requirements in the Processing and Operations Worksheet.

A1.7.3 Worksheet #6c: Database Management

Proposers shall respond to all requirements in the Database Management Worksheet.

A1.7.4 Worksheet #6d: Maintenance

Proposers shall respond to all requirements in the Maintenance Worksheet.

Maintenance is discussed in RFP Section 3.4.10.4.

A1.7.5 Worksheet #6e: Desktop and Server Configuration

Proposers shall respond to all requirements in the Desktop and Server Configuration Worksheet.

Desktop configuration is mentioned in RFP Section 3.4.11.2.3.3.

A1.7.6 Worksheet #6f: IT Policy

Proposers shall respond to all requirements in the IT Policy Worksheet.

A1.7.7 Worksheet #6g: Disaster Recovery

Proposers shall respond to all requirements in the Disaster Recovery Worksheet.

Disaster Recovery is discussed in RFP Section A6.3.2.2.6 in RFP Appendix 6, and is mentioned in RFP Section 3.4.11.2.3.3.

A1.7.8 Worksheet #6h: Exception-Error Handling

Proposers shall respond to all requirements in the Exception-Error Handling Worksheet.

A1.8 WORKBOOK #7: USER SUPPORT REQUIREMENTS

A discussion of each worksheet in the User Support Workbook follows.

A1.8.1 Worksheet #7a: User Support

Proposers shall respond to all requirements in the User Support Worksheet.

User Support is discussed in RFP Section 3.4.11.2.14.

RFP Appendix 2:
BUSINESS PROCESS MODELS

Current KHPA Business Process Models are in *The Enterprise Architecture of KHPA* document available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/.

RFP Appendix 3:
REPORTING AND BUSINESS INTELLEGENCE

A3.1 REPORTING

The reporting function will provide data support for a wide range of uses from executive decision makers to power users responsible for in-depth research, staff managing a caseload, as well as managers managing day to day work load and program performance.

The system will provide reports to support all system functions providing users the ability to quickly and easily access timely and useful information, providing for tactical data analysis associated with program performance, data for trending and monitoring of operational performance, as well as invaluable support for day to day operations.

Ad hoc reports will be produced by users with a variety of report writing expertise and will vary in range from a simple report listing to complex multi level listings.

The report writing solution will utilize data input from outside sources to be used alone or in conjunction with system data to produce reports and queries and will provide outputs in various media and formats for maximum flexibility.

All requests for access to data for reporting or other purposes shall be accessed only through a comprehensive security handler that will manage authorization and authentication.

The Proposer shall respond to the detailed requirements related to Reporting referenced in RFP Appendix 1 in the Reporting and Business Intelligence Workbook, Reporting Worksheet.

A3.2 PERFORMANCE MANAGEMENT

The K-MED system must be able to gather, analyze, and produce information that can be utilized by KHAP or partners to make basic business decisions. Data such as caseload size, number of applications, type of cases, etc., can be used by management to assign work to staff to achieve optimal efficiencies. Managers can also use data such as the length of time it takes to process applications, make case changes, and the accuracy of the determinations to evaluate the effectiveness of their employees and identify areas that may require training.

The Proposer shall respond to the detailed requirements related to Performance Management referenced in RFP Appendix 1 in the Reporting and Business Intelligence Workbook, Performance Management Worksheet.

A3.3 REPORTING AND ACCESS TO DATA AND INFORMATION

The reporting system shall have a portal look and feel. It shall be simple and intuitive. The portal will provide access to a fully web-based reporting tool that will provide flexibility so that users can create the report they want. The Contractor shall deliver the reporting tool with an initial library of the reports listed at the end of RFP Appendix 3 (this Appendix – see below).

The reporting tool will have a compact but flexible user interface that will enable users to maximize access to information using a single screen and a minimum number of commands. For example, users will be able to run the pre-defined reports and queries by selecting a combination of dimensions such as:

- Year;
- Case;
- Location; and
- Program.

The reporting tool will have some basic options that work in conjunction with any applicable selection criteria as determined by KHPA. Reports will permit drill downs. The reporting tool will permit users to specify report breaks / sorts, font size, paper margins, and other output parameters such as output type (e.g., including but not limited to Web, Excel data file, PDF, Word, Excel report, etc.). These reports and queries may be tabular, graphical, or spatial. The reporting tool must have the ability to create reports for the purpose of trending and forecasting (e.g., caseload growth with a population).

The reporting tool must have the ability to use all current and future data elements so that when the software application is modified, new reports can be created by accessing the new data elements.

Users shall be able to store individualized selections of these reports and related dashboard elements.

A3.4 CURRENT REPORTING NEEDS

Contractors are expected to provide all the reports on the list of current and needed reports presented at the end of RFP Appendix 3 (this Appendix – please see below). This requirement may be satisfied by a “canned” report in a COTS package or a state transfer system, if approved by KHPA.

A3.5 REPORTS FROM REQUIREMENTS

All requirements referenced in RFP Appendix 1 to which the Contractor responds by indicating that a report or query is necessary to meet that requirement shall not be included in any of the report totals indicated in this section. These types of reports are separate and additional. The cost of all such responses to the requirements shall be properly itemized in Cost Proposal Schedule 6 – Enhancements and Modifications.

A3.6 CONTINGENCY FOR CUSTOM REPORTS

The Proposer shall estimate the work effort required to complete all custom reporting needs. The Proposer shall assume that reports addressed here are to be custom-developed and are NOT part of the reports delivered as part of the proposed software solution, are NOT a part of the reports proposed to meet requirements, and are NOT those listed at the end of RFP Appendix 3 (this Appendix – see below). Further, the Proposer shall assume that the custom reports are defined by the following levels of complexity:

Complexity	Complexity Descriptions
Simple	Less than or equal to sixteen (16) hours to complete entire development process, including report design, documentation, development, and testing.
Average	Greater than sixteen (16) hours, but less than or equal to forty (40) hours to complete entire development process, including report design, documentation, development, and testing.
Complex	Greater than forty (40) hours to complete entire development process, including report design, documentation, development, and testing.

Based on the level of complexity given above, the Proposer shall plan on developing the custom reports shown here:

Complexity Level	Number of Custom Reports
Simple	10
Average	25
Complex	25

The Proposer shall include the estimated cost of providing this reporting contingency for custom reports in the separate Cost Proposal. Reporting contingency funds shall be used or not used at the discretion of the State, and any reporting contingency funds not used for that purpose shall be applied to other project areas as the State deems in its best interest.

The cost of the reporting contingency shall be shown as a Payment Deliverable titled *Contingency Reports* in Cost Schedule 3 – Deliverables Payment (see RFP Section 3.6.7)

A3.7 REPORTING SUMMARY

In summary, the Proposer shall plan for:

1. Seventy-five (75) pre-defined reports or queries in the reporting tool library;
2. The reports listed at the end of RFP Appendix 3 (this Appendix – see below);
3. The reports or queries deemed necessary to meet requirements; and
4. A contingency for 60 custom reports as defined by the level of complexity above.

The Proposer is encouraged to suggest additional reporting functions and / or reports that may be beneficial to KHPA.

An electronic copy of applicable sample reports from the proposed system may be included on the Technical Proposal flash / thumb drives. DO NOT include such report samples in the hardcopy proposal.

These reporting services shall be described in TECHNICAL PROPOSAL TAB 7 (see RFP Section 3.4.11.2.5.1).

A3.8 REPORTS LIST

The Reports List begins on the next page. Sample reports are available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/.

Examples of Management Reports now being Produced or Known to be Needed for K-MED RFP

RFP Report #	Report Name	Report Description	Frequency
MR-1	MR102 - Outstanding Claims Report	This report is provides a detailed listing of all active claims with Claim Reason CL FR, and AG associated to programs AF, GA, RE, FS, MA, MS, CI, SI, MP, and MK.	Monthly
MR-2	MR105 - Weekly Pending Applications by Section	Number of pending applications by program type.	Weekly
MR-3	MR160 - Detailed Listing of CA/ME Applications Processed by Section, Unit, Caseload	Detailed listing of untimely approvals and denials for the cash and medical assistance programs by caseload.	Monthly
MR-4	MR161 - Summary of Approvals, Denials, and Reviews	Statistical analysis of timely application processing by section for the cash and medical assistance program types.	Monthly
MR-5	MR163 - Detailed Listing of CA/ME Reviews Processed by Section, Unit, Caseload	Detailed listing of cash and medical reviews processed by Caseload.	Monthly
MR-6	MR310 - Caseload Report	A summary of activities listed on the MR320.	Monthly
MR-7	MR320 - Caseload Summary Report	A summary of application processing and case count for caseload and unit by program type, sub type and action taken.	Monthly
MR-8	MR323 & MR323 Summary - Claims/Recoveries productivity Report	Totals for each program by area, section and state of the number of new claims, the value of the new claims and the total recoveries.	Monthly
MR-9	MR325 & MR325 Summary - Daily Receipts Register	Detail listing with summary information on recovery activity for all programs used to monitor and reconcile daily receipts on the system.	Daily
MR-10	MR330 - Mass Change Detail Report	A detailed listing of information for all cases affected by a mass change.	Monthly

RFP Report #	Report Name	Report Description	Frequency
MR-11	MR340 - Mass Change Detail Summary Report	A summary of information from mass change processing listed on the MR330 report.	Monthly
MR-12	MR350 - Mass Change Summary Report	A summary of the effect of the mass change in terms of cases, people and net change in benefits.	Monthly
MR-13	MR360 - Possible Recipient Duplicate Register	Statewide listing of individuals on KAECSES with the same birth date and mailing address used to identify problems with duplicate participation.	Monthly
MR-14	MR370 - Weekly Application Summary Report	Summary list by caseload including application received, opened, pended, and denied for all cash, medical, and FS programs.	Weekly
MR-15	MR410 - Working Healthy Statewide Monthly Premium Report	Statewide report of MS-Working Healthy cases which have premium amounts greater than zero.	Monthly
MR-16	MR500 - Language Spoken/Written By Language Type – KAECSES	This report provides data listing the totals of spoken and written language preference for KAECSES and KsCares participants.	Quarterly
MR-17	MR501A - Language Spoken/Written By Language Type	This report provides data showing the total number of language types preferred by PI's and others on an active KAECSES case.	Quarterly
MR-18	MR502 - LANGUAGE SPOKEN / WRITTEN BY LANGUAGE TYPE – KAECSES	This report provides data listing the total Other Media Type preference by program type for KAECSES and KsCares participants.	Quarterly
MR-19	MR503 - Other Media by Media Type	Provides quarterly statistics on SRS recipients who use Braille, large print, sign language, etc.	Quarterly
MR-20	MR610 - Cases Opened/Closed /Denied	Statistical data on case openings, closures, and denials. by program for an area/region.	Monthly
MR-21	MR660 & MR660A - Pending Application Report	Detail listing of all pending cash, food stamp and medical assistance applications on KAECSES and pending child care applications on KSCARES that do not have current WP involvement and do not have open CC plans attached.	Weekly

RFP Report #	Report Name	Report Description	Frequency
MR-22	MR660D - KAECSES Pending Presumptive Disability Application Report	Detail listing of all MS and GA applications pending presumptive Medicaid disability determination sorted alpha by case name for state.	Weekly
MR-23	MR750 - QMB Only Participants	Number of QMB only participants per program type and individual medical subtype.	Monthly
MR-24	MR760 & SUMMARY - Current Transmed Recipients	Detail listing of all TransMed Recipients for the month including a statistical summary of TransMed cases and recipients by area - Now obsolete with Medicaid delinking.	Monthly
MR-25	SWRUN891 - Terminate Claims with a Remaining Balance	This report provides a detailed listing of cases with claims, each with a balance equal to or greater than $1.00, which have been terminated.	Weekly
MR-26	MEMBER PLAN SUMMARY	At a Glance' view of total medical program enrollment by major category/funding source.	Monthly
MR-27	MEDICAID, SCHIP and OTHER ELIGIBLES SUB-CATEGORIES	This is a three part summary enrollment document MAR-like report.	Monthly
MR-28	Beneficiary Movement Report	This report tracks the movement of beneficiaries within the Medical Assistance Programs.	Monthly
MR-29	ELIGIBILITY PROGRAM AND PROGRAM SUBTYPE MEMBER COUNT BY AGE GROUPINGS	This report will provide member counts by age grouping, eligibility program and program subtype.	Monthly
MR-30	MEDIKAN MEMBER COUNT BY AGE GROUP AND GENDER	Count of MediKan members broken down by gender and age group.	Monthly
MR-31	MEDIKAN MEMBERS BY NUMBER OF MONTHS ON MEDIKAN	This report documents the number of MediKan members in each of the 12 allowable month of MediKan coverage.	Monthly
MR-32	MediKan Report	MediKan beneficiaries receiving SSI/SSD or other Medicaid	Monthly

RFP Report #	Report Name	Report Description	Frequency
MR-33	DUAL ELIGIBILES COUNT BY AGE AND COUNTY TRACKING THE PERCENTAGE (%) CHANGE SINCE LAST REPORTED	Count of dual eligible members (i.e., those members covered under both Medicare and a Medicare Savings Plan (MSP) – QMB, LMB, or ExLMB) broken down by coverage eligibility code (i.e., QMB-only, QMB + Title XIX, LMB-only, LMB + Title XIX, ExLMB-only), age group, and county with percentage change for each category since the last quarterly report was produced.	Quarterly
MR-34	SIX (6) MONTH SPENDDOWN BASE PERIOD MET/UNMET NUMBERS	Count of current MS spenddown program cases identified by met or unmet status along with the average number in each category over a period of time.	Monthly
MR-35	MEDICALLY NEEDY SPENDDOWN BASE PERIODS WITH ONE MONTH IN COMMON	Count of MS spenddown cases with a common base period identified by met or unmet status along with the average number in each category over a period of time. Use: This report will be used to monitor the number of cases that proportionally move from unmet to met status over time.	Monthly
MR-36	LIVING ARRANGEMENT/LEVEL OF CARE OF NON INDEPENDENT LIVING MEMBERS BY PROGRAM AND AGE GROUP	Count of members in a non-independent living level of care arrangement broken down by living arrangement (LA)/level of care (LOC), age group, and program.	Monthly
MR-37	FOSTER CARE MEMBER COUNT BY COUNTY, CITIZENSHIP AND FUNDING SOURCE WITH % CHANGE	This report shows the current number of foster care members by county and funding source with the % change since last month with state totals.	Monthly
MR-38	FOSTER CARE MEMBERS BY LEGAL STATUS AND AGE WITH % CHANGE	This report shows the current number of foster care members by legal status and age group with the % change since last month with state totals.	Monthly
MR-39	FOSTER CARE MEMBERS BY AGE AND PLACEMENT TYPE with % CHANGE	This report shows the current number of foster care members by placement type and age group with the % change since last month with state totals.	Monthly
MR-40	TXXI MEMBER COUNT BY GENDER AND AGE GROUP	This report provides TXXI member counts by gender and age group.	Monthly
MR-41	NUMBER OF TXXI CASES BY PREMIUM AMOUNT	Count of TXXI cases by premium amount.	Monthly

RFP Report #	Report Name	Report Description	Frequency
MR-42	PREGNANT WOMAN MEMBER COUNT BY COUNTY AND AGE WITH AVERAGE MONTHS OF COVERAGE	This report will provide counts of pregnant women by county and age and showing the average number of months of coverage during pregnancy.	Monthly
MR-43	PRESUMPTIVE ELIGIBILITY MEMBER COUNT BY AGE, GENDER, AND IMMEDIATE POST PRESUMPTIVE ELIGIBILITY	This report will provide counts of members who were presumptively eligible for benefits by presumptive type, age, gender and the type of eligibility they were fully determined eligible for post presumptive period.	Monthly
MR-44	Eligibility Change Analysis	This report displays the number of members by benefit plan for two consecutive calendar months and shows the percent change between the two.	Monthly
MR-45	Eligibility demographic report	This report shows the average number of members by county, gender, ethnicity and program/program subtype for the quarter.	Quarterly
MR-46	Percent of Medical Assistance processed by EES with no payment errors in SFY2010	Monthly statistical payment error data by region.	Monthly
MR-47	Timeliness percentage for (specific medical programs) applications processed by EES staff in SFY2010	Monthly statistical timeliness data by region.	Monthly
MR-48	Timeliness percentage for MS program medical Assistance reviews processed by EES staff in SFY2010	Monthly statistical timeliness data by region.	Monthly
MR-49	Payment Accuracy Rate for Medical Assistance Processed by EES	Monthly Statistical accuracy data by region.	Monthly
MR-50	Specific Medical Program Applications are Processed Timely	Monthly statistical timeliness data by region.	Monthly
MR-51	Regional Management Report	Monthly statistical application and reviews processed by region.	Monthly
MR-52	Kansas Medical Assistance Program – Beneficiaries* by Population Group	Monthly counts and statistics for Beneficiaries by population group.	Monthly

RFP Report #	Report Name	Report Description	Frequency
MR-53	Kansas Medical Assistance Program – Beneficiary percent change from the same month in the prior year	Monthly statistical comparison from one year to the next.	Monthly
MR-54	Kansas medical Assistance Programs Beneficiaries by Population Group Quarterly with Percent change	Statistical comparison from one quarter to the next.	Quarterly

Examples of Caseload Reports Currently being Produced or Known to be Needed with K-MED

RFP Report #	Report Name	Report Description	Frequency
CL-1	Cases with Conflicting Individual Medical Subtypes not Processed by Rollover	Lists all cases with conflicting individual medical subtypes that could not be processed by mass change.	On Request
CL-2	BENDEX and SRS File Discrepancy Report	Lists all records not accreted to BENDEX due to name, DOB, or SSN discrepancy.	Monthly
CL-3	CR100 - Budget Print for income determination.	Summary income determination for the program.	On request
CL-4	CR110 & CR110A - Reviews Due	Detailed listing of past due reviews, current reviews and reviews coming due two months in the future for all active KAECSES programs and the CC program on KsCares.	Monthly
CL-5	CR300 & CR300A - Active Listing-Case Level	Detailed listing of all active KAECSES & KsCares cases in a Specified section, unit or caseload	Weekly
CL-6	CR330 & CR330A - Worker Alert Report	List of alerts which are due, overdue or coming due within the next 14 days by caseload from both KAECSES (KAE) and KsCares (KSC).	Weekly
CL-7	CR340 - Outstanding Alert Summary Report	Summary of outstanding alerts by worker.	Weekly
CL-8	CR310 - Case Profile	Summary case information snapshot.	On Request
CL-9	CR345 - SSA, DHR, IRS interface Alerts	Statewide listing of interface alerts from SWRUNS 822, 814, 810, and 815 used by EES CO to monitor access to interface information.	Monthly
CL-10	CR350 - Mass Change Detail Report - NF Facility Report for Benefit Month of (MM, YY)	List of nursing facility cases which have been mass changed - Sorted by zip + 4.	Yearly
CL-11	CR351 - 0Mass Change Detail Report - HC Report for Benefit Month of (MM, YY)	List of HCBS cases which have been mass changed.	Yearly

RFP Report #	Report Name	Report Description	Frequency
CL-12	CR520 - Employment Security Cross Match Base Wage, New Hire and Unemployment	Detail base wage, new hire and employment benefit information from KS Employment Security interface Discontinued printing & removed from SAR Profiles 12/2/03 by L. Corcoran per request from IPT.	Monthly
CL-13	CR521 - Base Wage, New Hire, & Unemployment Insurance Summary	Summary of the base wage, new hire and unemployment report (CR520) for tracking case action on cross match information.	Monthly
CL-14	CR600 - Pregnant Women Recipients for Benefit Month	Listing of all pregnant Medicaid recipients with identifying formation used for making referrals to local health departments.	Monthly
CL-15	MR660 & MR660A - Pending Application Report	Detail listing of all pending cash, food stamp and medical assistance applications on KAECSES and pending child care applications on KSCARES that do not have current WP involvement and do not have open CC plans attached.	Weekly
CL-16	MR660D **-** Pending Presumptive Disability Application Report	Listing of all presumptive disability applications by case name	Weekly
CL-17	INJAIL - Recipients matched by SSN with Department of Corrections files of those in state correctional facilities.	The program looks for recipients coded anything but OU on a current KAECSES case. This group is matched by SSN to inmates listed on the Kansas Department of Corrections monthly file.	Monthly
CL-18	TC0199 - All HSBC Clients with a TC Living Arrangement. Please review to identify cases where the TC code has been in effect for more than the month of entry and the following month.	The program looks for persons coded IN on an active MS and SI programs with a TC Living Arrangement code on the LOTC (Long Term Care) screen.	Monthly
CL-19	DB0399C - MP Program Denials	The program provides statistics on all MP Denials by Denial Reason Code for the past four months.	Monthly
CL-20	JS0700 - Cases where an open MP and open MA program are on the same case number or an open MP program and an open AM program with some clients with a WT or EM Individual Medical Subtype.	The program identifies situations where MP and MA are open on the same case number or MP and Automatic Medical is open at the same time.	Monthly

RFP Report #	Report Name	Report Description	Frequency
CL-21	BD1200 - HCBS & PACE Clients due for review next month.	The program looks for persons coded IN on active MS, SI, FC, or AS programs with an HC or PC Living Arrangement on the LOTC (Long Term Care) screen who are scheduled for a case review the following calendar month.	Monthly
CL-22	DEATH - Active KAECSES clients matched by SSN to KDHE reported death records, but whose first or last names are not a perfect match with the KDHE name.	Active KAECSES clients matched by SSN to KDHE reported death records, but whose first or last names are not a perfect match with the KDHE name.	Monthly
CL-23	DEATH2 - Active KAECSES clients matched by SSN to KDHE reported death records.	Active KAECSES clients matched by SSN to KDHE reported death records.	Monthly
CL-24	WH0404 - Working Healthy cases due for a Desk Review by the end of the next month.	Active Working Healthy cases with a review scheduled for 7 months from the calendar month of the run.	Monthly
CL-25	CC1204 - PD Waiver beneficiaries on an open MS or SI program sorted by county, HI Waiver beneficiaries on an open MS or SI program sorted by county, TA Waiver beneficiaries on an open MS or SI Program sorted by county, AU Waiver beneficiaries on an open MS or SI program, and Random Sample (5%) of each county's PD Waiver beneficiaries sorted by Region and grouped by county.	PD Waiver beneficiaries on an open MS or SI program sorted by county, HI Waiver beneficiaries on an open MS or SI program sorted by county, TA Waiver beneficiaries on an open MS or SI Program sorted by county, AU Waiver beneficiaries on an open MS or SI program, and Random Sample (5%) of each county's PD Waiver beneficiaries sorted by Region and grouped by county.	Monthly

RFP Report #	Report Name	Report Description	Frequency
CL-26	CITZEN - This job provides counts of individuals impacted by the Medicaid citizenship verification requirement implemented in July 2006. The counts are based on codes entered on the PRAP screen. Since some individuals have duplicate citizenship codes on PRAP, the following hierarchy is used to determine the person's status: IM, IE, ID, IT, IP, or IC.	There are three reports in one attachment. The first provides a running total of each citizenship PRAP code for any individual regardless of participation and case status. The second report provides counts by program for adults (19 & over) and children (under 19) who are coded IN on an active medical case.	Monthly
CL-27	PM998_HCBS - All HCBS clients, sorted by county and waiver. Information may be shared with AAA-s, ILS-s or used for local tracking.	All HCBS clients, sorted by county and waiver.	Monthly
CL-28	PM998_BF – All clients coded with a BF LAC on the LOTC screen.	All clients coded with a BF LAC on the LOTC screen.	Monthly
CL-29	PM998_CH – Clients who are coded for HCBS, but are in a Clearinghouse caseload.	Clients who are coded for HCBS, but are in a Clearinghouse caseload.	Monthly
CL-30	NOTSSI3 - Individuals coded IN on open SI programs that are on the SDX file with a payment status code other than C (Current Pay). Those coded SB on the PICK screen & children determined in 1997 to no longer meet SSI disability criteria have been deleted from this list.	Individuals coded IN on open SI programs that are on the SDX file with a payment status code other than C - Current Pay. Those coded SB on the PICK screen & children determined in 1997 to no longer meet SSI disability criteria have been deleted from this list.	Quarterly

RFP Report #	Report Name	Report Description	Frequency
CL-31	NEWRE - All RE and MA/RM recipients with dates of entry prior to (9 months ago).	All RE and MA/RM recipients with dates of entry prior to (9 months ago).	Quarterly
CL-32	TK0203 - All HCBS clients 20 years old or younger as of the first of the month for which this report is produced.	All HCBS clients 20 years old or younger as of the first of the month for which this report is produced.	Quarterly
CL-33	AIDI295 - Cases with an AI or AI/DI expense on EXNS. This report is referenced in the implementation instructions for poverty level increases memo.	Cases with an AI or AI/DI expense on EXNS.	Yearly
CL-34	QEQS - Individuals on active medical programs who have a QS, WQ, QO or QM special medical indicator or are on a program with a QO program subtype. This report is referenced in the implementation instructions for poverty level increases memo.	Individuals on active medical programs who have a QS, WQ, QO or QM special medical indicator or are on a program with a QO program subtype.	Yearly
CL-35	JS0306 - Active Medicare Part D Subsidy individuals that will require manual case review with Poverty Level increase.	Active Medicare Part D Subsidy individuals that will require manual case review with Poverty Level increase.	Yearly
CL-36	PARIS Interstate - Interstate duplicate participation match. CL-4Client(s) on this report have been matched by SSN with a client in another state. Investigate for possible duplicate participation - use the phone number supplied to contact the other state.	Interstate duplicate participation match. Client(s) on this report have been matched by SSN with a client in another state.	Quarterly

RFP Report #	Report Name	Report Description	Frequency
CL-37	PARIS VA - Match of VA benefit records and KAECSES income files. Clients have been matched by SSN to the VA benefit payee or the veteran. If there is multiple VA income entries on KAECSES, there will be a line on this report for each of them. Refer to E-mail attachment for the key to VA codes. Hard copy interface match printouts must be destroyed as soon as investigations complete, usually within 30 days.	Match of VA benefit records and KAECSES income files. Clients have been matched by SSN to the VA benefit payee or the veteran. If there are multiple VA income entries on KAECSES, there will be a line on this report for each of them.	Quarterly
CL-38	DP0399 - All cases with a T7 individual on the monthly eligibility file where the poverty level is between (variable %) and (variable%) or between (variable %) and (variable %). This report is referenced in the implementation instructions for poverty level increases memo.	All cases with a T7 individual on the monthly eligibility file where the poverty level is between (variable %) and (variable %) or between (variable %) and (variable %).	Yearly
CL-39	DW0600 - Active MS or SI programs where a person coded IN has a non-MH Nursing Facility living arrangement code.	Active MS or SI programs where a person coded IN has a non-MH Nursing Facility living arrangement code.	Yearly
CL-40	KW697 - Clients with Special Medical Indicators on PICK. This report is produced on a yearly basis and may be used by staff to review the accuracy of Special Medical Indicator coding on the PICK screen. Only cases with active medical program are listed.	Clients with Special Medical Indicators on PICK. This report is produced on a yearly basis and may be used by staff to review the accuracy of Special Medical Indicator coding on the PICK screen. Only cases with active medical program are listed.	Yearly

RFP Report #	Report Name	Report Description	Frequency
CL-41	CK0999 - Cases where KPERS income is coded on the Unearned Income (UNIN) screen. Report can be used to track cases where a KPERS 13th check may be received.	Cases where KPERS income is coded on the Unearned Income (UNIN) screen. Report can be used to track cases where a KPERS 13th check may be received.	Yearly
CL-42	MASS3 - Cases that may require manual processing for (following year). This report is referenced in the mass change instructions memo.	Cases that may require manual processing for the (following year). This report identifies several pieces of case information including special medical indicators, income types, Blue Cross/Blue Shield coverage, and Medicare Part D Subsidy type. Separate columns will identify: Any "PP" indicator as well as other special medical indicators for deleting notices. If there is any VA, VC, RR, or CR income. If there is an SMI, consider if action needs to be taken to delete any client obligation created. Whether there is BC/BS Plan 65 or Plan D coverage. HCBS clients with a patient obligation. Medicare Part D Subsidy type.	Yearly
CL-43	19 year olds receiving HW19	Individuals receiving HealthWave 19 coverage who are approaching their 19th birthday.	Monthly
CL-44	19 year olds receiving HW21	Individuals receiving HealthWave 21 coverage who are approaching their 19th birthday.	Monthly
CL-45	Beneficiaries with out of state addresses	Cases with active medical coverage and an existing out of state address.	Monthly
CL-46	Change in FPL	Cases that may have a change in premium paying status as a result of the cost of living adjustment that occurs May 1 of each year.	Yearly
CL-47	HCBS report	Individuals open on both family medical and HCBS.	Monthly
CL-48	MA/MP open at the same time	Individuals with active participation in both the MA and MP programs.	Monthly
CL-49	Overdue premiums	Cases with have been approved at renewal incorrectly, when a past due premium exists.	Monthly
CL-50	PW/NB reattach	Pregnant women and newborns whose coverage has ended during a continuous eligibility period due to failure to complete a review process for other household members.	Monthly

RFP Report #	Report Name	Report Description	Frequency
CL-51	PW/PP overdue	Cases where the birth of an expected newborn has not been reported.	Monthly
CL-52	RE and MA/RM	Individuals receiving refugee medical assistance who have exceeded their eligibility timeframe.	Monthly
CL-53	Suspect premium	Cases where premium obligation does not match the Federal poverty Level entered in the KAECSES- AE system.	Monthly
CL-54	Case Maintenance, by category	Monthly counts by case maintenance category.	Monthly
CL-55	New State Supplemental Payment Program potential Eligibles	Identifies persons who may be newly eligible for the State Supplemental Payment Program	Monthly
CL-56	State Supplemental Payment Program potential closures	Identifies persons who may no longer be eligible for the State Supplemental Payment Program	Monthly

Examples of Federal Reports Currently being Produced or Known to be Needed with K-MED

RFP Report #	Report Name	Report Description	Frequency
FED-1	FR305 - Medicaid Negative Case Action Quality Control Sample	Lists medical negative case actions included in QC sample.	Monthly

RFP Appendix 4:
INTERFACES REQUIREMENTS AND DESCRIPTIONS

A4.1 INTERFACES OVERVIEW

The Proposer shall describe its approach for the design, development, testing, and deployment of automated interfaces between the K-MED system and all other systems. The K-MED system must interface with various State and Federal Agency systems, and with various contractor systems. With the implementation of the Affordable Care Act, KHPA will be required to interact and exchange data with a significantly increased number of customers and entities.

These interface data exchanges are necessary for KHPA to utilize its resources efficiently and provide the highest level of service to its many customers. Currently, most interfaces originate and / or terminate with the KAECSES-AE eligibility system. Once K-MED is implemented, many of these interfaces will be unnecessary.

As part of the implementation of K-MED, approximately 15 interfaces into or out of KAECSES-AE must be modified. In addition to replacing existing interfaces, KHPA envisions 8-12 new interfaces with the implementation of K-MED. Finally, there are numerous other systems from which State staff access information. These new interfaces will replace manual and on-line processes that are currently used to gather and / or distribute information that will enhance staff productivity and customer service. These proposed new interfaces will also help KHPA achieve higher maturity levels as outlined in the current MITA maturity model.

A table at the end of RFP Appendix 4 (this Appendix – please see below) identifies the interfaces within the implementation scope of the K-MED system. This table includes a high-level description, the source and target systems, transmission frequency, and transaction volume. Allowances have been made for the design, development, testing, and deployment of up to twenty additional “contingency” interfaces not included in the interfaces table. Contingency interfaces are defined later in this section.

Following is a discussion of key interfaces into and out of the K-MED System.

A4.2 INTERFACING WITH THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

The interface with the MMIS is a critical component of the K-MED system. This connection must operate timely and correctly in order for consumers to receive necessary benefits. The MMIS currently provides some processes that K-MED will assume upon implementation. This is being done to gain efficiency and to improve the exchange of information between the eligibility and delivery components of the medical programs.

Currently, the KAECSES–AE system produces a record for each eligible member, which is sent to the MMIS. A large file is generated each month which includes records for all members eligible for the following month and daily files are produced for current and previous month records. The MMIS uses the KAECSES-AE data to establish an eligibility “segment,” which is a detailed record of the member’s eligibility information (e.g., program codes, subtypes, dates, etc.), which is then used to establish coverage and benefit levels. KHPA provides numerous benefit plans, each with different covered services. The MMIS also uses eligibility records for a wide range of functions, including setting managed care assignments, establishing copayment levels, reducing claims by the patient liability, federal reporting, generating and tracking Medicare Buy-In files, Medicare Modernization Act (MMA) files for enrollment in Medicare Part D subsidy, and issuing Member ID cards and Certificates of Creditable Coverage. It is not uncommon for a member’s situation to change, which may result in a retroactive or current month changes in the eligibility record in KAECSES-AE. These records are considered under an

eligibility hierarchy where the incoming record is compared to any existing record to determine if it will replace existing eligibility. This same process is used when two records for the same member and month are received on the same day. The MMIS maintains a history of all eligibility segments. Because the MMIS contains the final eligibility segment for each individual member, it also serves as the source system for the Premium Billing System.

Coverage types and benefit levels are noted by specific codes coming from the KAECSES-AE system. Eligibility staff actually making determinations must have very specific, detailed knowledge of these codes and how they impact coverage. There are well over a hundred codes used by KAECSES–AE, and a simple data entry error can result in incorrect coverage, missing managed care assignments, and inaccurate funding. Eligibility staff typically find out about these errors well after benefits have been paid. Implementation of K-MED is expected to greatly reduce these problems.

In the future, KHPA will require K-MED to produce and create a final eligibility segment prior to sending information to the MMIS, which will allow MMIS to simply accept the segment and proceed with other functions (such as managed care assignment, etc.). This will require K-MED to provide the eligibility hierarchy functions and to send only final eligibility information to MMIS. KHPA also requires K-MED to allow enhanced functionality between the systems, particularly for long term care information, third party liability, and incorrect payment determination.

KHPA views this as the first step in a long range plan to make K-MED the single beneficiary component for MMIS. This will mean that MMIS will rely on K-MED to provide all necessary beneficiary information, eliminating the need to store member eligibility records in MMIS. KHPA envisions MMIS connecting with K-MED when making an enrollment, coverage, or service decision. When this functionality is operational, K-MED will essentially serve as the “Member Subsystem” for MMIS, providing member-related eligibility features. KHPA does not envision K-MED providing services outside of those member-specific eligibility issues, such as provider enrollment, claims payment, or comprehensive federal reporting. This will allow for a seamless flow of medical information through the various phases of the application and benefit delivery process. It will also make it easier for members to receive information about their medical assistance coverage from “start to finish.” KHPA envisions this transition occurring with the scheduled procurement of MMIS in 2015.

Each proposal must address how the solution will provide this functionality, both the immediate changes and the long term vision for assuming the responsibility as the Member Subsystem. Related requirements are located in the Determine Eligibility section of RFP Appendix 1 (see RFP Section A1.3.3). The initial transition process, including the conversion of specific information from MMIS and the change in the medical hierarchy, are included in the scope of this RFP. The long term vision of operating as the full Member Subsystem, including the generation of the MMA files and the Medicare Buy-In files, are not in the scope of this RFP, but the vendor must demonstrate the capacity to provide this functionality in the future.

A4.3 INTERFACES IMPLEMENTATION SERVICES

Three primary areas of responsibility for interface implementation services are: 1) management of all K-MED related interface activities; 2) development of interfaces from K-MED; and 3) development of standards for interfaces into K-MED and assisting KHPA business partners interfacing into K-MED. More specifically:

1. The Contractor shall be responsible for managing and coordinating interface development efforts across all K-MED related interface activities. This includes:
    - Developing a master schedule of interface development efforts that integrates with the Detailed Project Schedule;
    - Monitoring the interface development schedule and providing weekly status reports on agency progress;

- Identifying and communicating to the State any business partners that are having difficulty meeting their development schedules; and
- Ensuring that a stable and accessible interface testing environment is available by an agreed upon date.

2. The Contractor shall be responsible for developing interfaces from K-MED to other systems. This includes:
   - Interface design;
   - Interface development;
   - Interface validation;
   - Interface testing;
   - Interface reconciliation reports for all interfaces that check the number of transactions received with the number of transactions sent, as well as a comparison of key amounts (check totals); and
   - Interface documentation, including development of procedures that support interface operations.

   KHPA business partners will modify their systems to use these K-MED outbound interface datasets as needed.

3. During interface development and testing, all parties must work closely together to coordinate this work. The Contractor shall be responsible for developing interface standards for specific KHPA business partners interfacing into K-MED. The Contractor shall also assist KHPA business partners interfacing into K-MED by providing consulting support and assistance with testing.

   Other interfacing entities, such as the Internal Revenue Service and the Social Security Administration, will provide standard interface file formats that K-MED must be able to accept and process.

   Specific KHPA business partners, such as SRS and HP, that manage interfacing systems will be responsible for: 1) modifying their current systems / interfaces to produce files that match the K-MED inbound interface format; 2) testing these files; 3) validating the test results; and 4) documenting system / interface changes.

A4.4 INTERFACES REQUIREMENTS

1. The Contractor shall have on its project team a dedicated full-time Interface Lead.
2. For interface development purposes, the Proposer shall build interfaces within the framework of SOA to easily facilitate data exchange.
3. Interface development shall follow industry best practices.
4. For each interface, interface processing rules for filtering, validating accuracy of data matches and manipulating data, shall be determined by the State.
5. Interfaces into K-MED must process automatically to perform actions such as generate alerts, initiate workflow and generate reports.
6. The ability to search and retrieve information in the interface files is required. The solution shall include a user interface such that a non-technical staff member is able to generate and search interface related datasets for research or error resolution purposes.
7. Inbound and outbound K-MED interfaces must protect the integrity of the information from and to KHPA business partners.

8. Interfacing information shall be secure while in transit between entities as required by federal, state and send/receive business partners' regulations, policies or best practices (e.g. encryption, VPN, IPSEC).
9. Interfaces shall send and receive data in file formats determined by the State.
10. The K-MED System shall send and receive interfaces at various intervals.
11. The K-MED System must have the ability to send and receive different types of media.
12. Outbound interfaces must have the ability to recreate and resend datasets.
13. Inbound interfaces must have the ability to check for duplicate files, and validate and manipulate data prior to loading it into the system.
14. The K-MED system must automatically trigger the request for interface information for specific interfaces as determined by the State.
15. The K-MED system must automatically log and communicate to the appropriate parties that the data was successfully or unsuccessfully transmitted or received.
16. Inbound and outbound interfaces should be able to be added, modified, or terminated without extensive technical staff involvement.
17. All inbound and outbound interface data must be associated with a security profile.
18. All inbound and outbound interface data must have security profiles at the record level and at the data element level.
19. Interfaces must capture an audit trail (e.g. a date/timestamp, worker id, action taken) from the interface data and according to the interface data source.
20. The K-MED system must have the ability to back files out of the system one by one, and limit the adverse impacts when necessary.
21. The K-MED system must archive all interface files and retain these files according to Federal, State and agency statutes, regulations and policies.
22. All inbound and outbound interfaces must comply with National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), HIPPAA-compliant standards, and other standards.
23. On-site scanning of enrollment material shall be included and an Interface with the existing document management system (Image Now – please see RFP Appendix 15) shall be established.
24. It is fully expected the new system will process and store information that is identified as Social Security Administration (SSA) data. SSA has very strict requirements for systems that use their data. They require a detailed audit trail to capture who looked at specific records and data elements at a specific time, down to the second. These requirements are outlined in the *Information Security Guidelines for Federal, State and Local Agencies Receiving Electronic Information from the Social Security Administration* document (please see RFP Appendix 18). Currently Medicare data for each individual beneficiary is received through the SVES interface with SSA (see the SVES entry in the Interfaces Table at end of this section). The SVES Manual, which provides technical details about these interface files, can be obtained by completing a Disclosure Agreement and submitting it to the Purchasing Officer (please see RFP Section 3.4.7, Item #9. Vendors shall propose alternative ways to identify Medicare beneficiaries and accurately capture entitlement information (e.g., using the MMA file) for both eligibility determination and cost avoidance.
25. K-MED shall have the ability to interface with Geographic Information Systems (GIS) and use that technology to support KHPA business objectives (see RFP Section 4.63 – Geographic Information System (GIS) Compliance).

A4.5 CONTINGENCY INTERFACES

In addition to the interfaces listed in at the end of RFP Appendix 4 (this Appendix – please see below), the Proposer shall also plan for the following custom "contingency" interfaces as determined to be needed by the State. The Proposer shall assume that the custom interfaces are defined by the following levels of adapter and map complexity:

Adapter

Complexity	Complexity Descriptions
Simple	Flat file, XML, CSV, or text delimited ASCII adapters.
Average	ODBC, JDBC, SQL-based and common database ASCII adapters.
Complex	ADABAS, FOCUS, VSAM, multi-format flat files, and other lesser known data/database ASCII and EBCDIC adapters.
Custom	Adapter must be developed for a specific platform or specific data storage mechanism (could be ADABAS, old database platforms, binary data, platforms, etc.).

Map

Complexity	Complexity Descriptions
Simple	One table to one table map.
Average	One table to multiple tables map.
Complex	Multiple tables to multiple tables map.

Complexity Level	Number of Interfaces
Simple Mapping with Simple Adapter	6
Average Mapping with Average Adapter	6
Complex Mapping with a Complex Adapter	12
Complex Mapping with a Custom Adapter	6
Total	**30**

The Proposer shall include the estimated cost for providing contingency interfaces in the separate Cost Proposal. Interfaces contingency funds shall be used or not used at the discretion of the State, and any interfaces contingency funds not used for that purpose may be applied to other project areas as the State deems in its best interest.

The cost of the interfaces contingency shall be shown as a Payment Deliverable titled *Contingency Interfaces* in Cost Schedule 3 – Deliverables Payment (see RFP Section 3.6.7).

These interfaces services and associated deliverables shall be described in TECHNICAL PROPOSAL TAB 7 (see RFP Section 3.4.11.2.5.3).

A4.6 INTERFACES LIST

See next page.

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K-MED – Interfaces, Data Exchanges, & Other Systems Accessed for Data

Interface Name - Information Exchanged	Current Sending System/Future Sending System	Current Receiving System/Future Receiving System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
Referrals to Child Support Enforcement	KAECSES-AE/ K-MED	KAECSES-CSE/ KAECSES-CSE	Referrals are received from AE, when a Medical case has opened. Provides absent parent (AP) name and other details such as marital status, location of AP, child support court orders/payments.	KAECSES-AE, KAECSES-CSE	O 300 – 400 Records per week but that is for all programs, not just medical.	Weekly	Batch	Y / Y
Child Support Alerts	KAECSES-CSE/ KAECSES-CSE	KAECSES-AE/ K-MED	Alerts are produced from CSE information for the eligibility system to notify the case worker of events that may affect a client's eligibility or level of benefits.	KAECSES-AE, KAECSES-CSE	I 1300-1400 records per day but that is for all programs, not just medical. KAECSES currently suppresses many of these alerts.	Daily	Batch	Y / Y

Interface Name - Information Exchanged	Current Sending System/Future Sending System	Current Receiving System/Future Receiving System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
Child Support Income Information	KAECSES-CSE/ KAECSES-CSE	KAECSES-AE/ K-MED	Information about Child Support payments that have been distributed to custodial parents are transmitted for use in determining eligibility and benefit amounts.	KAECSES-AE, KAECSES-CSE	I 20,000 – 25,000 records per month but that is for all programs, not just medical.	Monthly	Batch	Y / Y
Base Wage & Unemployment Benefit Information	Kansas Department of Labor (KDOL)/KDOL	KAECSES-AE/K-MED	Base wage and unemployment information is received and used in determining eligibility.	KAECSES-AE, KDOL system	O Receive 130,000 per month. These records are for all programs, not just medical.	Monthly	Batch	Y / Y
Base Wage & Unemployment Benefit Information	KAECSES-AE/K-MED	Kansas Dept. of Labor(KDOL)/KDOL	Beneficiary names & SSNs (KAECSES-AE)	KAECSES-AE, KDOL system	I These records are currently for all programs Send 2,000,000 records per month.	Monthly	Batch	Y / Y

Interface Name - Information Exchanged	Current Sending System/Future Sending System	Current Receiving System/Future Receiving System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
KAECSES Extract Files	KAECSES -AE	PSI (Healthwave Contractor)	KAECSES-AE family medical program information is shared with PSI for use in their case management system. The weekly file is used for reconciliation.	KAECSES-AE, PSI Platform	O	Daily & Weekly	FTP	Y / **N**
Medical Eligibility Information	KAECSES-AE	PSI (Healthwave Contractor)	KAECSES medical eligibility files are shared with PSI to update their case management system .	KAECSES-AE, PSI Platform	O	Daily & Monthly	FTP	Y / **N**
Reviews Due & Overdue	KAECSES-AE	PSI (Healthwave Contractor)	KAECSES file used by PSI to provide eligibility review dates for all cases housed at the Clearinghouse.	KAECSES-AE, PSI Platform	O	Monthly	FTP	Y / **N**
Medical Eligibility Information	KAECSES-AE/K-MED	Medicaid Management Information system (MMIS)/MMIS	The State determines eligibility for medical programs, and records this information in KAECSES. KAECSES transmits a file of eligibility to the MMIS daily and once a month. The MMIS then determines the benefit plan, issues medical cards and pays claims etc.	KAECSES-AE, MMIS	O 4,000 – 5,000 records per day. 300,000-400,000 per month.	Daily & Monthly	Mainframe File	Y / Y

Interface Name - Information Exchanged	Current Sending System/Future Sending System	Current Receiving System/Future Receiving System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
Medicare Entitlement & Enrollment Information (MEIN)	KAECSES-AE/K-MED	MMIS/MMIS	The MEIN record and the MEIN Transaction File were designed to reflect information exactly as it is carried on the SSA files and pass it to the MMIS. As a cost saving measure, states may elect to pay the Medicare Part A and/or B premiums for Medicare eligible beneficiaries. The State will compare Kansas Medicaid beneficiaries to the SSA files and, if a match is found, steps are taken to buy the beneficiary into Medicare.	KAECSES-AE, MMIS	O Approximately 15 records per day.	Daily	Mainframe File	Y / Y
Medical Alerts	MMIS/MMIS	KAECSES-AE/K-MED	KAECSES Alerts offer a mechanism to notify eligibility staff of beneficiary information ascertained during claims processing. An alert is transmitted from the MMIS to KAECSES where it is automatically routed to the appropriate field staff.	KAECSES-AE, MMIS	I 200 – 300 records per day.	Daily	Mainframe File	Y / Y

Interface Name - Information Exchanged	Current Sending System/Future Sending System	Current Receiving System/Future Receiving System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
SDX – SSI State Data Exchange	Social Security Administration (SSA)/SSA	KAECSES-AE/K-MED	The Social Security Administration (SSA) provides the state with eligibility, payment and demographic information about Kansas Supplemental Security Income (SSI) recipients through the SDX exchange.	EATSS & KAECSES-AE, SSA system	I Avg. 1500 – 2000 records per day but each month one file contains as many as 10,000-records.	Daily	Cyberfusion	Y / Y
BENDEX – Beneficiary Earnings Data Exchange	KAECSES-AE/K-MED	SSA/SSA	The names and SSNs of beneficiaries.	EATSS & KAECSES-AE, SSA system	O We send approximately 115,000 records per month.	Monthly	Cyberfusion	Y / Y
BENDEX – Beneficiary Earnings Data Exchange	SSA/SSA	KAECSES-AE/ K-MED	Contains the records of beneficiaries and their benefit information that has changed since the last time SSA sent a file.	EATSS & KAECSES-AE, SSA system	I We receive an average of 50 records per day but one day each month we get an average of 15,000 records.	Daily	Cyberfusion	Y/Y

Interface Name - Information Exchanged	Current Sending System/Future Sending System	Current Receiving System/Future Receiving System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
SVES – State Verification Exchange (Wire Third Party Query)	SSA/SSA	KAECSES-AE/ K-MED	At this time, SSN verification, Forty Quarter information, prisoner verification, Social Security benefit and eligibility information, SSI benefit and eligibility information, and some BENDEX information is exchanged through SVES.	EATSS & KAECSES-AE, SSA system	I TPQY records average 62,000 per MONTH. Prisoner records average 0 per MONTH.	Daily	Cyberfusion	Y / Y
SVES – State Verification Exchange (Wire Third Party Query)	KAECSES-AE/K-MED	SSA/SSA	SVES also allows the State to request data from SSA that is needed to determine eligibility for public assistance program. We can request SSN verification, Forty Quarter information, prisoner verification, Social Security benefit and eligibility information, SSI benefit and eligibility information, and some BENDEX information is exchanged through SVES.	EATSS & KAECSES-AE, SSA system	O TPQY records average 62,000 per MONTH. Prisoner records average 0 per MONTH.	Daily	Cyberfusion	Y/Y

Interface Name - Information Exchanged	Current Sending System/Future Sending System	Current Receiving System/Future Receiving System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
Qualifying Work Quarters (Sent to SSA through SVES)	SSA/SSA	KAECSES-AE/ K-MED	The State receives this Qualifying Work Quarter information from SSA in order to determine eligibility for Medicaid for certain individuals.	EATSS & KAECSES-AE, SSA system	I Average 30 records per MONTH.	Daily	Cyberfusion	Y / Y
Qualifying Work Quarters (Sent to SSA through SVES)	KAECSES-AE/K-MED	SSA/SSA	The State sends beneficiary name and SSN information to SSA to request the Qualifying Work Quarter data from SSA in order to determine eligibility for Medicaid for certain individuals.	EATSS & KAECSES-AE, SSA system	O Average 30 records per MONTH.	Daily	Cyberfusion	Y/Y
LIS Determinations (MIPPA)	SSA/SSA	KAECSES-AE/ K-MED	SSA sends SRS data from the Low Income Subsidy determinations so that the State can make a determination of eligibility for Medicare Savings Programs.	KAECSES-AE, SSA system	I Average 500 per MONTH but may be higher during "Open Enrollment" months.	Daily	Cyberfusion	Y/Y
CHIPRA (CHIP Citizenship) SVES Requests – Not Active at this time	KAECSES-AE/K-MED	SSA/SSA	Name and SSN of medical beneficiaries.	N/A	O	Daily	Cyberfusion	N/Y
CHIPRA (CHIP Citizenship) SVES Requests – Not Active at this time	SSA/SSA	KAECSES-AE/ K-MED	SSN Verification information that SSA has on file to verify the beneficiaries citizenship.	EATSS & KAECSES-AE, SSA system	I	Daily	Cyberfusion	N/Y

Interface Name - Information Exchanged	Current Sending System/Future Sending System	Current Receiving System/Future Receiving System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
Zip+4 For Postal Zip Codes	KAECSES-AE/K-MED	U.S. Post Office/US PO	This file contains KAECSES-AE address information where no ZIP+4 data exists.	KAECSES-AE, US PO system	O Send 55,000 average records.	Monthly		Y/Y
Zip+4 For Postal Zip Codes	U.S Post Office/US PO	KAECSES-AE/K-MED	The Post Office sends a file that has inserted the ZIP+4 digits into the Zip Codes for the addresses in the KAECSES-AE system.	KAECSES-AE, US PO system	I Receive 20,000 average records.	Monthly		Y/Y

EATSS – Easy Access to Social Security System: This system displays the information received from Social Security. A separate log-in and security profile is required to access this system.

	This is a list of current data exchanges that are processed manually by creating files or ad hoc reports. These data exchanges should become automated interfaces with K-MED implementation. Note this list may not be complete and is subject to additions/changes.							
Interface Name - Information Exchanged	**Current Sending System/ Future System**	**Current Receiving System/ Future System**	**Purpose of the Exchange**	**Current System(s) Involved**	**Input/Output**	**Frequency**	**Media**	**Exists Now/Exist in Future**
Death Records	Kansas Department of Health and Environment (KDHE) – Vital Statistics/ KDHE	An ad hoc report is created / K-MED	A death record file is obtained from Kansas' Department of Vital Statistics. This file is used in reporting to identify applicants/recipients who may be deceased for further investigation and possible case action by eligibility staff.	SAR & Rosuse (AdHoc Reporting)	I	Weekly	Web	Y / Y
PARIS (Public Assistance Reporting Information System) Interstate – Recipient Match Information	File is created via ad hoc process/ K-MED	DMDC (Defense Manpower Data Center)/ DMDC	A file of applicant/recipient records are sent to match to other records of other states beneficiaries. The file of match results is used to produce reports for staff of individuals who possibly received benefits in multiple states for further investigation and possible case action by eligibility staff.	Rosuse (AdHoc Reporting)	O	Quarterly	Cyberfusion	Y / Y
PARIS (Public Assistance Reporting Information System) Interstate – Recipient Match Information	DMDC (Defense Manpower Data Center)/ DMDC	An ad hoc report is created / K-MED	A file of matched beneficiaries is received and the results are used to produce reports for staff of individuals who possibly received benefits in multiple states for further investigation and possible case action by eligibility staff.	Rosuse (AdHoc Reporting)	I	Quarterly	Cyberfusion	Y/Y

Interface Name - Information Exchanged	Current Sending System/ Future System	Current Receiving System/ Future System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
PARIS VA – Veterans Benefit Information	File is created via ad hoc process/ K-MED	DMDC (Defense Manpower Data Center)/ DMDC	A file of applicant/recipient records are sent to match to the Veteran's Administration's records.	Rosuse (AdHoc Reporting)	O	Quarterly	Cyberfusion	Y / Y
PARIS VA – Veterans Benefit Information	DMDC (Defense Manpower Data Center)/ DMDC	An ad hoc report is created/ K-MED	The return file of match results is used to produce reports for staff of individuals receiving VA benefits for proper budgeting of VA income by eligibility staff and to identify potential TPL coverage.	Rosues (AdHoc Reporting)	I	Quarterly	Cyberfusion	Y/Y
PARIS Federal – Federal Wage Information	File is created via ad hoc process/ K-MED	DMDC (Defense Manpower Data Center)/ DMDC	A file of applicant/recipient records are sent and matched to Federal Employment/Wage information to identify individuals receiving wages from sources such as the military, etc.	Rosuse (AdHoc Reporting)	O	Quarterly	Cyberfusion	Y / Y
PARIS Federal – Federal Wage Information	DMDC (Defense Manpower Data Center)/ DMDC	An ad hoc report is created/ K-MED	The return file of match results is used to produce reports for staff of individuals who are receiving benefits for proper budgeting of income and other federal benefits and to identify potential TPL coverage.	Rosuse (AdHoc Reporting)	I	Quarterly	Cyberfusion	Y/Y

Interface Name - Information Exchanged	Current Sending System/ Future System	Current Receiving System/ Future System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
Inmate Information	Kansas Department of Corrections KDOC)/ KDOC	An ad hoc report is created/ K-MED	This file provides the State prison entry data which is used to produces reports of active applicants & recipients who may be institutionalized. Staff use the reports to determine if individuals need to be removed from a case or a case needs to be closed due to incarceration.	Rosuse (AdHoc Reporting)	I	Monthly	.txt file received via e-mail	Y / Y
Kansas Public Employees Retirement & Disability Benefit Information Not Active at this time	Kansas Public Employees Retirement System (KPERS)/ KPERS	An ad hoc report is created/ K-MED	A file of all individuals that receive KPERS benefits is shared with the State for use in determining eligibility for public assistance programs. This file currently is used to produce a report that is accessed by staff.	SAR	I	Monthly	FTP	Y / Y
BC/BS Premium Information	Ad Hoc report is created/ K-MED	Blue Cross & Blue Shield of Kansas/ BCBS	The State provides recipient information to BC/BS to match against their premium records for Medicare Supplemental health insurance policies (Plan 65).	Rosuse (AdHoc Reporting)	O	Annually	Tape Cartridge - Hand delivered to BC/BS	Y / Y
BC/BS Premium Information	Blue Cross & Blue Shield of Kansas/ BCBS	Ad Hoc report is created/ K-MED	BC/BS returns the file, including premium change information, for use in producing reports for staff to investigate correct case budgeting of premiums.	Rosuse (AdHoc Reporting)	I	Annually	Tape Cartridge Hand delivered from BC/BS	Y/Y

Interface Name - Information Exchanged	Current Sending System/ Future System	Current Receiving System/ Future System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
MMIS Third Party Liability (TPL)	MMIS/MMIS	An ad hoc report is created/ K-MED	Provides pertinent third party resource (i.e., health insurance) data on medical beneficiaries, including company name, type of coverage, claim number(s), and effective dates of coverage.	Rosuse (AdHoc Reporting)	I	Every Even Numbered Month		The need for this one and the 3 following MMIS reports will depend on the solution provided by the new eligibility system.
MMIS Medicare Part A File	MMIS/MMIS	An ad hoc report is created/ K-MED	Provides pertinent data on medical beneficiaries with Medicare Part A coverage, including claim number and effective coverage dates.	Rosuse (AdHoc Reporting)	I	Every Even Numbered Month		
MMIS Medicare Part B File	MMIS/MMIS	An ad hoc report is created/ K-MED	Provides pertinent data on medical beneficiaries with Medicare Part B coverage, including claim number and effective coverage dates.	Rosuse (AdHoc Reporting)	I	Every Even Numbered Month		
MMIS LTC File	MMIS/MMIS	An ad hoc report is created/ K-MED	Provides current (but no historical) Long Term Care data for past and present medical beneficiaries, including living arrangement, level of care, client obligation amount, and pertinent effective dates.	Rosuse (AdHoc Reporting)	I	Quarterly		
Lost Disability Information	SSA/SSA	An ad hoc report is created/ K-MED	To provide Kansas with client information for persons who have worked above SGA and consequently are no longer considered disabled according to SSA standards.	Rosuse (Ad Hoc Reporting)	I	Periodically	Cyberfusion	Y / Not sure we will want this in future.

Interface Name - Information Exchanged	Current Sending System/ Future System	Current Receiving System/ Future System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist in Future
Medicare Savings Program Eligibles	SSA/SSA	An ad hoc report is created/ K-MED	To provide Kansas with client information for Medicare recipients being targeted by SSA in Outreach efforts.	Rosuse (Ad Hoc Reporting)	I	Periodically	Cyberfusion	Y / Not sure we will want this in future.

SAR: Sysout Archival & Retrieval System is a mainframe online reporting tool.
Rosuse is an Ad Hoc reporting tool.

	This is a list of systems accessed for data. At this time, users must separately sign into these systems to access information or get the information manually. These additional interfaces involving the exchange of data with these entities should be automated in the future or integrated into the K-MED system as much as this is possible. Note this list may not be complete as is subject to additions/changes.							
Interface Name - Information Exchanged	**Current Sending System/Future System**	**Current Receiving System/Future System**	**Purpose of the Exchange**	**Current System(s) Involved**	**Input/Output**	**Frequency**	**Media**	**Exists Now/Exist In Future**
VRV Online	KDHE-Vital Statistics/KDHE	None/K-MED	To provide eligibility staff with a method to validate that a birth certificate (or the information from one) is correct for medical citizenship/ID requirements.	N/A	On-line access via the web.	N/A	N/A	N / Y
Wage, Employer, & Unemployment Benefit Information	Kansas Dept. of Labor/KDOL	None/K-MED	Ability to access information on unemployment benefits and prior quarter wage information. Employer information (address and phone number) is available.	N/A	On-line access via the mainframe.	N/A	N/A	N / Y
Driver's License & Vehicle Registration	Kansas Dept. of Revenue/KDOR	None/K-MED	Allows eligibility staff access to Driver's License and Motor Vehicle Registration databases to obtain required personal information such as drivers license number, SSN, DOB, address, or to verify vehicle registration for use in eligibility determinations.	N/A	On-line access via the mainframe.	N/A	N/A	N / Y

Interface Name - Information Exchanged	Current Sending System/Future System	Current Receiving System/Future System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist In Future
Level of Care Information	Kansas Dept. of Administration/KDOA	None/K-MED	Allows staff on-line access to consumer level of care data. This data is a requirement for some types of Medicaid determinations.	N/A	On-line access via the web.	N/A	N/A	N / Y
Electronic Access to Social Security (EATSS)	SSA/SSA	EATSS/K-MED or maintain EATSS	Accessed by eligibility workers to verify income and benefit verifications received from Social Security electronic exchanges.	EATSS	Mainframe	N/A	N/A	N/Y
KDHE – WebIZ	KDHE/KDHE	None/K-MED	Allows limited number of “view only” accesses to immunization records inputted from various medical entities statewide.	Web site	Online access (token required).	N/A	N/A	N/Y
Enterprise Access System (EAS)	None/K-MED	SRS/SRS	Program for submitting and tracking employee security applications for access to most systems used by eligibility workers and contracted eligibility staff.	This will depend on the vendor’s solution.	Online access via the web	N/A	N/A	N/Y
The Work Number	None/K-MED	TALX/TALX	Website utilized to obtain employment and income verification from participating employers.	Web site	Online access for requests. Verifications are returned via fax.	N/A	N/A	N/Y

Interface Name - Information Exchanged	Current Sending System/Future System	Current Receiving System/Future System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist In Future
SAVE	None/K-MED	Homeland Security/Homeland Security	Eligibility staff accesses this website to verify immigration status of non-citizen applicants.	Web site	Online access	N/A	N/A	N/Y
KHPA Website	None/K-MED	KHPA/KHPA	Includes a listing of school, government and other entities enrolled in the State of Kansas Health Insurance Program. Certain employees of participating employers are not eligible for HW21.	Web site	Online access.	N/A	N/A	N/Y
PERT	None/K-MED	CMS/CMS	Transmit PERM review forms and findings to CMS. (If CMS allows an interface.)	Web site	Online access	N/A	N/A	N/Y
Asset Verification System	None/AVS Vendor System	None/K-MED	Asset information of Medicaid recipients from searching various bank records.	New Interface required	I/O (when operational)	N/A	N/A	N/Y
Premium Billing	MMIS/K-MED	HP- Premium Billing Vendor/HP Premium Billing Vendor	Premium charges for specific medical programs and alerts about these premium payments.	New Interface required	I/O (when operational)	N/A	N/A	N/Y
MMA	None/K-MED	CMS/CMS	Medicare Part D eligibility information including Low Income Subsidy	New Interface required	I/O (when operational)	N/A	N/A	N/Y
HCBS Functional Screening Score	None/K-MED	KAMIS/KAMIS	Interface should contain the functional screening score for HCBS applicants.	New Interface required	I/O (when operational)	N/A	N/A	N/Y

Interface Name - Information Exchanged	Current Sending System/Future System	Current Receiving System/Future System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist In Future
Beneficiary Web Portal	MMIS Member Web Services/MMIS Member Web Services	None/K-MED	Beneficiaries should be able to see Medical coverage information that resides in the MMIS Member Web Services portal by signing on to the KATCH Beneficiary Web Portal.	New Interface required	I/O (when operational)	N/A	N/A	N/Y
Conversion Interface	None/KAECSES-AE	None/K-MED	Interface will be needed through conversion of all programs to the new system. Not sure what data may need to be transmitted at this time.	New Interface required	I/O (when operational)	N/A	N/A	N/Y
KAECSES-AE	None/K-MED	None/KAECSES-AE	Interface between K-MED and KAECSES-AE. Not sure what data may need to be exchanged at this time.	New Interface required	I/O (when operational)	N/A	N/A	N/Y
MMIS Claims Data	MMIS/MMIS	None/K-MED	Certain claims data will need to be sent to the new system so it can be viewed there. Specific examples are claims used to meet a spenddown and claims subject to estate recovery process.	New Interface required	I (when operational)	N/A	N/A	N/Y

Interface Name - Information Exchanged	Current Sending System/Future System	Current Receiving System/Future System	Purpose of the Exchange	Current System(s) Involved	Input/Output	Frequency	Media	Exists Now/Exist In Future
Data Analytic Interface	MMIS/K-MED	DAI/DAI	The Data Analytic Interface (DAI) is the system KHPA uses as a data warehouse. A snap-shot and full data image of eligibility data will need to be sent to this system so reports can be produced.	New Interface required	O (when operational)	N/A	N/A	N/Y
State Supplemental Payment Program (SSPP)	Manually created Data file/K-MED	PAYCHEX/PAYCHEX	The list of Beneficiaries who are eligible to receive supplemental payments.	New Interface required	O	N/A	N/A	N/Y
Fair Hearing Data	Fair Hearings Database/Fair Hearing Database	None/K-MED	Information about Fair Hearings and Grievances will need to be sent to the K-MED system.	New Interface required	I	N/A	N/A	N/Y

RFP Appendix 5:
DATA CONVERSION REQUIREMENTS AND DESCRIPTIONS

It is essential that the K-MED System contain a complete eligibility history for all people who have participated in the medical assistance programs. It is also important that KHPA have the ability to track pending work immediately upon implementation of the K-MED System. Quick and accurate conversion of data from existing systems is essential to the overall success of the K-MED project. Most importantly, staff responsible for making eligibility decisions must be able to complete work with minimal disruption. The K-MED System will become the system of record for medical eligibility information, and KHPA expects to take data from at least three systems to provide a complete record.

KHPA considers conversion of existing data to be a high-risk issue, and expects the Contractor to devote sufficient resources to carefully plan and document this portion in the overall development plan.

KAECSES-AE is currently the system of record for medical eligibility information. The majority of information and data for current and past medical decisions is held by KAECSES-AE. Many of the established interfaces also originate and terminate in KAECSES-AE. Some of the data from these interfaces are automatically loaded and processed in that system. KAECSES-AE is developed using COBOL and Natural2 for the batch routines and COBOL/CICS for the online transactions using the ADABAS database management system. KAECSES-AE supports multiple assistance programs and the data held by KAECSES-AE may be necessary for each individual program. For example, an individual who receives QMB and Food Assistance will have one case number and certain information (e.g., name, address, alienage, etc.), is captured and stored once, but used for both programs. KHPA expects all data relevant to medical programs to be available in K-MED, while the Department of Social and Rehabilitative Services (SRS) needs the data relevant to all other programs to remain in KAECSES-AE.

KHPA has identified at least three other systems containing data that will be needed for the K-MED System: MMIS; the PSI Platform; and the PARTS system. In addition, data from other systems may need to be converted depending on the proposed solution and the detailed system design of the K-MED System.

MMIS contains eligibility information for all individuals who have been approved for and have received medical coverage. It does not hold information for non-participating members of the household or for denied applications. MMIS contains some current and historical data that is not in the KAECSES-AE system. KHPA requires this data, such as the type of long term care facility, the level of care, and the accompanying effective and end dates. This data must be converted from MMIS. Additional data to be converted from MMIS may be identified during system design.

The PSI platform is used by the Healthwave Clearinghouse. This system contains supplemental information that isn't available in KAECSES-AE or MMIS and uses imaging software and workflow. Some examples of data that will need to be converted from this system are the MA-CM income worksheets, work tasks, and the electronic case record. These items are not included in the data available for non-Clearinghouse cases. KHPA anticipates the specific data needs from the PSI Platform will be identified during design.

The PARTS system is used by the Presumptive Medical Disability Team (PMDT) to support the disability determination process. It is primarily a workflow tool with documentation and reporting capabilities. Disability determination decisions and the status of referrals and case processes will need to be converted. Other information to be converted may be identified during design.

Additional information regarding the database file structure of KAECSES-AE, as well as other technical information on systems named in this section and in the Interface Development Section (please see RFP Section 3.4.11.2.5.3) can be obtained by completing a Disclosure Agreement and submitting it to the Purchasing Officer (please see RFP Section 3.4.7, Item #9). General information regarding these systems is located in RFP Section 1.3.

A5.1 CONVERSION ACTIVITIES

The Contractor, with assistance from KHPA, will have primary responsibility for converting required data. The Contractor shall be responsible for developing and testing automated conversion programs to ensure that the necessary data is available at go-live. Other State agencies and existing KHPA contractors will be responsible for providing the Contractor with data conversion files containing the data elements in the format and the timeframe agreed-to necessary to support the conversion and overall project schedule.

Work effort to be provided by the Contractor shall include, but not be limited to:

1. Developing programming specifications;
2. Coding of conversion programs in accordance with program specifications;
3. Loading converted data;
4. Performing unit and integration testing on conversion programs;
5. Building any crosswalk file structures required to assist KHPA in developing test scenarios and conducting User Acceptance Testing;
6. Building history records;
7. Developing reports and other means for KHPA personnel to validate converted data; and
8. Running the conversion programs several times into a copy of the production environment in test mode prior to final conversion into the actual production environment to ensure an accurate conversion.

A5.2 COORDINATION / OUTCOMES

1. The Contractor will lead the data conversion / loading effort. The Contractor, with KHPA oversight, is responsible for developing a Data Conversion Plan and coordinating conversion activities with all agencies and existing contractors.
2. KHPA prefers a big bang conversion. KHPA may consider a phased conversion approach depending upon the risk and cost. The Contractor shall be expected to complete conversion, and implementation, according to the prescribed approach.
3. Under KHPA's direction, the Contractor is responsible for developing conversion routines and scripts to bring KHPA data into the new environment(s). The Contractor shall be responsible for conversion to target multiple environments, (e.g., development, system testing, user acceptance testing, operational readiness testing, and Production).
4. All data conversion plans, approaches, and data mapping scripts must be reviewed and approved by KHPA prior to execution.
5. The Contractor must produce conversion reports before and after conversion to identify discrepancies, counts, complete conversion, etc., so that workload can be assessed and training arrangements can be made for proper handling of cases. These reports should list, at a minimum: how many cases will be fully converted, how many cases will need assisted manual conversion, how many cases failed the criteria for full or assisted conversion, how many cases have bad data by data types and data element so that the case can be corrected before conversion, etc.
6. Working with KHPA, the Contractor shall develop queries, reports, and instructions required by agencies and contractors to validate their data in the new system. Using plans and scripts developed by the Contractor, KHPA will be responsible for verifying the accuracy of the converted / loaded data.

7. Prior to final conversion into the production environment, a minimum of two complete and successful test conversions will be performed by the Contractor and KHPA. Exercises shall consist of the Contractor loading data extract files provided by agencies and the Contractor providing reports / query results so that KHPA may validate the accuracy and completeness of the conversion. Working with the Contractor, KHPA will define the timing, requirements, and acceptance criteria for this test conversion.
8. KHPA will be responsible for subject matter knowledge of existing systems and associated data. If correction of any of the existing data is required, the Contractor shall assist KHPA in developing procedures to correct the data. As the successful conversion of the existing data is ultimately the responsibility of the K-MED Contractor, KHPA encourages the Contractor to begin this effort as early as possible.
9. The Contractor must develop a Conversion Guide. This Guide will be used as reference by staff during the conversion process.
10. The Contractor must develop assisted manual conversion procedures for loading all data that cannot be loaded using automated conversion programs. These procedures will help KHPA convert this type of data (e.g., address correction, combining cases, etc.). The Contractor must provide extensive support for this activity for all levels of staff, which shall include on-site support at all locations where eligibility staff are located (see RFP Appendix 8 – Training Volume and Locations).
11. Manual conversions are defined as “manual” when the Contractor and KHPA agree that the effort is too great, that the volume is too low, or that an automated process is just not possible because the data does not exist. KHPA will assist in the manual conversion effort, in accordance with the agreed upon Detailed Project Schedule. The Contractor shall provide a workflow for conversion, so that staff will be able to ensure that the case is complete. Examples of actions may include completing missing data elements or attaching documents from case files. The workflow must be flexible to allow staff ample time to complete the process.
12. The Contractor must identify and create work-around processes for the current systems during the conversion phase. KHPA must review and approve vendor proposed processes.
13. The Contractor must develop and include a protocol for the KHPA implementation team responsible for conversion into the production environment.
14. The conversion approach must ensure that staff members have immediate access to historical data.
15. The conversion approach must ensure that coverage remains in place for current recipients, and for recipients authorized during and after conversion. This must not require manual intervention, except on a small number of records which may experience KHPA-approved error reasons.
16. The conversion approach must ensure that any changes in coverage levels or benefit levels are identified prior to automatic continuation of coverage. The plan must allow KHPA to specify the situations in which coverage is to be continued at the previous level and when a coverage change may be acted upon.
17. The Contractor must complete performance tuning of data bases, application servers, web servers and other software and devices deployed as part of the conversion process to ensure system performance.
18. The data must be protected, locked down, and access restricted to authorized personnel.
19. The Contractor shall include a strategy and solution for deploying a batch data conversion process / interface that can be used as an interim bridge for agencies that cannot complete interface development in time for system cut-over. This near real-time conversion process shall enable agencies to use their current interfaces from their agency systems to KAECSES-AE and translate transactional data into the new system and receive back from the new system their completed transactions. Due to the anticipated changes in the code values to a meaningful name, the interim solution interface shall translate these codes to corresponding codes in old system and vice versa until the agency is ready to cut-over to the new system. If necessary, this interim solution is expected to be used for no longer than one year after “go-live.”

A5.3 DATA CONVERSION PLAN

The Contractor shall have responsibility for managing and executing data conversion activities associated with the K-MED Project. The Contractor will lead interactive conversion strategy sessions that include KHPA, SRS, and other contractor staff to develop a comprehensive Data Conversion Plan. The Contractor shall develop a Data Conversion Plan, with input from KHPA.

The Data Conversion Plan shall, at a minimum, include:

1. All files / tables to be built in the new eligibility system;
2. Data sources for those files / tables;
3. Expected data volumes;
4. Data element mapping crosswalks, including values of the old system data elements to the new system data elements and vice versa, to ensure al data elements are addressed;
5. Those conversions where automated conversion tools or programming can be used to significantly reduce data conversion labor;
6. Roles, responsibilities, and timing requirements for the conversion effort for the State and the Contractor;
7. How the data will be cleansed and how the Contractor will coordinate an analysis of data cleansing design (to be accomplished during the design phase to the extent practical). The data cleansing approach must be reviewed and approved by KHPA;
8. How the data will be kept in sync between medical data conversion and any conversion of other programs; and
9. How final data conversion will be executed as part of cut-over / deployment.

A5.4 CONVERSION PLAN EXECUTION

In executing the Data Conversion Plan outlined above, the Contractor shall be responsible for the following:

1. Developing and testing automated conversion programs to support the commencement of test and production operations;
2. Working with the KHPA to map the conversion by field, define the conversion logic, and design the conversion processes;
3. Developing programming specifications;
4. Coding conversion programs in accordance with specifications;
5. Performing unit and integration testing of the conversion programs;
6. Executing programs to convert legacy data into the new system;
7. Building any crosswalk file structures required to assist KHPA in developing test scenarios;
8. Conducting acceptance testing;
9. Building history records;
10. Running the conversion programs and assisting KHPA with verification of the converted data in the production environment;
11. Developing data transformation and purification / cleansing procedures;
12. Producing conversion reports (missing data, bad data) before conversion, so that KHPA can facilitate data correction;

13. Develop programs and / or procedures to add missing data or correct invalid / incorrect values;
14. Transform data to the new format per KHPA's specifications, so that the K-MED System can accept the values (e.g., changing code value from one byte length to longer length of meaningful name);
15. Develop data correction/validation programs. These procedures can correct bad data identified during or after conversion for an individual case or an entire group of cases.
16. Develop assisted manual conversion procedures for loading all data that cannot be loaded using automated conversion programs and provide oversight and support for KHPA, agencies, and KHPA contractors as requested.
17. If determined necessary, develop assisted conversion protocol, so that a staff person will be able to attach documents from case files; and
18. Provide workflow for conversion, so that a staff person can easily transition any case fully to the new system. This process may include attaching imaged documents, updating data in K-MED, correcting an incorrect determination, etc. The workflow process must link associated electronic documents (existing images in KHPA ImageNow) from the converted data to make electronic case records. This conversion workflow must be reviewed and approved by KHPA.

KHPA shall certify the accuracy of the test and production databases after conversion. KHPA is also responsible for validating all converted data, after the Contractor has warranted that the data is ready for certification. The Data Conversion Plan must allow sufficient time for this step to occur.

A5.5 CONVERSION PROPOSAL INSTRUCTIONS

Each proposal must lay out a conversion strategy/approach that the vendor feels will best meet the needs of K-MED. The approach shall include conversion planning and analysis activities as well as execution. The approach shall identify any perceived conversion risks/unknowns based on the proposer's experience in converting key data. The proposer should review the requirements above and the requirements associated with the Conversion Plan deliverable (RFP Appendix A6.3.2.3.1) and explain how these requirements shall be met. The proposal must clearly describe the processes that will occur, the expected length of time of each step, and other information necessary to provide a complete picture of the proposed solution. The proposed conversion approach must address statewide, agency-specific, and supplier data conversion requirements, and include a Data Conversion Plan. The Contractor shall have on its project team a dedicated full-time Conversion Lead.

The scope of the data conversion shall include data elements from KAECSES-AE, the PSI Platform, and MMIS. Conversion data, associated source (e.g., PSI, MMIS, KAECSES-AE), and related tables must be clearly identified during the data mapping effort. Please see the list of required conversions at the end of RFP Appendix 5 (this Appendix – please see below).

For purposes of the procurement and to ensure an "apples to apples" comparison of data conversion costs, each vendor shall develop their proposal assuming that the following data comprise the final "system file:"

- Demographic and personal data required to set up the master case;
- Application/review dates;
- Eligibility coverage periods/dates;
- Individual history;
- Case history;
- Detailed past eligibility history;
- Detailed non-financial eligibility determination;

- Detailed financial eligibility determination (income and resources);
- Detailed assistance plans;
- Detailed past budget information, as applicable;
- Eligibility segments for individual eligibility and history;
- Case log; and
- Ensure that medical cases are no longer recorded in KAECSES-AE.

Proposers shall bid the costs and approach if five years of data is converted, and provide the additional cost if another five years of data is converted, bringing the total to ten years of converted data available at "go-live." Please see RFP Section 3.6.9 (COST PROPOSAL TAB 5 -- SCHEDULE 5 -- STAFFING PLAN BY POSITION).

In addition to the conversions listed at the end of RFP Appendix 5 (this Appendix – please see below), the Proposer shall also plan for the following "contingency" conversions as determined to be needed by the State. The Proposer shall assume that the custom conversions are defined by the following levels of complexity:

Complexity	Complexity Descriptions
Simple	One table to one table map.
Average	One table to multiple tables map.
Complex	Multiple tables to multiple tables map.

Complexity Level	Number of Conversions
Simple Mapping	3
Average Mapping	3
Complex Mapping	3
Total	**9**

The Proposer shall include the estimated cost for providing contingency conversions in the separate Cost Proposal. Conversions contingency funds shall be used or not used at the discretion of the State, and any conversions contingency funds not used for that purpose may be applied to other project areas as the State deems in its best interest.

The Cost of the conversions contingency shall be shown as a Payment Deliverable titled *Contingency Conversions* in Cost Schedule 3 – Deliverables Payment (see RFP Section 3.6.7).

KHPA prefers a big bang conversion. KHPA may consider a phased conversion approach depending upon the risk and cost. The Contractor shall be expected to complete conversion and implementation according to the prescribed approach.

Under KHPA's direction, the Contractor is responsible for developing conversion routines and scripts to bring KHPA data into the new environment(s). The Contractor shall be responsible for conversion to target multiple environments, as necessary (e.g., development, system test and user acceptance testing, operational readiness test and production).

All data conversion plans, approaches, and data mapping scripts must be reviewed and approved by KHPA prior to execution.

These conversion services shall be described in TECHNICAL PROPOSAL TAB 7 (see RFP Section 3.4.11.2.5.4) and priced in the separate Cost Proposal.

A5.6 CONVERSIONS LIST

See next page.

K-MED Conversions

KAECSES-AE		
File Name	**Short Description of Data Included**	**Estimated # of Total Records *(includes both medical and non-medical records)***
Address	Case Address information	8,147,118
Alert- audit	Alert- audit	37,221
Alerts	Alerts information	284,423
Alerts interface	Alerts interface	23,546
AP basic	Absent parent basic information	258,226
Audit trail	Audit trail	12,004,338
Base wage	Department of Labor base wage information	111,886
BENDEX	SSA Beneficiary Data Exchange information	8,706,135
Benefits – archived	Benefits – archived	
Benefits	Benefits	43,925,372
Case-basic	Case-basic	1,320,794
Case composition	Case composition	89,683,859
Case eligibility	Case eligibility	42,061,506
Claim	Claim	244,097
Client-basic	Client-basic	2,516,987
Client	Client	2,814,220
Client-month	Client-month	69,434,380
Expenses	Expenses	34,668,732
Income	Income	47,200,453
Involvement	Involvement	6,790,100
LIME	Limited Medical information (ADAP)	16,673
Medical-expenses	Medical-expenses	3,978,024
MEIN	Medicare information	251,729
Notice-history	Notice-history	24,198,004
Participation	Participation	16,872,114
Person-program	Person-program	1,498,422
Program-basic	Program-basic	3,173,883
Program-month	Program-month	49,951,141
QOFC	SSA Qualifying Quarters of Coverage	857
Recovery	Recovery	1,217,261
Referral	Referral	734,576

KAECSES-AE		
File Name	**Short Description of Data Included**	**Estimated # of Total Records *(includes both medical and non-medical records)***
Referral-interface	Referral-interface	275,879
Request	Request	22,961,690
Resources	Resources	23,820,731
Restore	Restore	66,905
Reviews	Reviews	1,650
SDX	SSA SSI information	2,085,338
Security	Security	21,408
Spenddown	Spenddown	9,852,134
Tables	Tables	300,548
Transaction-log	Transaction-log	19,675,029
Vendor	Vendor	212,220
WTPQ	SSA SVES information	2,188,011
WTPQ-codes	SSA SVES record codes	6,711

Policy Studies Incorporated (PSI)		
File Name	**Short Description of Data Included**	**Estimated # of Total Records**
Household Data	Household information	278,000
Case Data	Case information	278,000
Member Data	Member information	887,000
Eligibility Data	Eligibility information	887,000
Work Request Data	Work request information	2,265,000
Income and Expense Data	Income and Expense Data	274,000
Inbound Documents	Inbound Documents	3,055,000
Outbound Correspondence	Outbound Correspondence	1,080,000
Case Log Data	Case Log Data	54,064,000

MMIS		
File Name	**Short Description of Data Included**	**Estimated # of Total Records**
T_RE_ELIG	This table contains information about beneficiary's benefit plan eligibility segments. Each eligibility segment is specified by an effective date and end date.	11,674,964

MMIS		
File Name	**Short Description of Data Included**	**Estimated # of Total Records**
T_RE_AID_ELIG	This table contains the beneficiary's population code eligibility segments, which specifies a period of time the beneficiary is eligible for Medicaid coverage in that population code.	1,613,5191
T_RE_CASE	This table provides information about a case which is determined by SRS.	817,023
T_RE_CASE_XREF	Cross-reference between a beneficiary and prior cases they have been a part of, including the beneficiary's current case.	1,820,003
T_RE_LOC	This table provides level of care information for a beneficiary. Each segment contains a level of care code and is maintained by effective and stop date.	351,488
T_RE_PAT_LIAB	This table provides information about the beneficiary's patient financial liability for long term care.	1,146,361
T_RE_PEND_PAT_LIAB	This table provides information about beneficiary's pending information for retroactive changes to patient liability.	1,539
T_RE_SPEND_LIAB	This entity contains the start and stop dates when the beneficiary case must meet a spenddown liability.	597,614
T_RE_PREMIUM	This table contains the premium information for a case.	85,601
T_RE_PE_REV_TXN	This entity contains eligibility records that errored off during the monthly and daily eligibility update process due to presumptive eligibility benefit plan rules.	5,726

Presumptive Application and Referral Tracking System (PARTS)		
File Name	**Short Description of Data Included**	**Estimated # of Total Records**
T_Drug	This table includes the necessary data that defines a drug.	346,977
T_PMDD_CASE	This table gives information about presumptive eligibility disability determination case.	42,030
T_PMDD_CASE_ADDL_INFO	This table provides additional information of the PMDD applicant.	257,014
T_PMDD_CASE_DSBLTY	This table gives disability information for a PMDD applicant.	64,700
T_PMDD_CASE_EXAM	This table provides information related to various examinations requested by PMDD staff to finalize a PMDD case.	613
T_PMDD_CASE_MEMO	This table contains notes about a PMDD case captured by the staff working the case.	110,781
T_PMDD_CASE_PROV	This table gives information of the providers attached to a PMDD case.	51,723
T_PMDD_CASE_RECS	This table contains health information records for a PMDD case.	36,435
T_PMDD_CASE_REP	This table contains information related to Legal and SSN representatives for a PMDD case.	17,203
T_PMDD_CASE_SSA_BNFT	This table contains social security disability information for a PMDD case.	15,698
T_PMDD_CASE_STAFF	This table provides information about the PMDD staff and their roles with respect to a PMDD case.	27,718
T_PMDD_CASE_STATUS	This table contains the case status information.	211,821
T_PMDD_CASE_TC	This table contains the telephone consultation information for a PMDD case.	43,149
T_PMDD_CASE_WRKR	This table captures case workers contact information.	1,868

Presumptive Application and Referral Tracking System (PARTS)		
File Name	**Short Description of Data Included**	**Estimated # of Total Records**
T_PMDD_CASE_WRKR_XREF	This table lists the case workers tied to a case.	42,101
T_PMDD_CE_CNTRCT_INFO	This table contains the PMDD contract information for a consultative examination provider.	16
T_PMDD_CE_PROV	This table contains the contact information for PMDD consultative examination provider.	19
T_PMDD_CODES	This table contains the different code categories used in PMDD system.	22
T_PMDD_CODE_VALUES	This table contains the different values for a particular code category.	151
T_PMDD_PROV	This table contains the different doctor/facility names of PMDD providers.	4,285
T_PMDD_RECIP	This table provides PEDD applicant information.	35,947
T_PMDD_RECIP_ADDR	This table contains PEDD applicant address information.	37,776
T_PMDD_RECIP_DRUGS	This table captures the medications used by a PMDD applicant.	59,359
T_PMDD_STATUS_CODE	This table contains the status used by PMDD system.	21

RFP Appendix 6: DELIVERABLES

A6.1 DELIVERABLES DEFINITION

There are three types of deliverables:

Deliverable Type 1: Deliverables listed and /or described in RFP Appendix 6 – Deliverables (this Appendix). The Contractor must provide these deliverables, or proposed alternatives that accomplish a similar intent. An alternative Deliverable can be proposed if the specified Deliverable does not fit the proposed Methodology and Approach of the Proposer, or if it just doesn't make sense. The Proposer shall reference and discuss these deliverables in the appropriate sections of their response.

Deliverable Type 2: Deliverables mentioned anywhere in the RFP, but not listed or described in RFP Appendix 6 – Deliverables (this Appendix). The Contractor must provide these deliverables, or proposed alternatives that accomplish a similar intent. An alternative Deliverable can be proposed if the specified Deliverable does not fit the proposed Methodology and Approach of the Proposer, or if it just doesn't make sense. The Proposer shall reference and discuss these deliverables in the appropriate sections of their response.

Deliverable Type 3: Additional deliverables that the Proposer deems necessary to support the proposed Methodology and Approach. If proposed and accepted by KHPA, then the Contractor must provide these deliverables. If proposed, then the Proposer shall reference and discuss these deliverables in the appropriate sections of their response.

Additionally, there are two categories of deliverables:

Deliverable Category 1: These are formal implementation Payment Deliverables which must be listed on Cost Schedule 3 – Deliverables Payment (see RFP Section 3.6.7).

Deliverable Category 2: These are informal Work Products which do not trigger a payment. Work Products are normally subordinate deliverables which lead up to or are a part of a formal Payment Deliverable.

Deliverable Category 3: These are Ongoing Operations Deliverables which are priced into the monthly rate quoted in Cost Schedule 8 – Ongoing Operations Costs. Deliverable Category 3 does not have separate listed prices for individual deliverable items.

A6.2 DELIVERABLES PROCESSES AND REQUIREMENTS

Discussion concerning deliverables process and requirements follows.

A6.2.1 Deliverables Processes

Meeting with State staff as necessary while developing the proposed formats for deliverables, the Contractor must present a draft outline in the form of an annotated table of contents of each deliverable to KHPA for approval before starting work on the deliverable. This annotated table of contents will define the acceptance criteria of the deliverable, and establish the designated KHPA Deliverable Review Team, and the Team Lead.

Deliverables will be submitted by the Contractor and approved or rejected by KHPA in accordance with the Quality Assurance Review Process (QARP) specified in RFP Appendix 10.

All proposed Implementation Phase deliverables shall be included in the Detailed Project Schedule, and delivered in accordance with the timeline established therein. The Detailed Project Schedule shall have tasks delineating the deliverable process outlined here and in RFP Appendix 10, explicitly portraying all approvals and review periods. For planning purposes, the Proposer may assume the initial and one additional QARP review period for all deliverables, and shall assume KHPA participation in the deliverable review process in accordance with the KHPA staffing estimates provided in RFP Section 2.10. Proposers are cautioned NOT to overload KHPA staff with too many deliverables delivered in rapid succession. The Detailed Project Schedule must be resource loaded *and leveled*.

All proposed Implementation Phase deliverables shall be priced and included in Cost Schedule 3 of the Cost Proposal. All proposed Implementation Phase deliverables shall be listed and described in accordance with RFP Section 3.4.11.2.2.1.

During the Ongoing Operations Phase, KHPA may, with proper notification to the Contractor, and assuming that it is within the established base level of support, add or subtract deliverables and / or adjust the contents of deliverables as necessary. All proposed Ongoing Operations Phase deliverables shall be listed and described in accordance with RFP Section 3.4.12.

A6.2.2 Deliverables Requirements

All deliverables and subsequent revisions must include the following:

1. **User Guides:** Deliverables that are User Guides must be prepared in draft form during development and in final form following User Acceptance Testing. A complete draft of each User Guide must be made available to State staff before User Acceptance Testing begins. All Contractor and State users must receive User Guides (either in whole or in part, as appropriate), as needed or as requested. During the Operations Phase, updates to User Guides must be prepared on all changes, corrections, or enhancements to the system within 20 days of State approval of the system change.

   The Contractor will be responsible for the production and distribution of all User Guide updates. Specific minimum requirements for User Guides are provided below.

   a. Distribution of User Guide updates shall be an electronic process.

   b. User Guides must be written and organized so that users not trained in data processing can learn from reading the documentation how to access the online screens, read subsystem reports, and perform all other user functions.

   c. Definitions of codes used in various sections of a User Guide must be consistent.

   d. Mnemonics or acronyms used in user instructions must be identified and must be consistent with screens, reports, and the data element dictionary.

   e. Abbreviations must be consistent throughout the documentation.

   f. Documents for the general public are to be written at a 5th grade level where possible.

   g. Transaction codes or acronyms used in operating procedures must be identified and must be consistent with screens, reports, and the data element dictionary.

   h. User Guides must be updated to reflect changes identified during the acceptance test process. Updated pages must be submitted to KHPA for review and approval.

2. **Tables of Contents (TOC):** If he deliverable has multiple volumes, the first volume must include a complete table of contents for the entire deliverable with volumes and sections identified. Each volume and or section must also include its own table of contents.

3. **Headers / Footers:** Each page within the deliverable must include the following information in the header or footer:
    i. Deliverable name;
    j. Volume / Section name or number;
    k. Date last updated;
    l. Page number; and
    m. Deliverable version or draft number, if applicable.

A6.3 Deliverables by Major Activity

A discussion of deliverables organized by the three major K-MED Project Activities follows. The Activities are:

Activity 1: Analysis;

Activity 2: System Development; and

Activity 3: Ongoing Operations.

Vendors are reminded that many of these deliverables will require at least two iterations or versions: an Implementation Phase 1 version and an Implementation Phase 2 version. Some may require other iterations as well.

A6.3.1 Deliverables – Analysis Activity

A discussion of the Analysis Activity deliverables follows. There are two groupings of deliverables within this Activity:

1. Project Management Deliverables; and
2. Analysis Deliverables.

A6.3.1.1 Deliverables – Project Management

A discussion of the defined Project Management deliverables within the Analysis Activity follows.

A6.3.1.1.1 Project Web Site

The Contractor must establish and maintain a web-enabled Project Web Site with controlled access for both Contractor and State staff. The Project Web Site will be used as a comprehensive repository of documents and other materials related to the project. Versioning control is required. Examples of items to incorporate on the Project Web Site include:

1. Contact / Phone Lists;
2. Business Process Models;
3. Workflow Designs;
4. RFP and Proposal Documents with Requirements and Proposal Responses Linked for Requirements Validation;
5. Design Decisions Linked to RFP Requirements, Proposal Responses and RVD data;
6. Detailed Design Documents, Test Results, and Other Deliverables;
7. Schedules, Calendars;

8. Microsoft Project Work Plan;
9. Minutes and Agendas; and
10. Issue Tracking.

The Contractor shall maintain the Project Web Site throughout the duration of the contract, including during Ongoing Operations, with content changes as necessary.

At contract end, the Contractor will turn over the complete Project Web Site information to the State along with all tools or software necessary for electronic access to the project data (allowing the same functionality as was available for the Project Web Site during the contract period).

The initial version of the Project Web Site Deliverable is due within ten business days after the Project Execution date.

A6.3.1.1.2 Project Management Plan

The Contractor Project Manager will, with the assistance of the KHPA Project Manager, prepare the Project Management Plan in accordance with the State of Kansas Project Management Methodology. This Project Management Plan will include, but not be limited to:

1. Detailed Project Schedule;
    a. Contractor resources by name or by title must be assigned at the task level and include a unit cost per hour for each resource.
    b. Required State resources by title must be assigned at the task level. All State resources should contain a unit cost of $40/hour. State resources should have Max Units of 80% to account for absenteeism, holidays, vacations, meetings, discussions, etc.
    c. All tasks must be at least eight hours of work but not more than 80 hours of work (the 8 / 80 rule applies to total work effort of all staff assigned to the task, it is not applied to duration).
    d. The project calendar should reflect all Contractor and State holidays.
    e. The project schedule must include the Quality Assurance Review Process (QARP), as well as the development of mutually agreeable deliverable acceptance criteria.
    f. The project schedule must be delivered to K-MED in MS Project.
    g. The project schedule should be resource loaded and leveled at the time of delivery.
    h. The Detailed Project Schedule shall be submitted in accordance with the provisions of RFP Section 3.4.11.2.2.1. Kansas law requires that the Chief Information Technology Officer (CITO) approve all detailed project plans prior to project execution (please see RFP Section 1.5.3). This approval may take up to 30 calendar days after project plan submission. Contractor timelines must take this into consideration.
    i. The Detailed Project Schedule will be updated in accordance with the Contractor's Project Management Methodology and KITO requirements. The Contractor may choose to set up separate deliverables for these updates, if desired.
2. Project Organization, detailing Contractor roles, State roles, and an overall organization chart; and
3. Status Reporting Procedures – KHPA requires, at a minimum, weekly project status reports and monthly executive status reports unless otherwise approved by the State during the course of the project.

The Project Management Plan, and especially the Detailed Project Schedule, must be completed as soon as possible after contract signing. The Project cannot begin until the Detailed Project Schedule has received CITO approval.

A6.3.1.1.3 Personnel Organization Chart

The Contractor must provide KHPA with an Organizational Chart outlining their final staff for the K-MED project. The Chart will contain a graphic depiction of the staff's hierarchy.

The Contractor must also provide KHPA with a list of all individuals associated with the project, including all Contractor staff, subcontractor staff, and any other entity that the Contractor may employ to fulfill its obligations. The contents of the list will provide, at minimum, the individual's name, position, business telephone number, business e-mail address, and the individual's job responsibilities, hours allocated, and percent of time dedicated to the K-MED project.

The Personnel Organization Chart shall be delivered within 22 calendar days of the Project Execution Date.

A6.3.1.1.4 Communication Plan

KHPA realizes the criticality of effective project communication to provide the links for people, information, and ideas that are essential for project success. In order to ensure that everyone is prepared to send and receive communication in the most effective manner, a plan for managing project communication is required. The Communication Plan must define the information and communication needs of the stakeholders, including those who need access to project information, what information is needed, when it will be needed, and how the information will be provided to them.

The Contractor shall utilize the following for communication planning:

- Project organization;
- Project stakeholders;
- Responsibilities and relationships;
- Familiarity with KHPA's Eligibility procedures and practices;
- Program and policies;
- Identification of individuals that will be involved in the communication process and their locations;
- External information needs (press, governmental agencies, and other interested parties);
- Current communication technology; and
- Constraints and assumptions relating to communication methods or media.

At a minimum, the communication plan must include the following:

1. Recognition of the K-MED Project Manager and designees as the authorized persons through which all project related issues will pass, including all deliverables.
2. A list of document types and the person responsible for providing the documents;
3. Collection structure;
4. Distribution structure;
5. Description of information to be disseminated;
6. Distribution media;
7. A method for updating the communication plan;
8. Schedules listing when information will be produced; and
9. Escalation procedures.

The Contractor must provide the Communication Plan within 30 calendar days of the Project Execution Date. The Communication Plan must be updated throughout the project to reflect current information.

A6.3.1.1.5 Facilities Management Plan

The Contractor must provide a Facilities Management Plan containing but not limited to the following minimum requirements:

1. The location of Contractor facilities (e.g., clerical offices, central computer room, help desk, etc.) including those of any sub-contractors or other entities that the Contractor may employ to fulfill its obligations. These facilities must be located within five miles of the Topeka city limits.
2. The times the facilities will be operational.
3. A list of all equipment supplied by the Contractor (hardware, office supplies, desks, chairs cabinets, telephone etc.).
4. A list of all conference and meeting rooms (location, capacity, accommodations, such as projectors and speaker phones)
5. The location and type of work stations available to State staff at Contractor sites, and the procedures and limitations for accessing these work stations as well as the procedures for securing the facility.
6. Certified compliance with all Federal and State regulations (e.g., OSHA, state fire inspection) pertaining to facilities.
7. Insurances including coverage for KHPA.

The Contractor must notify KHPA of any changes in the Facilities Plan at least 30 days prior to the change.

KHPA must approve all facility plans, and must, from time to time, conduct audits / evaluations at the various facilities for compliance to plans, and any Federal or State regulations. The Contractor will comply with all recommendations and proposals issued by KHPA.

The Contractor must provide the Facilities Management Plan within 30 calendar days of the Project Execution Date.

A6.3.1.1.6 Change Management Plan

The Change Management Plan describes the plan for assuring that the project has adequate control over changes to all items necessary for creating or supporting the end deliverables. The Contractor must provide a written and diagrammatic representation of the processes and procedures to be undertaken in order to initiate, evaluate, review, and resolve any change requests that occur both before and after the K-MED system is implemented.

A Change Request (CR) is the vehicle for proposing a change for the K-MED Project. Please see RFP Appendix 11 for a detailed description of the existing KHPA Change Control Process.

The Contractor must provide the Change Management Plan within 60 calendar days of the Project Execution Date.

A6.3.1.1.7 Configuration Management Plan

The Contractor must provide a Configuration Management Plan which describes the processes, configuration management tools, and procedures the Contractor will use for the duration of the K-MED Project, and for all project phases and activities.

The Contractor shall implement a configuration management system with proven promotion and version control procedures for the implementation of:

1. System modules;
2. Commercial-off-the-shelf (COTS) products;
3. System software (e.g. Operating Systems (OS));

4. Network;
5. Service & Service Registry;
6. Files (including documents);
7. Databases; and
8. Hardware.

The Contractor must provide the Configuration Management Plan within 60 calendar days of the Project Execution Date.

A6.3.1.2 Deliverables – Analysis

A discussion of the defined Analysis deliverables within the Analysis Activity follows.

A6.3.1.2.1 Business Design Document

The Contractor must provide KHKPA with a Business Design Document which will contain, but not be limited to, the following minimum requirements:

1. An analysis describing the current business processes of State's eligibility, entitlement, and enrollment programs for Medical Assistance.
2. An analysis identifying and describing all interfaces and data acquisitions with other systems or entities (e.g., MMIS, SRS, CMS, other applications, and other paper document sources).
3. A gap analysis describing a system design that will support the requirements necessary to complete the development of the K-MED project.

The materials in the Business Design Document will contain, but not be limited to:

1. Business information models;
2. Process Flow Diagrams;
3. Requirements Traceability Matrix;
4. Batch Reports;
5. Screen layouts;
6. List of inputs and outputs;
7. Use cases; and
8. Edit and audit rules.

A6.3.1.2.2 Requirements Validation Document (RVD)

The RVD must be the medium used for transforming the business oriented Business Design Document into the technical oriented Detailed System Design. The RVD must take RFP requirements, validate them, and identify how and where the requirements are met in the K-MED design. The RVD will describe how the Contractor's system meets the RFP requirements. At a minimum, the RVD must include:

1. A cross-walk or map of each functional requirement to a subsystem(s) and process(es).
2. An overview of the system architecture and how components are integrated to meet RFP requirements.
3. An identification of system files and processing architecture.
4. A general narrative description of the entire system, the flow of data through the system (including functions, features, and processes) and a functionally-based graphic representation of the entire system, including administrative, business, and system processes.

5. A flow diagram of each subsystem / function, identifying all major inputs, processes, and outputs of the subsystem / functions.
6. Business process flow diagrams for each functional area.
7. Draft layouts for all inputs, including forms, screens, tapes, and any other inputs for each functional area.
8. Draft layouts for all outputs, including reports, screens, tapes, special forms, and any other outputs for each functional area.
9. A crosswalk and description of all technical and administrative requirements.

At KHPA's discretion, KHPA may require the Contractor to use the Medicaid HIPAA-compliant Concept Model (MHCCM) for developing and tracking HIPAA requirements. KHPA may also elect to require use of the model for non-HIPAA-related developments.

A6.3.1.2.3 Enterprise Readiness Assessment Report

The Enterprise Readiness Assessment Report is described in RFP Section 3.4.11.2.13.

A6.3.1.2.4 MITA Self Assessment

The Contractor will be required to evaluate its proposed solution against the Medicaid Information Technology Architecture (MITA) Framework 2.0 Technical Capability Matrix. More information about MITA can be found at the following Web address: http://www.cms.hhs.gov/MedicaidInfoTechArch/.

A6.3.1.2.5 KITO Reporting Requirements

Discussion concerning KITO reporting requirements can be found in RFP Section 3.4.11.2.2.4.

A6.3.1.2.6 Cost Allocation Plan

The Cost Allocation Plan must be documented and submitted in accordance with State and Federal regulations, rules, statutes, and policies, and approved by CMS to support claims for FFP. The Contractor must provide documentation to support wages, fringe benefits, and other expenditure items in accordance with these regulations. These requirements shall be developed with State participation and documented in a Cost Allocation Plan.

A6.3.1.2.7 Capacity and Performance Plan

The Contractor must provide KHPA with a Capacity and Performance Plan that outlines the strategy for 1) assessing overall solution and component performance, and 2) using this information to develop and plan for component acquisition, configuration, and upgrade. The plan must contain at minimum:

1. An assessment of database capacity and telecommunications needs;
2. An assessment of network requirements;
3. An assessment of memory requirements;
4. An estimate of processor utilization; and
5. An estimate of data storage requirements.

The performance plan describes the solutions performance requirements, what elements of the solution must be developed to measure performance, and how solution performance must be measured to ensure that requirements are continuously met.

A6.3.1.2.8 Risk Management Plan

The Risk Management Plan is discussed in RFP Section 3.4.11.2.2.8.

A6.3.1.2.9 Security Plan

The Security Plan shall document the Contractor's plan to prevent unauthorized disclosure of customer / member data and information. KHPA must initially approve the security plan, and will, from time to time, conduct audits / evaluations of the security plan established by the Contractor.

The security plan must include the following elements for all sites where system development will occur, will host any KHPA data, or will be interacting with the public. The Contractor is required to keep the plan is up to date. The Security Plan shall include:

1. A complete network diagram showing servers, printers, workstations, firewalls, IPS's network security device internet connections, and any other network connected device;
2. A complete list of the firewall rules for any applicable firewalls;
3. A detailed plan for system log collection and monitoring;
4. An antivirus deployment / maintenance plan;
5. A software maintenance plan, including operating system and third-party software updates;
6. An agreement that background checks will be completed and passed by all employees prior to allowing access to KHPA data;
7. Procedures to limit access to customer / member information to those individuals who need such information for the performance of their job functions and ensuring that those individuals have access to only the information that is the minimum necessary for the performance of their job functions;
8. A description of how physical safety of data under its control will be protected through the use of appropriate devices and methods, including, but not limited to, alarm systems, locked files, guards, or other devices reasonably expected to prevent loss or unauthorized access to data;
9. A description of the steps taken to prevent unauthorized use of passwords, access logs, badges, or other methods designed to prevent loss of, or unauthorized access to, electronically or mechanically held data. Methods used shall include, but not be limited to, restricting system and / or terminal access at various levels, assigning personal IDs and passwords that are tied to pre-assigned access rights to enter the system, restricting access to input and output documents, including a view-only access and other restrictions designed to protect data;
10. An agreement to comply with HIPAA Privacy Rules (federal regulations) as a business associate of KHPA;
11. Requiring that each employee, including the employees of subcontractors or any other person to whom the Contractor grants access to customer / member information under this contract, has signed a statement indicating he or she has been informed of, understands, and will abide by State and Federal laws, statutes, and regulations concerning confidentiality, privacy, and security. A system of sanctions for any employee, subcontractor, officer, or director who violates the privacy and security policies shall be enforced. The Contractor must submit a copy of the approved User Security Agreement required of all of their employees or subcontractors who will come into contact with any secure information or data;
12. Procedures to ensure that corrective action occurs and mechanisms are established to avoid the reoccurrence of any breach;
13. Procedures established to recover data should it be released without authorization;

14. A designated individual who is responsible for the implementation and monitoring of compliance with privacy and security policies and procedures; and
15. Procedures and processes for securing data access across organizational boundaries, through the internet and other leased lines, or shared with contractors and sub-contractor facilities, and all on-site and off-site data storage facilities.

A6.3.2 Deliverables – System Development Activity

A discussion of the System Development Activity deliverables follows. There are five groupings of deliverables within this Activity:

1. Design Deliverables;
2. Modifications and Testing Deliverables;
3. Conversion Deliverables;
4. User Acceptance Testing Deliverables;
5. Performance Testing Deliverables; and
6. Implementation Deliverables

A6.3.2.1 Deliverables – Design

A discussion of the defined Design deliverables within the System Development Activity follows.

A6.3.2.1.1 Detailed System Design (DSD)

The Contractor must provide KHPA with a Detailed System Design containing the technical requirements for developing, testing, and implementing the K-MED System. The DSD will use the RVD as a basis for construction.

The DSD serves three purposes:

1. Provides a detailed definition of the new K-MED system for State approval;
2. Serves as the specifications for Contractor staff to develop the new K-MED system. If applicable, specifications will also identify how COTS products are integrated into the system; and
3. Becomes the earliest draft of the K-MED Systems Documentation.

At a minimum, the DSD must include:

1. Business process flows and data models (e.g., Entity Relationship Diagrams (ERD) and any other descriptive graphic document) of the entire system and all subsystems and functions, showing all inputs, processes, programs, interfaces, program interrelationships, and outputs.
2. Business process models.
3. Program narratives and module narratives (including structure charts), clearly identifying the processes associated with each, the purpose of the program or module, and interrelationships between the programs and modules.
4. Detailed program logic descriptions and edit logic, including, at a minimum, the sources of all input data, processes, all editing criteria, all decision points and associated criteria, interaction with other programs, and all outputs.
5. Descriptions of naming conventions used to create data element names.
6. Final layouts for all inputs to include, at a minimum, input names and numbers, data element names, numbers, and sources for each input field; and examples of each input.

7. Final layouts for all outputs to include, at a minimum, output names and numbers, data element names, numbers, and sources for each output field, and examples of each output, including reports.
8. Final layouts for all files (files retained after any processing stream) to include, at a minimum, file names and numbers; data element names, numbers, number of occurrences, length, and type; record names, numbers, and length; and file maintenance data such as number of records during routine operations, file space on the Contractor's installed equipment, and any other related information.
9. Detailed comprehensive Data Element Dictionary (DED), including, at a minimum, data elements names, numbers, descriptions, and definitions; valid values with definitions; sources for all identified data elements; table listings for all table elements; and lists from the DED in multiple sort formats (data element name, data element number, and other formats.). Output from an automated data element dictionary or a CASE tool is acceptable as long as the above minimum requirements are met.
10. Enterprise Architecture Diagram, system flow, data flow, enterprise data model (represented in the form of an Entity Relationship Diagram(ERD)), application design, use cases, class diagrams, activity diagram, and sequence diagram, high-level deployment model, identifying the servers, OS, middleware, databases, firewall, and load balancers.
11. SOA Repository Documentation (system of record for all enterprise metadata, service definitions, and dependencies), Service Orchestration Modeling (map each service to appropriate business activities).
12. Service Composition Architecture (SCA - defines services, service dependencies, service implementation, services composition, and the deployment and runtime aspects of developing composite applications).
13. Service Registry (system of record for all deployed services).
14. Services Classification Framework, including shared data service, business process, and portal service, service granularity, and reuse strategy.

The DSD must be updated to reflect changes identified during Design and Implementation. Updated sections must be provided to KHPA for review and approval within 20 days of a system change.

If, due to the nature of the system solution proposed by the contractor (e.g., a COTS product or a COTS product imbedded in the solution), a DSD is not the reasonable or logical method of providing documentation, the vendor shall propose alternate documentation to meet the State's need. This alternate documentation must clearly identify how State data will be incorporated, at a detail level, into the system solution (e.g., data mapping document). All such exceptions must be approved by KHPA.

A6.3.2.1.2 Help Desk / AVR Plan

The Contractor must provide a Help Desk / AVR Plan that complies with all requirements and performance standards specified in this RFP. The Plan must be approved by KHPA before a Help Desk is established. The Plan must contain, but is not limited to, the following:

1. A narrative describing the Help Desk / AVR system.
2. A list of all State approved vendor products being employed by the system.
3. The Contractor's staffing expectations, both on and off regular business hours, and their roles and responsibilities.
4. Detailed specifics of all messages used by the Help Desk, both on and off business hours, and in all languages.
5. Procedures for adding, subtracting, and modifying messages.

6. The routing procedures of all requests, including those unrelated to technical grievances (e.g., business related inquiries that need to be routed to State entities such as SRS, Clearing House, and MMIS).
7. The security measures employed by the Contractor to protect data privacy.
8. The data editing procedures employed by the Contractor to protect data integrity.
9. The procedures for recording and maintaining a statistical database for quality control.

A6.3.2.2 Deliverables – Modifications and Testing

A discussion of the defined Modifications and Testing deliverables within the System Development Activity follows.

A6.3.2.2.1 System Testing Plan

The Contractor must provide a System Test Plan to KHPA. This plan will describe the procedures necessary to perform and complete the System Test.

Minimum requirements are:

1. A test plan and schedule for each system module and subsystem, as well as for the integrated system; integrated system testing must include testing those K-MED features which involve more than one (1) subsystem.
2. A description of test scenarios, test conditions, and expected test results. Solicit input from users for test scenarios.
3. An organization plan showing Contractor personnel responsible for each phase of testing.
4. A discussion of managing the testing effort, including strategies for dealing with delays in the testing effort, back-up plans, back-up personnel, and other related events.
5. Procedures for tracking and correcting deficiencies discovered during testing.
6. A plan for updating documentation based on test results.
7. Procedures for notifying KHPA of problems discovered in testing, testing progress, adherence to the test schedule, and other related events.
8. A plan for organizing and summarizing test results for KHPA review.
9. A plan to validate the data stored in tables during System Testing.

A6.3.2.2.2 System Testing Results

The Contractor must prepare a System Testing Results Document that permits KHPA and its QA designees to validate that the tests have been successfully executed in accordance with the approved plan. The Contractor must prepare a detailed listing of all issues identified during the testing process that could not be resolved or were deferred until a future date. Any software tools used by the Contractor during the System Test must receive prior approval from KHPA and must be made available for State use, if necessary.

Throughout the testing activities, the Contractor must use the Requirements Traceability Matrix, as well as the use cases and test scenarios developed during requirements validation, as a checklist to ensure that all requirements are tested. The contractor must update the Requirements Traceability Matrix with the testing results. The deliverables include a Systems Test Report with an updated Requirements Traceability Matrix.

Minimum requirements include:

1. All test results, including, at a minimum, screen prints, test reports, and test inputs cross-referenced to the expected test results in the System Testing Plan.
2. Corrective actions taken and retest documentation for all problems identified in the initial tests and all retests.
3. Integrated system test results which show that the system can perform all integrated functions through the system.
4. A summary of the status of testing, including numbers of problems identified by type of problem, priority, numbers of problems corrected, any significant outstanding issues, the effect of any findings on the implementation schedule, and other related events.

A6.3.2.2.3 Tables and Rules User Guide

The Tables and Rules User Guide contains the code sets, code references, and rules used in the K-MED system. This user guide is a supplemental reference to other user and business practice guides and provides a reference for all of the subsystems within the K-MED system. Minimum requirements are:

1. Appropriate State staff must approve all changes, additions, and deletions.
2. Each table within the guide must contain code sets identified by value, description, and in which subsystem(s) the code sets apply.
3. Each table within the guide must be listed in alphabetical order by title as approved by KHPA.

A6.3.2.2.4 Online User Guide

A complete and up-to-date Online User Guide must be provided by the contractor. Minimum requirements are:

1. A comprehensive index;
2. A comprehensive table of contents;
3. A comprehensive glossary;
4. Definitions of all screens in K-MED and their related processes;
5. Basic system documentation;
6. Key command instructions;
7. Appropriate State staff must approve all additions, changes, and deletions;
8. The K-MED Online User Guide must contain an illustration of each screen by subsystem with screen access instructions;
9. All data elements for each screen must receive definitions by name, description, values, and related edits / error messages;
10. Descriptions must indicate applicable edits / error messages and possible resolutions for each data element; and
11. Field names for the same fields on different screens must be consistent throughout the system and documentation.

The Online User Guide must be used as part of the basis for user training, unless otherwise specified by KHPA.

A6.3.2.2.5 Operating Procedures Guide

The Operating Procedures Guide defines the relationships and responsibilities of Contractor and State personnel for K-MED operations. Minimum requirements are:

1. Descriptions of error messages and possible resolutions where applicable for all fields incurring edits must be presented.
2. Operating procedures must contain a table of contents.
3. Instructions for making online updates must clearly depict which data and files are being changed.
4. Instructions for requesting reports or other outputs must be presented with examples of input documents and screens.
5. All functions and supporting material for file maintenance (for example, coding values for fields) must be presented together and the files presented as independent sections of the manual.
6. Instructions for file maintenance must include both descriptions of code values and data element numbers for reference to the data element dictionary.
7. K-MED Operating Procedure Guide shall be used as part of the basis for user training, unless otherwise specified by KHPA.

The K-MED Operating Procedure Guide must be updated to reflect changes identified during the acceptance test process. Updated pages must be provided to KHPA for review and approval.

A6.3.2.2.6 Business Continuity / Disaster Recovery Plan

It is the policy of KHPA that a contingency / disaster recovery plan is in place and maintained at all times. The plans contain procedures for data backup, disaster recovery including restoration of data, and emergency mode operations. The plans must include a procedure to allow facility access in support of restoration of lost data and to support emergency mode operations in the event of an emergency. Also, access control will include procedures for emergency access to electronic information.

The K-MED system must be protected against hardware and software failures, human error, natural disasters, and other emergencies which could interrupt services. The plan must address recovery of business functions, business units, business processes, human resources, and the technology infrastructure.

A6.3.2.2.6.1 Business Continuity Plan

The Contractor must develop a Business Continuity Plan which includes the following:

1. Identification of the core business processes involved in the K-MED system;
2. For each core business process:
    a. Identification of potential system failures for the process;
    b. Risk analysis;
    c. Impact analysis; and
    d. Definition of minimum acceptable levels of outputs.
3. Documentation of contingency plans;
4. Definition of triggers for activating contingency plans;
5. Discussion of establishment of a business resumption team;
6. Maintenance of updated disaster recovery plans and procedures; and

7. Plan for replacement of personnel to include:
    a. Replacement in the event of loss of personnel before or after signing this contract;
    b. Replacement in the event of inability by personnel to meet performance standards;
    c. Allocation of additional resources in the event of the Contractor's inability to meet performance standards;
    d. Replacement / addition of personnel with specific qualifications;
    e. Time frames necessary for replacement;
    f. Contractor's capability of providing replacements / additions with comparable experience; and
    g. Methods for ensuring timely productivity from replacements / additions.

A6.3.2.2.6.2 Disaster Recovery Plan

The Contractor must prepare a Disaster Recovery Plan which addresses:

1. Retention and storage of back-up files and software.
2. Hardware back-up for critical system components.
3. Facility back-up.
4. Back-up for telecommunications links and networks.
5. Staffing Plan.
6. Back-up procedures and support to accommodate the loss of online communications.
7. A detailed file back-up plan and procedures, including the off-site storage of crucial transaction and master files; the plan and procedures must include a detailed frequency schedule for backing up critical files and (if appropriate to the backup media) their rotation to an off-site storage facility. The off-site storage facility must provide security of the data stored there, including protections against unauthorized access or disclosure of the information, fire, sabotage, and environmental considerations.
8. The maintenance of current system documentation and source program libraries at an off-site location.

The Disaster Recovery Plan and results of periodic disaster readiness simulations must be available for review by State or Federal officials on request. The Disaster Recovery Plan must be tested every 12 months, and a written report of the outcome, corrective action plan, and revisions, if any, must be available within 90 calendar days of the completion of the test. This report and test results must be filed with the KHPA Project Manager and any other agency authorized by KHPA or the Federal government.

A6.3.2.3 Deliverables – Conversion

A discussion of the defined Conversion deliverables within the System Development Activity follows.

A6.3.2.3.1 Data Conversion Plan

The Data Conversion Plan is discussed in RFP Section A5.3 in RFP Appendix 5.

A6.3.2.4 Deliverables – User Acceptance Testing

A discussion of the defined User Acceptance Testing deliverables within the System Development Activity follows.

A6.3.2.4.1 User Acceptance Testing Plan

The User Acceptance Testing Plan describes the test scenarios, test conditions, and test cycles that must be performed to ensure that User Acceptance Testing follows a precise schedule and that the K-MED System is thoroughly tested before moving into Ongoing Operations.

The design task defines the scope of User Acceptance Testing to verify that the K-MED System meets the business needs of KHPA. The User Acceptance Testing Plan must be definitive to ensure the accuracy and thoroughness of User Acceptance Testing.

The User Acceptance Testing Plan must include the following:

1. Organizational plan showing Contractor and State roles.
2. Testing methodology and management of the testing process, including notification to affected staff of testing status, deficiencies, and adherence to the testing schedule.
3. Strategy for addressing delays in testing.
4. Procedures and instructions for testing, including separate sections for testing of reports and security.
5. Description of test scripts and scenarios.
6. Process for executing User Acceptance Testing.
7. Process for reporting and tracking deficiencies identified during User Acceptance Testing.
8. Process for fixing and retesting deficiencies.
9. Plan for updating documentation based on User Acceptance Testing results.

A6.3.2.4.2 User Acceptance Testing Criteria and Procedures

The User Acceptance Testing Criteria and Procedures document must include at a minimum:

1. Test scenario and scripts for all conditions to be tested during the User Acceptance Testing task. Test scenarios will include scenarios to validate the data stored in tables during the system test phase.
2. Expected outcomes for each test scenario specified.
3. A description of how testing must proceed and which tests must be run within each test cycle.
4. User Acceptance Testing schedule.
5. Test data for use during User Acceptance Testing.

A6.3.2.4.3 User Acceptance Testing Resolutions Document

Minimum requirements for the User Acceptance Testing Resolutions Document are:

1. A summary of the testing process as defined by KHPA, including, but not limited to, number of problems identified by type, level of severity, and priority.
2. Description of problems identified and corrective steps taken.
3. Estimated completion timeframes for design, programming, and testing K-MED System program corrections.
4. Description of problems and risks outstanding at the end of acceptance testing, the plan for resolution, and the impact on operations.

A6.3.2.5 Deliverables – Performance Testing

A discussion of the defined Performance Testing deliverables within the System Development Activity follows.

A6.3.2.5.1 Performance Test

Performance Testing is discussed in RFP Section 3.4.11.2.7.2.7.

A6.3.2.6 Deliverables – Implementation

A discussion of the defined Implementation deliverables within the System Development Activity follows.

A6.3.2.6.1 Deployment / Roll-Out Plan

The Deployment / Roll-Out Plan is discussed in RFP Section 3.4.11.2.15.

A6.3.2.6.2 System Documentation

The Contractor is responsible for providing to KHPA complete, accurate, and timely documentation of the K-MED system. Following implementation, the Contractor must prepare updates to the K-MED System Documentation incorporating into the documentation all changes, corrections, or enhancements to the K-MED System. Updates to the Systems Documentation must be delivered to KHPA within 20 calendar days after State approval of implementation of the change, unless otherwise agreed to by KHPA.

Additional copies of the Systems Documentation, or specified parts thereof, must be provided to KHPA upon request. Such copies must be provided within ten business days of receipt of the request. The Contractor shall also be responsible for supplying any copies of the K-MED Systems Documentation required by CMS.

The K-MED Systems Documentation must meet or exceed the following standards:

1. Be available and updated on electronic media.
2. Be organized in a format which facilitates updating; revisions must be clearly identified and dated.
3. Include system and subsystem narratives that are understandable by business personnel.
4. Contain an overview of the system, including:
    a. A narrative of the entire system;
    b. Business Process Models;
    c. Data flow diagrams showing data stores and flows;
    d. Entity Relationship Diagram (ERD);
    e. A description and flow charts showing the flow of major processes in the system; and
    f. A description of the operating environment.

    The nomenclature used in the overview must correspond to nomenclature used in subsystem documentation. All subsystems must be referenced, and documentation must be consistent from the overview to the specific subsystems and between subsystems. All data stores and flows must be referenced and documented.
5. Contain the following documentation for each subsystem at a minimum:
    a. Subsystem name and numeric identification;
    b. Subsystem narrative, including each function and feature of the subsystem;
    c. Subsystem flow charts, identifying each program, input, output, and file;

d. Job streams within subsystems identifying programs, input and output, controls, job stream flow, operating procedures, and error and recovery procedures;

e. Identification and listing of all Contractor internal control reports;

f. For all forms, screens, tapes, and other inputs: input definitions, including names, descriptions, sources, examples, and content definition;

g. For all screens, reports, and other outputs: output definitions, including names, numbers, sources, destinations, examples, and content definition; electronic media specifications, file descriptions, and record layouts must be included for all data stored on electronic media;

h. Listings of edits and audits applied to each input item, including detailed edit logic, claim and provider types affected, related State policies, edit disposition and hierarchy, suspense and override data, and corresponding error messages;

i. Program narratives, including process specifications for each, the purpose of each, and the relationship between the programs and modules;

j. Detailed program logic descriptions and edit logic, including, at a minimum, the sources of all input data, each process, all editing criteria, all decision points and associated criteria, interactions and destination links with other programs, and all outputs;

k. For all files, including intermediate and work files: file descriptions and record layouts, with reference to file names and numbers; data element names, numbers, number of occurrences, length, and type; record names, numbers, and lengths; and file maintenance data, such as number of records, file space, and others;

l. Lists, by identifying name, of all files, inputs, and outputs with cross-references to the programs in which they are used; and

m. Workflow related documentation.

6. Contain a separate tables guide which includes at a minimum, for each subsystem:

a. A listing of table-driven or key elements, their values, a written description of the element, and to which subsystems they apply;

b. Cross-reference listings or matrices of related elements or values, showing allowable relationships or exclusions (e.g., Provider Type / Provider Specialty cross reference);

c. A business rules repository, if appropriate; and

d. A table of contents, by subsystem, table, and element.

7. Contain a data element dictionary which must include at a minimum for each data element:

a. A unique data element number;

b. A standard data element name;

c. A narrative description of the data element;

d. A list of data names used to describe the data element;

e. A table of values for each data element;

f. The source of each data element;

g. A cross-reference to the corresponding Part 11 of KHPA Medicaid Manual (SMM);

h. A list of programs using each data element, describing the use of input, internal, or output; and

i. A list of files containing the data element.

8. Contain operations run documentation with schedules and dependencies.
9. Support State monitoring activities and any annual System Performance review requirements on an ongoing basis.

If, due to the nature of the system solution proposed by the Proposer, portions of the system documentation requirements are not a reasonable or logical method of providing documentation, the Proposer shall propose alternate documentation to meet the State's need. This alternate documentation must clearly identify how State data will be incorporated, at a detailed level, into the system solution (e.g., a data mapping document). All such exceptions must be approved by KHPA.

A6.3.2.6.3 Deliverables, Work Products, and Materials

Upon requested, the Contractor must, within 30 days, provide KHPA with a complete copy of all K-MED Deliverables, including Work Products and other related materials, as well as identification of all proprietary products used in the operational K-MED System.

This deliverable shall include:

1. All materials and work products produced for this project.
2. Hardware configuration diagram showing the relationship between all data processing and communication equipment necessary to operate the K-MED system, including, but not limited to, local area networks, electronic media, support networks, control units, remote job entry devices, data storage and transmission devices, printers, computers, PCs, data entry devices, and middleware, if appropriate.
3. List of all COTS software required to support project management, development, design, and operations.

A6.3.2.6.4 K-MED System Training Plan

The K-MED System Training Plan details all activities for training staff at all State locations in the proper use of the K-MED System. It provides a description of the training strategy including methods, materials, audience, and timing. The Contractor must submit the System Training Plan to KHPA one month prior to the first training session. This allows time to prepare the training environment and plan the necessary logistics for training. The timeframe for approval may be adjusted based on prevailing conditions if the deviation from the time frame is approved by KHPA.

The minimum requirements are:

1. Organization and staffing of the training unit;
2. Training work plan with planning, design, and implementation tasks;
3. An outline / agenda of each training session;
4. Description of training approach, content, and materials;
5. Trainer / student ratio;
6. Student / training workstation ratio;
7. Description of training facilities;
8. Training schedule;
9. Plans for remedial training;
10. Methodology to ensure continued training during Ongoing Operations for new staff or staff changing positions; and
11. Methodology to ensure timely training sessions during Ongoing Operations for newly installed enhancements to the K-MED System.

The Contractor must develop and submit a system training plan to KHPA on an annual basis. The Contractor must submit the plan at least 60 calendar days prior to the beginning of the contract year.

At a minimum, the plan must include training sessions for KHPA staff with less than six months of experience in using the K-MED System, and provisions for ad-hoc training. KHPA may waive the annual training plan requirement if there is an insufficient number of new staff requiring training on the use of the K-MED System. These waivers do not release the Contractor from the obligation of preparing a training plan for specific system changes and enhancements that require system training.

A6.3.2.6.5 K-MED System Training Materials

The Contractor must provide the materials used in K-MED Systems training to KHPA for approval. Timeframes for submitting materials will be in accordance with the Detailed Project Schedule during the implementation phases, and will be provided by KHPA during Ongoing Operations.

A6.3.3 Deliverables – Ongoing Operations Activity

A discussion of the Ongoing Operations Activity deliverables follows. There is one grouping of deliverables within this Activity:

1. Ongoing Operations.

A6.3.3.1 Deliverables – Ongoing Operations

A discussion of the defined Ongoing Operations deliverables within the Ongoing Operations Activity follows.

A6.3.3.1.1 Performance Reports

The Contractor is expected to report quarterly to the K-MED Project Manager those performance measures subsequently agreed upon, but which will include as a minimum all system performance measures that are required by Federal and State performance measures. This report will be presented in-person to the K-MED Project Manager or designee within 30 calendar days of each calendar quarter-end.

A6.3.3.1.2 Turnover Plan

The purpose of the Turnover Plan is to detail the overall approach and high-level tasks required to successfully transition operations of the K-MED System to another entity at the end of the contract period. The Turnover Plan will describe the processes the Contractor must use to turn over the systems and services at contract end. The Turnover plan must be updated annually.

The Contractor must provide assistance with the turnover process of the K-MED System and operations beginning at least three months prior to the end of the contract period. This assistance includes all the items and processes that are outlined in the Turnover Plan. The turnover of the operating K-MED System to another entity must be as close to seamless as possible. The users should notice no appreciable difference in the operation of the system once the takeover is completed and the system is operated by the new entity. The Contractor must be available as a resource for six months post turnover.

The Turnover Plan must include these sections:

1. Introduction and Purpose;
2. Approach to Transition:
    a. Transition Team Roles and Responsibilities.

3. Detailed Turnover Project Plan:
    a. The tasks and sub-tasks for the turnover; and
    b. A schedule for the turnover must include:
        i. Deliverables, milestones, tasks, and sub tasks.
4. Training plan for the new entity staff (SE, BA, etc.) who will maintain the system;
5. Turnover of the Help Desk phone number, AVRS, E-mail boxes, post office boxes, web sites, fax number, customer service phone number, etc;
6. All K-MED related production data, security profiles, program libraries, and documentation, including documentation update procedures;
7. Electronic documents and records;
8. Paper documents and records (anything not imaged or pending purging);
9. Pending work (work in process or not started):
    a. Programs, specification, testing, etc.
10. Case files and records;
11. Project Web Site information and software / tools;
12. Hardware and software, including COTS products;
13. Help desk database and help desk log;
14. System security procedures and related documentation; and
15. A formal report certifying turnover completion based on K-MED requirements and approval.

RFP Appendix 7:
COST PROPOSAL SCHEDULES

The following Cost Proposal Schedules are available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/. Proposers are advised to check the results of their cost schedule entries carefully to ensure that the correct figure is populated from spreadsheet to spreadsheet. If an error is found or suspected, please contact the Procurement Officer immediately.

1. Schedule 1 – Summary Presentation
2. Schedule 2 – Total Costs Summary
3. Schedule 3 – Deliverables Payment
4. Schedule 4 – Staffing Plan by Implementation Services Activity
5. Schedule 5 – Staffing Plan by Position
6. Schedule 6 – Enhancements and Modifications
7. Schedule 7 – Other Implementation Costs
8. Schedule 8 – Ongoing Operations Costs
9. Schedule 9 – Labor Rates

RFP Appendix 8:
TRAINING VOLUMES AND LOCATIONS

This information was compiled as of September 8, 2010.

Social and Rehabilitation Services (SRS) staff includes clerical staff, eligibility staff, Children and Family Services (CFS) staff, supervisors, trainers, and program administrators. A complete list of SRS Service Centers is found on the SRS website: http://www.srs.ks.gov/Pages/FindSRSLocations.aspx.

Region	Supervisors / Managers	Eligibility Workers	Clerical	CFS
KC Metro	Included with Eligibility Workers	237	24	25
Northeast	14	114	13	10
Southeast	9	67	8	3
Wichita	12	106	18	3
West	8	71	9	3
South Central	Included with Eligibility Workers	110	11	5
TOTALS	**43 plus**	**705**	**83**	**49**

HealthWave Clearinghouse

Location	Supervisors / Managers	Eligibility Workers	Clerical / Registration	Mail Room	Call Center
KHPA	8	29			
PSI (including off site staff)	9	90	10		
HP	2			5	25
TOTALS	**19**	**119**	**10**	**5**	**25**

Outreach Workers / Central Office / KHPA Contractor (HP, Managed Care Entities)

Location	Eligibility Workers	Registration	Contractor	Trainers	Operations Manager	Policy/Program Manager
Various	12					
Topeka		4	50	5	2	8

PMDD / ADAP / Other Partners

Location	Managers	PMDD Workers	DDS	Other Partners
Topeka – PMDD	2	12	2	
Topeka – ADAP				
Various Others				50 – 100

Presumptive Eligibility Locations and Support

Location	PE Staff	PE Support
Children's Mercy	10	
Via Christi	25	
Grace Med	15	
Hunter Health Clinic	15	
CHCSEK	30	
HealthWave Clearinghouse		15
KHPA Trainers		5
TOTALS	**95**	**20**

On-Line Intake Application / Self –Service Portal

	Trainers/CO Staff	Workers	Community Partners
Intense training	10		
Mid-level training – online course		All state, contractor and PE staff listed above	
User-level training			250-1000

RFP Appendix 9:
BUSINESS FORMS

A worksheet titled *Forms for K-MED* is available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/. This worksheet contains links to the various K-MED business forms. Eight of the forms are provided as separate files, also available in the State of Kansas Division of Purchases web site.

RFP Appendix 10:
QUALITY ASSURANCE REVIEW PROCESS (QARP)

Acceptance of Deliverables and Services – The Quality Assurance Review Process (QARP)

The State will accept all Deliverables and Services according to the Quality Assurance Review Process (QARP) described below. This process shall be followed in conformance with any acceptance and payment process and criteria specifically designed for this Contract.

1. In each instance, parties shall mutually agree on the acceptance criteria for each Deliverable or Service prior to starting development of that Deliverable or Service. The Contractor is responsible for ensuring that the agreed to format is documented and signed by the K-MED Project Director and the Contractor Project Manager prior to initiating activities.
2. After the Contractor has completed a Deliverable or Service under this Contract, the Contractor shall submit such completed Service or Deliverable along with a formal acceptance letter and a signed copy of the agreed upon acceptance criteria to the K-MED Project Director (or designee) for approval. Unless otherwise specified and agreed to, Contractor shall submit five paper hardcopies (if a document) and one copy in editable electronic format on virus free flash / thumb drive.
3. The K-MED Project Director (or designee) shall have up to ten or otherwise mutually agreed upon number of working days following receipt of each Deliverable to complete the QARP process. Deliverables received after 10:00 a.m. will be considered delivered the next working day.
4. If the Deliverable provided by the Contractor is accepted by the K-MED Project Director under QARP, the K-MED Project Director shall notify Contractor by returning the signed acceptance letter within ten or otherwise mutually agreed to number of working days of receipt of the Deliverable from Contractor.
5. Contractor shall submit to the State a written invoice for all QARP – accepted Deliverables.
6. The K-MED Project Director shall notify the Contractor in writing within ten or otherwise mutually agreed to number of working days of receipt of a Deliverable from the Contractor if a Deliverable or any portion thereof is unacceptable under the QARP, and shall set forth the particularity and specificity of the reason for the rejection of the Deliverable.
7. Contractor shall have up to ten or otherwise mutually agreed to number of working days from the date of receipt of written notification of rejection of a Deliverable to correct the deficiency or deficiencies and bring the Deliverable into compliance with the requirements of the Contract. Should rejection of the deliverable impact the content of other non-completed deliverables, the Contractor and the K-MED Project Director must determine a mutually agreed to number of days for re-submission that minimizes the overall impact to the project schedule.
8. Upon receipt of such Deliverable resubmitted for approval, the K-MED Project Director shall have up to five or otherwise mutually agreed to number of working days to determine whether the deficiencies specified in the rejection notice have been corrected. This subsequent review shall be limited to the original deficiencies and the portions of the deliverable that were dependent on the deficiencies.
9. After the above process is repeated and if the deliverable or any portion thereof is again found to be unacceptable, the process described in this section shall be repeated until: (a) Acceptance by the K-MED Project Director; or (b) The State, at its option, terminates the Contract for cause as specified within the Contract; or (c) The K-MED Project Director grants the Contractor a delay or

waiver and documents the same in writing; or (d)The State and the Contractor mutually agree to amend the Contract.

10. The State may, at its option, assess Liquidated Damages (see RFP Appendix 13, Item #11) after two complete deliverable review cycles.
11. No invoice shall be honored by the State unless and until prior acceptance through the QARP process is obtained for the Deliverable or Service relating to said invoice.

RFP Appendix 11:
CHANGE CONTROL PROCESS

The following process shall be used for all changes affecting the K-MED Project plan, the project cost, or an RFP requirement.

1. A Change Request (CR) is submitted to the Change Control Board (CCB) for review. The CCB will be comprised of members deemed appropriate by the Project Management Office (PMO).

2. All CRs must be approved by the CCB before implementation.

3. CRs will be submitted using the attached template which may be modified as circumstances require. CRs will be presented to the CCB and the merits of each CR shall be reviewed by the CCB and the sponsor. Other stakeholders will be involved when appropriate.

4. The CCB will approve or reject the CR within five days. All CRs and their dispositions will be documented. Approved CRs will be prioritized as
    - Priority 1 – Urgent and Major Impact
    - Priority 2 – Urgent and Minor Impact
    - Priority 3 – Non-Urgent and Major Impact
    - Priority 4 – Non-Urgent and Minor Impact

5. Approved change requests will be assigned to the appropriate team members for analysis. Analysis will include impacts to business requirements, schedule, and staff resources. The CR analysis will be submitted to the CCB for review.

6. The CCB may
    a. Approve the CR
    b. Deny the CR
    c. Request additional analysis and resubmission
    d. Escalate the CR to the Steering Committee. The Steering Committee may approve or deny the CR or request additional analysis and resubmission.

7. Approved CRs shall become change orders to the Project Plan.

8. CCB disposition decisions are recorded in a Change Control Log maintained by the CCB. If the CR is approved, impacted parties are notified and the change is implemented. If the CR is escalated, impacted parties are notified after the Steering Committee's decision and, if approved, the change is implemented.

9. The CR will be closed after the change has been implemented or denied.

Change Request (CR)

Change Request #:_____ Date Requested:_____ Requested by:_____ Assigned to: _____	Priority: _____ Priority 1 – Urgent and Major Impact Priority 2 – Urgent and Minor Impact Priority 3 – Not Urgent and Major Impact Priority 4 – Not Urgent and Minor Impact

Description of Change and High-level Requirements:

Reason for Change:

Implications of Not Making Change:

Analysis of Change

Analyst:_____ Time to Complete Analysis:_____ hrs

Est. Impact – Schedule:_____ Date Completed:_____

Est. Impact – Other:_____

Impact – Milestones / Deliverables:_____

Areas Impacted:_____

_____

_____

Systems Impacted:_____

Deliverables Impacted:_____

Preferred Resolution and Assumptions:
(Describe the best solution while addressing functional, technical, usability, and customer / stakeholder impacts)

Alternate Solutions:
(Describe alternative solutions while addressing functional, technical, usability, and customer / stakeholder impacts)

Level of Effort

Team	Design Hours	Development Hours	Testing Hours	Documentation Hours	Training Hours

Resource Estimate

Team Member	Name	Hours	Start Date	End Date

Schedule Impact

Design Est. Completion (mm/dd/yy)	Development Est. Completion (mm/dd/yy)	System Test Est. Completion (mm/dd/yy)

Deliverable(s)

Risks and Issues
(Identify impact to existing project risks and issues)

Supporting Documentation
(Provide information supporting this change request such as documents / files names, links, screen shots of, mock-ups, process flow diagrams, etc.)

RFP Appendix 12:
PERFORMANCE EXPECTATIONS

A. System Availability

1. 99.8% availability of the K-MED system during planned hours of operation as agreed to during negotiations.
2. 99.5% availability of the K-MED system during planned off-hours of operation as agreed to during negotiations.
3. 99% of all failover events are concluded in less than 5 minutes.
4. 100% of failover events must be concluded in less than 10 minutes.
5. 99.8% availability of Public Self Service Portal (24 hours, 7 days a week except for maintenance and upgrades as agreed upon by parties).
6. 99.8% availability of the reporting system (24 hours, 7 days a week except for maintenance and upgrades as agreed upon by parties).
7. 99.8% availability of the K-MED system (24 hours, 7 days a week except for approved scheduled downtime for system backups, batch cycle, archiving, or system maintenance, etc., as agreed upon by parties).
8. 99.8% availability of the test regions during scheduled times.
9. 99.9% availability of the system to complete interfaces.

B. System Response

10. All response times are affected whenever a request by the user invokes a remote interface with other systems. Real-time interfaces must provide data to K-MED within 3 seconds. Any such request exceeding 300% response (9 seconds) time more than 100 times per month will be reported to the State for review and potential correction.
11. 99.8% of requests processed from standard web pages without data base access are returned within 1 second.
12. 100% of request processed from standard web pages without data base access are returned within 3 seconds.
13. 99.8% of requests processed from standard web pages with simple database access are returned within 2 seconds.
14. 100% of requests processed from standard web pages with simple database access are returned within 4 seconds.
15. 100% of request processed from complex or processing intensive web pages are returned within a time agreed upon by KHPA and the Contractor.
16. 98% of all searches must not exceed 4 seconds from the time the search command is entered until the list of matching records begins to appear.
17. 100% of all searches must not exceed 10 seconds from the time the search command is entered until the list of matching records begins to appear.
18. 98% of screen print requests shall be built within 3 seconds of the command to print a screen.

C. General System Requirements

19. 100% of all security breaches must be reported to KHPA in writing and by telephone immediately at time of incident.
20. 99% of data affected by terminal failures must be recovered.
21. 99% of user “Back Out” requests shall not exceed 30 seconds.
22. 100% of user ‘Back Out’ requests shall not exceed 60 seconds.
23. 100% of database errors will be identified and corrected within 1 business day after detection.
24. 100% of system deficiencies detected shall be provided to the state with a problem report within 1 business day.
25. 100% of system deficiencies not fixed within the time frames stated shall require a Corrective Action Plan within 5 business days.
26. 99.5% of all documents must be available immediately after imaged.

D. User Support

27. 100% of calls must be documented in the Electronic Support System/User Support Log.
28. For calls received during required manned periods (M-F 7am -7pm CST; weekends and holidays 8 am – 5 pm CST) the following weekends, the following apply:
    a. 99% of calls are answered by an individual or electronic device, without receiving a busy signal, within 2 telephone rings.
    b. 100% of calls are answered by an individual or electronic device without receiving a busy signal, within 3 telephone rings.
    c. 90% calls will be placed on hold for no more than one minute.
    d. 100% of those calls placed on hold will be given the option to leave a voice message.
    e. 100% of calls choosing to wait past 1 minute will be answered within 3 minutes.
29. For calls received during off hours (all other hours not included in item 28 above), the following apply:
    a. 99% of calls are answered by an individual or electronic device, without receiving a busy signal, within 2 telephone rings.
    b. 100% of calls are answered by an individual or electronic device without receiving a busy signal, within 3 telephone rings.
    c. 100% of callers are given the option of leaving a voice mail or, routed/referred to another location if an emergency (security level 1 issue).
30. 100% of suspected Security Level One calls will be returned within 15 minutes.
31. 100% of Security Level One issues will be resolved within four hours.
32. 100% of Security Level Two calls will be returned within 30 minutes.
33. 100% of Security Level Two issues will be resolved within 12 hours.
34. 100% of Security Level Three issues will be resolved within 48 hours.
35. 100% of individual access issues shall be resolved within 1 hour.
36. 99.9% availability of the AVRS.

37. AVRS users.
    a. 99% of AVRS responses are received within 10 seconds of entering any required information.
    b. 100% of AVRS responses are received within 15 seconds of entering any required information.
    c. 100% of callers requesting live assistance shall be transferred to an agent within the times specified.
38. A maximum of 2% of calls shall be abandoned.
39. A maximum of 5% of total calls shall receive a busy signal.
40. 99% of all emails must receive a response within 15 minutes or, if received in the last 15 minutes of the business day emails must receive a response within the first 15 minutes of the following business day.
41. 100% of all emails must receive a response within 30 minutes.
42. 100% of all problem reports shall be recorded.

E. System Accuracy

43. 99.9% of data must be completed timely.
44. 99.9% of data must be delivered accurately.
45. 99.9% of eligibility actions must be completed accurately.
46. 99.9% of presumptive eligibility actions must be completed accurately.
47. 99.9% of assistance plans/household composition determinations must be completed accurately.
48. 99.9% of electronic applications must be submitted to the correct location and work unit.
49. 99.9% of on-line update transactions are accurate.
50. 99.9% of cases and related data must be converted accurately.
51. 99.9% of case records must be compiled, returned, and displayed accurately.

F. Reporting

52. 99% of data required for reporting purposes shall be available when required.
53. 100% of required reports shall be delivered to KHPA by the date/time specified.
54. 100% of time the impact on system performance is minimized when a large report or inquiry is processed.
55. 100% of all reports are stored according to specifications.
56. 100% of all reports are retrievable within five (5) minutes.
57. 100% of required reports shall be produced accurately.

G. Training

58. 95% of students must express satisfaction in regards to:
    a. Quality of training materials.
    b. Delivery of training and materials.
    c. Preparation to perform job tasks related to the new system.

d. Presenter's ability to interact with audience.

e. Presenter's technical competency.

59. 100% of training materials must be submitted to KHPA timely.
60. 100% of training sessions must be scheduled appropriately.
61. 100% of sessions are reported to KHPA according to terms.
62. 100% of trainings are appropriately evaluated, including completion of evaluation immediately following delivery.

RFP Appendix 13:
LIQUIDATED DAMAGES

NOTE: *The purpose of liquated damages is to ensure adherence to the performance requirements in the contract. No punitive intention is inherent. Following is the liquidated damages language.*

It is agreed by the State and the Contractor that, in the event of a failure to meet the performance requirements listed below, damage shall be sustained by the State, and that it is and shall be impractical and extremely difficult to ascertain and determine the actual damages which the State shall sustain in the event of, and by reason of, such failure; and it is therefore agreed that the Contractor shall pay the State for such failures at the sole discretion of the State according to the following sections found in the table below.

Damage assessments are linked to performance of system implementation or operational responsibilities.

Written notification of each failure to meet a performance requirement shall be given to the Contractor prior to assessing liquidated damages. The Contractor shall have five (5) business days from the date of receipt of written notification of a failure to cure the failure or submit a corrective action plan. The plan must be approved by KHPA. If the failure is not resolved within this warning / cure period, liquidated damages may be imposed retroactively to the date of failure to perform. The imposition of liquidated damages is not in lieu of any other remedy available to the State.

If KHPA elects to not exercise a damage clause in a particular instance, this decision shall not be construed as a waiver of the State's rights to pursue future assessment of that performance requirement and associated damages or any other performance requirements and associated damages.

Deduction of Damages from Payments

KHPA may deduct amounts due as actual or liquidated damages from any monies payable to the Contractor pursuant to its contract. The KHPA Director of Medicaid Operations shall notify the Contractor of any claim for damages prior to the date upon which such monies are deducted from monies payable to the Contractor.

Performance Guarantees

	Requirement	Liquidated Damages
1	**Start up:** Contractor must have the development facility ready and appropriately staffed and trained to begin providing services within 30 calendar days from Project Execution Date.	If, for any reason, the Contractor does not meet the startup date as provided herein, damages in the amount up to ten thousand dollars ($10,000.00) per business day may be assessed for each business day of delay in starting operations.
2	**Self service portal:** An application for coverage or a change report form submitted online must be routed accurately. **Accuracy:** Performance Expectation #48 (see RFP Appendix 12).	If the violation is not corrected within five (5) business days of failure to meet the System Accuracy performance expectations, then one hundred dollars ($100.00) per business day shall be assessed for each instance that has been identified as inaccurate from the date of notification until the date the breach has been corrected and approved and accepted by the KHPA.

3	**Conversion:** Data will be converted accurately. **Accuracy:** Performance Expectation #50 (see RFP Appendix 12).	If the violation is not corrected within five (5) business days of failure to meet the System Accuracy performance expectations, then one hundred dollars ($100.00) per business day shall be assessed for each instance that has been identified as inaccurate from the date of notification until the date the breach has been corrected and approved and accepted by the KHPA.
4	**Presumptive Eligibility:** Will be determined accurately. **Accuracy:** Performance Expectation #46 (see RFP Appendix 12).	If the violation is not corrected within five (5) business days of failure to meet the System Accuracy performance expectations, then one hundred dollars ($100.00) per business day shall be assessed for each instance that has been identified as inaccurate from the date of notification until the date the breach has been corrected and approved and accepted by the KHPA.
5	**Eligibility:** Will be determined accurately. **Accuracy:** Performance Expectation #45 (see RFP Appendix 12).	If the violation is not corrected within five (5) business days of failure to meet the System Accuracy performance expectations, then one hundred dollars ($100.00) per business day shall be assessed for each instance that has been identified as inaccurate from the date of notification until the date the breach has been corrected and approved and accepted by the KHPA.
6	**Case Record:** Will be compiled, returned, and displayed accurately. **Accuracy:** Performance Expectation #51 (see RFP Appendix 12).	Damages in the amount of up to two hundred fifty dollars ($250.00) per business day for each business day the Contractor remains non-compliant.
7	**User Support:** Will be delivered in accordance with Performance Expectations Section D (see RFP Appendix 12).	Damages in the amount of up to two hundred fifty dollars ($250.00) per business day for each business day the Contractor remains non-compliant.
8	**Key Personnel:** Contractor must staff any position designated as a Key Position with a qualified individual approved by the State within sixty (60) calendar days of Project Execution Date or departure unless a different timeframe is approved by KHPA. The Contractor will notify the State thirty (30) calendar days prior to the termination or transfer of any individual designated as Key Personnel, and the position must be filled within sixty (60) calendar days of becoming vacant with a qualified individual approved by the KHPA. Contractor must not charge for the time a Key Personnel position remains unfilled.	An amount not to exceed one thousand dollars ($1,000.00) per business day per occurrence may be assessed for each business day after sixty (60) calendar days in which a key position remains unfilled by a qualified person approved by the KHPA. Damages in an amount not to exceed one thousand dollars ($1,000.00) per business day may be assessed for each business day the Contractor is past the thirty (30) calendar days required notification of termination or transfer of any designated Key Staff.

9	**Minimum Level Staffing:** The Contractor will identify minimum staffing levels as specified in RFP Section 3.4.15.2, Item #8. The Contractor will provide staffing at the identified minimum level. In the event that a minimum staffing level position becomes vacant, the Contractor will fill that position within sixty (60) calendar days following the date that the position became vacant, with a qualified individual, approved by KHPA. Contractor must not charge for the time a minimum staffing level position remains unfilled.	An amount not to exceed five hundred dollars ($500.00) per business day per occurrence may be assessed for each business day after sixty (60) calendar days which a minimum staffing level position remains unfilled by a qualified person approved by KHPA.
10	**Reports and Data Delivery: Timeliness and Accuracy.** This performance requirement applies to all reports and data to be delivered to KHPA or its designee. Reports and data must be produced in the format and media approved by KHPA within the agreed to timeframes.	Damages in an amount of up to five hundred dollars ($500.00) per business day shall be assessed for each business day that each report or data delivery is late, includes less that the required copies, is not distributed as required, is not in the approved format, or has been identified by KHPA as inaccurate.
11	**Deliverables:** This performance requirement applies to all deliverables. Please see RFP Appendix 10 – Quality Assurance Review Process (QARP), Item #10.	Damages in an amount up to two hundred fifty dollars ($250.00) per business day for each business day that the Contractor remains non-compliant with the provisions of the QARP.
12	**Miscellaneous Damages:** The objective of this section is to provide the State with an administrative procedure to address general contract compliance issues not defined elsewhere in this agreement. KHPA may identify a condition resulting from the Contractors non-compliance with the contract through outline monitoring activities. If this occurs, the State will notify the Contractor in writing of the contractual noncompliance. The State will also designate a period of time in which the Contractor must provide a written response to the notification and will recommend, when appropriate, a reasonable period of time within which the Contractor shall remedy the non-compliance.	If the non-compliance is not corrected by the specified date, the State reserves the right to assess liquidated damages in an amount not to exceed five hundred dollars ($500) per working day per occurrence after the due date until the non-compliance is corrected.
13	**System Unavailability** or unscheduled availability of which the Contractor does not notify the State's project administrator. Please see Performance Expectations Section A in RFP Appendix 12.	$1,000 for each calendar day of each occurrence.
14	**Response time:** The contractor solution must meet an expected response time. Please see Performance Expectations Section B in RFP Appendix 12.	$500 per calendar day that the response times do not meet performance standards. Additionally, Contractor will be responsible for additional cost incurred by KHPA if application fails to meet the response time requirement on recommended configuration and additional hardware, software, and bandwidth needed to meet the performance requirement.
15	Implementation Phase I must be completed no later than March 30, 2012.	$1,000 per business day that Implementation Phase I remains incomplete after March 30, 2012.

16	Interface designs and standards must be complete and published to State agencies and KHPA business partners no later than August 1, 2012.	$10,000 per business day that interface designs and standards remain incomplete and unpublished to State agencies and KHPA business partners after August 1, 2012.
17	Conversion file designs and standards must be complete and published to State agencies and KHPA business partners no later than August 1, 2012.	$10,000 per business day that conversion file designs and standards remain incomplete and unpublished to State agencies and KHPA business partners after August 1. 2012.
18	Operational Readiness Testing must begin no later than six (6) weeks prior to the scheduled Implementation Phase 2 go-live date.	$10,000 per business day that Operational Readiness Testing begins after six (6) weeks prior to the scheduled Implementation Phase 2 go-live date.

RFP Appendix 14:
TECHNICAL ENVIRONMENT CONFIGURATION REQUIREMENTS REPORT

Technical Environment Configuration Requirements Report

The proposal must provide configuration information to support the setup and maintenance of K-MED development, reference, integration, interface testing, conversion testing, user acceptance testing, system testing, training, emergency fix, production environments, and any other vendor-proposed environment, as well as all data maintenance functions to be performed by the hosting provider.

The Proposer shall use this form to provide the configuration information to KHPA as part of its proposal. A separate sheet is required for each environment as well as a total proposal summary sheet.

NOTE: DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.

Proposer Name		
Environment (Provide detail for each environment)	__ **Development** __ **Reference** __ **Integration** __ **Interface Testing** __ **Conversion Testing**	__ **User Acceptance Testing** __ **System Testing** __ **Training** __ **Emergency Fix** __ **Production** __ **Other**

Bandwidth		
Description	**Quantity**	**Frequency**
Aggregate Bandwidth – Data Transfer Outbound Transfer		
Inbound Transfer		

Firewall (w/ VPN and DMZ options)	
Firewall Description	**Quantity**
VPN Description	**Quantity**

Load Balancer	
Description	**Quantity**

Server		
Description		**Quantity**
Server Description (Web Server/Database Server) Describe each server and their configuration needed	**OS Version / License** **Server Hardware and Minimum Configuration** **Server Drive Partitioning** **External Storage Connection(s)** **Backup option and Frequency**	

Middleware Hardware/Software	
Description	**Quantity**
Specify licensing terms and options. **NOTE:** DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.	

COTS product	
Description	**Quantity**
Specify licensing terms and options. **NOTE:** DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.	

Any other Third party product	
Description	**Quantity**
Specify licensing terms and options. **NOTE:** DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.	

Database Licensing	
Description	**Quantity**
Specify licensing terms and options. **NOTE:** DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.	

Application Server Licensing	
Description	**Quantity**
Specify licensing terms and options. **NOTE:** DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.	

Reporting Software and Server detail	
Description	**Quantity**
Specify licensing terms and options. **NOTE:** DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.	

Security and PCI Services	
Description	**Quantity**
Specify licensing terms and options. **NOTE:** DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.	

Monitoring and Reports	
Description	**Quantity**
Specify licensing terms and options. **NOTE:** DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.	

DBA Services	
Description	**Quantity**

Managed Backup – Retention Schedule
Description

Managed Backup – Database Agents	
Description	**Quantity**
Specify licensing terms and options. **NOTE:** DO NOT include cost information here. Cost information must be provided only in the separate Cost Proposal.	

RFP Appendix 15:
ImageNow DOCUMENTATION

The following documents related to ImageNow are available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/.

1. ImageNow 6 User Guide;
2. Technical Specifications for ImageNow 6.4;
3. WebNow;
4. Recommended Scanner Options; and
5. ImageNow 6.2 Terminology.

RFP Appendix 16:
ENTERPRISE ARCHITECTURE

A document titled *The Enterprise Architecture of KHPA* is available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/.

RFP Appendix 17:
VOLUME METRICS

There are four workbook files available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/. These files are titled:

1. Application Volumes K-MED 092510;
2. Monthly Caseload Counts K-MED 092510;
3. Reviews processed – K-MED 092510; and
4. SFY Caseload Counts K-MED 092510.

Two of the workbooks have multiple worksheets.

RFP Appendix 18:
SOCIAL SECURITY INTERFACES

The document titled *Information Security Guidelines for Federal, State and Local Agencies Receiving Electronic Information from the Social Security Administration* is available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/.

RFP Appendix 19:
KANSAS MEDICAL ELIGIBILITY

KANSAS
MEDICAL ELIGIBILITY
MEDICAID ELIGIBILITY CATEGORIES – FAMILY & CHILDREN

POVERTY LEVEL PREGNANT WOMEN		This program is for pregnant women whose family income is less than 150% of the FPL. Individuals eligible for this program receive a complete benefit package which also includes prenatal care, delivery, and two months of postpartum coverage. The household size is based on the pregnant woman, unborn, father of the unborn, and other legally responsible individuals in the home.	
		Income (150%FPL)	$1650 two individuals
			$2075 three individuals
			$2500 four individuals
		Resources	No resource test
POVERTY LEVEL CHILDREN		Children qualify for Medicaid coverage at varying poverty levels depending on the age of the child. Only the children are eligible, not adults. Children are continuously eligible for 12 months.	
NEWBORNS		Children under the age of 1 with family income equal to or less than 150% FPL	
		Income (150%FPL)	$1225 one individual
			$1650 two individuals
			$2075 three individuals
			$2500 four individuals
		Resources	No resource test
AGES 1-5		Children age 1 through 5 with family income equal to or less than 133% FPL.	
		Income (133% FPL)	$1087 one individual

			$1463 two individuals
			$1840 three individuals
			$2217 four individuals
		Resources	No resource test
AGES 6-18		Children age 6 through 18 with family income equal to or less than 100% FPL.	
		Income (100%FPL)	$817 one individual
			$1100 two individuals
			$1384 three individuals
			$1667 four individuals
		Resources	No resource test
DEEMED NEWBORNS		Children born to a Medicaid mother are eligible for Medicaid coverage through the month of their first birthday.	
LOW INCOME FAMILIES WITH CHILDREN		Coverage is provided to families with children who meet income standards related to TANF. Income standard is based on the county in which the family resides, the household size, and whether there are additional individuals sharing the home. Families are continuously eligible for 12 months. Guidelines below are averages, taking into consideration the above mentioned factors that make up the income limit.	
		Income	$296 one individual
			$325 two individuals
			$402 three individuals
			$470 four individuals
		Resources	No resource test
TRANSMED – WORK TRANSITION		Coverage is provided to families who receive coverage on the Low Income Families with Children program and have lost financial eligibility due to an increase in earnings. Coverage is provided for 12 months without regard to income.	

		Income	Must exceed income guidelines for Low Income Families with Children program
		Resources	No resource test
EXTENDED MEDICAL		Coverage is provided to families who received coverage on the Low Income Families with Children program and lost financial eligibility due to an increase in child or spousal support. Coverage is provided for 12 months for children and 4 months for adults.	
		Income	Must exceed income guidelines for Low Income Families with Children program
		Resources	No resource test
MEDICALLY NEEDY		This program is for the elderly, blind or disabled, pregnant women, or children under 19 years old. Individuals eligible under this program may be responsible for a portion of their medical expenses if income exceeds the protected income level.	
		Income	$475/month (single)
			$475/month (couple)
		Resources	$2,000 (single)
			$3,000 (couple)
			There is no resource test for pregnant women or children under 19 years old
FOSTER CARE MEDICAL (IV-E)		This program is for children who have been removed from a home whose family members meet the eligibility criteria for federal participation in the IV-E foster care program, taken into state custody, and placed with an individual, family or institution.	
FOSTER CARE MEDICAL (NON IV-E)		This program is for children who have been removed from a home whose family members	

		do not meet the eligibility criteria for federal participation in the IV-E foster care program, taken into state custody, and placed with an individual, family or institution.
FOSTER CARE MEDICAL (AGED OUT)		This program is for children transitioning to adult independent living who are being removed from the Foster Care Medical program because they are turning 18 years old. Medicaid coverage may continue through age 21.
ADOPTION SUPPORT MEDICAL (IV-E)		This program is for adopted children with special needs who were in state custody and meet the eligibility criteria for federal participation in the IV-E adoption support program.
ADOPTION SUPPORT MEDICAL (NON IV-E)		This program is for adopted children with special needs who were in state custody and do not meet the eligibility criteria for federal participation in the IV-E adoption support program.
PERMANENT CUSTODIANSHIP SUBSIDY		This program is for children age 14 to 18 years old who are in state custody, are not receiving SSI benefits, and have a permanent qualifying custodian. The child will receive coverage through the Foster Care Medical program.
SOBRA		This program is for non-citizens who are undocumented or who do not meet other non-citizen qualifying criteria and would otherwise qualify for Medicaid if not for their alien status. Eligible individuals may only receive coverage for approved emergency medical conditions.
		Income: Varies depending on the specific underlying medical program.
		Resources: Varies depending on the specific underlying medical program.
PRESUMPTIVE ELIGIBILITY FOR		Temporary coverage provided to children under the age of 19 based on meeting a series

CHILDREN		of simplified eligibility requirements. Presumptive coverage is determined by a qualified entity given specific authority by the agency.	
		Income:	See income for poverty level children.
		Resources:	No resource test.
CHIP PROGRAMS			
HEALTHWAVE XXI		Children with family income equal to or less than 241% of the FPL who do not qualify for one of the other Medicaid programs and do not have comprehensive health insurance. Only the children are eligible, not adults. Children are continuously eligible for 12 months. Premium obligations apply to families above 150% FPL.	
		Income (241% FPL):	$2,175 one individual
			$2,927 two individuals
			$3,678 three individuals
			$4,429 four individuals
		Resources:	No resource test.
PRESUMPTIVE ELIGIBILITY FOR CHILDREN		Temporary coverage provided to children under the age of 19 based on meeting a series of simplified eligibility requirements. Presumptive coverage is determined by a qualified entity given specific authority by the agency. Children must not qualify for one of the other Medicaid programs and do not have comprehensive health insurance.	
		Income:	See income for HW XXI children.
		Resources:	No resource test.

KANSAS
MEDICAL ELIGIBILITY
MEDICAID ELIGIBILITY CATEGORIES – ELDERLY & DISABLED

MEDICALLY NEEDY		This program is for the elderly, blind or disabled, pregnant women, or children under 19 years old. Individuals eligible under this program may be responsible for a portion of their medical expenses if income exceeds the protected income level.	
		Income	$475/month (single)
			$475/month (couple)
		Resources	$2,000 (single)
			$3,000 (couple)
			There is no resource test for pregnant women or children under 19 years old
SOBRA		This program is for non-citizens who are undocumented or who do not meet other non-citizen qualifying criteria and would otherwise qualify for Medicaid if not for their alien status. Eligible individuals may only receive coverage for approved emergency medical conditions.	
		Income:	Varies depending on the specific underlying medical program.
		Resources:	Varies depending on the specific underlying medical program.
BREAST AND CERVICAL CANCER		This program is for women ages 40-65 with income below 250% FPL who have been diagnosed with either breast or cervical cancer through the Early Detection Works program.	
		Income (250%)	$2257
		Resources	No resource test

CHILD IN AN INSTITUTION		This program is for children through the age of 21 years old who are residing in an institution for a long term stay. Children eligible under this program whose income exceeds the protected income level are responsible for a portion of the cost of their care in the facility.	
		Income	$62/month
		Resources	$2,000
SUPPLEMENTAL SECURITY INCOME (SSI) RECIPIENTS		This program is for aged, blind, or disabled individuals who receive a Supplemental Security Income (SSI) payment as determined by the Social Security Administration	
		Income	$674/month (single)
			$1011/month(couple)
		Resources	$2000 (single)
			$3000 (couple)
QUALIFIED MEDICARE BENEFICIARY (QMB)		This program covers the Medicare out-of-pocket expenses of Medicare recipients, including premiums and co-payments.	
		Income	$903/month (single)
			$1215/month (couple)
		Resources	$6600 (single)
			$9910 (couple)
LOW-INCOME MEDICARE BENEFICIARY (LMB)		This program only pays the Medicare Part B premium eligible Medicare recipients	
		Income	$1083/month (single)
			$1457/month (couple)
		Resources	$6600 (single)
			$9910 (couple)
EXPANDED LOW-INCOME MEDICARE BENEFICIARY (E-LMB)		This program also only pays the Medicare part B premium for eligible Medicare recipients. However, eligible individuals may not be otherwise Medicaid eligible or seeking Medicaid eligibility.	
		Income	$1219/month (single)

			$1640/month (couple)
		Resources	$6600 (single)
			$9910 (couple)
QUALIFIED WORKING DISABLED (QWD)		This program pays the Medicare Part A premium for eligible individuals who lose Medicare coverage due to earnings from employment. Eligible individuals may not be otherwise Medicaid eligible or seeking Medicaid eligibility.	
		Income	$1805/month (single)
			$2429/month (couple)
		Resources	$4000 (single)
			$6000 (couple)
MEDICARE PART D SUBSIDY		This program helps pay the costs associated with Medicare Part D prescription drug coverage for eligible individuals, including premiums and deductibles.	
		Income	$1354/month (single)
			$1822/month (couple)
		Resources	$11,010 (single)
			$22,010 (couple)
WORKING HEALTHY		This program is for employed disabled or blind individuals who are age 16 to 64 years old. Individuals whose income exceeds the protected income level must pay a monthly premium towards their cost of coverage.	
		Income	$2708/month (single)
			$3643/month (couple)
		Resources	$15,000 (single)
			$15,000 (couple)
WORKING HEALTHY MEDICALLY IMPROVED		This program is for individuals eligible for coverage under the Working Healthy program who lose their disability status due to medical improvement. Individuals whose income exceeds the protected income level must pay a monthly premium towards their cost of	

		coverage.	
		Income	$2708/month (single)
			$3643/month (couple)
		Resources	$15,000 (single)
			$15,000 (couple)
PICKLE AMENDMENT		This program is for certain OASDI recipients who lost their SSI eligibility solely due to a cost-of-living increase in their OASDI benefit.	
		Income	$674/month (single)
			$1011/month(couple)
		Resources	$2000 (single)
			$3000 (couple)
ADULT DISABLED CHILD		This program is for individuals who currently receive Adult Disabled Child (ADC) benefits from the Social Security Administration, lost eligibility for SSI benefits due to receipt of the ADC benefit, and would otherwise be eligible for SSI benefits if not for receipt of the ADC benefit.	
		Income:	$674/month (single)
			$1,011/month (couple)
		Resources:	$2,000 (single)
			$3,000 (couple)
EARLY OR DISABLED WIDOWS AND WIDOWERS		This program is for individuals who currently receive Early or Disabled Widows and Widowers benefits from the Social Security Administration, lost eligibility for SSI benefits due to receipt of the Widows/Widowers benefit, and would otherwise be eligible for SSI benefits if not for receipt of the Widows/Widowers benefit.	
		Income:	$674/month (single)
			$1,011/month (couple)
		Resources:	$2,000 (single)
			$3,000 (couple)

REFUGEE MEDICAL		This program is for individuals identified as non-citizen refugees for a period of 8 months commencing with the month of entrance into the United States. Eligibility is based on the Refugee Cash Assistance program guidelines.	
		Income:	$267/month (single)
			$352/month (couple)
		Resources:	$2,000 (single)
			$3,000 (couple)
LONG TERM INSTITUTIONAL CARE		This category of coverage is for individuals residing in a nursing home or similar facility for a long term stay. Eligible individuals under this category are generally budgeted separately from other family members. Individuals eligible under this category whose income exceeds the protected income level are responsible for a portion of the cost of their care in the facility.	
		Income:	$62/month
		Resources:	$2,000
HOME AND COMMUNITY BASED SERVICES (HCBS)		This program is for individuals exhibiting a medical need for services in the community which prevent placement in an institution. There are currently 8 different HCBS programs, each with its own set of eligibility requirements. Eligible individuals under this program are budgeted separately from other family members. Individuals eligible under this program whose income exceeds the protected income level are responsible for a portion of the cost of their care.	
		Income:	$727/month
		Resources:	$2,000
PROGRAM OF ALL-INTENSIVE CARE FOR THE ELDERLY (PACE)		This program is for disabled individuals age 55 years or older residing in selected counties within the state. Eligible individuals receive long term care coverage through a managed care network. HCBS guidelines apply to individuals living in the community and	

		institutional guidelines apply to those living in a facility. Individuals eligible under this program whose income exceeds the protected income level are responsible for a portion of the cost of their care.	
		Income:	$62/month (institution)
			$727/month (HCBS)
		Resources:	$2,000
MONEY FOLLOWS THE PERSON		This program is for institutionalized individuals transitioning from the facility to the community. In-home medically related services are provided for a period not to exceed 365 days. Individuals eligible under this program whose income exceeds the protected income level are responsible for a portion of the cost of their care.	
		Income:	$727/month
		Resources	$2,000
SPOUSAL IMPROVERISHMENT		This process allows married couples to shelter additional amounts of resources and income for the community spouse where the other spouse is either institutionalized or eligible for HCBS.	
		Income:	The community spouse may protect income up to $1,822/month (up to $2,730/month if there are excess shelter expenses).
		Resources:	The community spouse may protect resources up to $109,560.
		Resources:	No resource test.
STATE ONLY MEDICAL PROGRAMS			
TUBERCULOSIS		This program is for individuals diagnosed with tuberculosis and in need of care for this condition. Coverage for eligible individuals is limited to inpatient hospital care or alternative	

		community based services related to the condition	
		Income:	There is no income test.
		Resources:	There is no resource test.
RESIDENTS OF MENTAL HEALTH NURSING FACILITIES		This program is for individuals residing in a mental health nursing facility for a long term stay who are between the ages of 21 and 65 years old. Individuals eligible under this program whose income exceeds the protected income level are responsible for a portion of the cost of their care in the facility.	
		Income:	$62/month
		Resources:	$2,000
MEDIKAN		This program is for individuals who qualify for a cash payment under the General Assistance (GA) program. Eligible individuals must meet program disability guidelines and must not be eligible for Medicaid.	
		Income:	$267/month (single)
			$352/month (couple)
		Resources:	$2,000 (single)
			$2,000 (couple)
PROGRAMS WITH OTHER FUNDING			
AIDS DRUG ASSISTANCE PROGRAM (ADAP)		This program is for individuals diagnosed with AIDS. Coverage for eligible individuals is limited to payment of prescription drugs related to treatment of AIDS. Individuals may be eligible for Medicaid or MediKan as well as ADAP.	
		Income:	$2,708/month
		Resources:	There is no resource test.
HEALTHY KIDS		Children of state employees with family income equal to or less than 241% may be eligible for subsidized state employee insurance. The program is designed for children who would otherwise qualify for HealthWave XXI but are ineligible due to their	

		parents' employment with the state.	
		Income (241% FPL)	$2,175 one individual
			$2,927 two individuals
			$3,678 three individuals
			$4,429 four individuals
		Resources:	No resource test.
CASH ASSISTANCE PROGRAMS			
STATE SUPPLEMENTAL PAYMENT PROGRAM (SSPP)		This program is for Medicaid recipients age 18 or over residing in a Medicaid approved institution whose SSI benefit continues but has been reduced to below the protected income level due to residence in the facility.	
		Income:	$62/month
		Resources:	$2,000

RFP Appendix 20:
K-MED ACRONYMS

ACRONYM	DESCRIPTION
AA	Administrative Assistant (a state position title)
ADA	Americans with Disabilities Act
ADAP	AIDS Drug Assistance Program
ADC	Adult Disabled Child
ADL	Activities of Daily Living
AFDC	Aid to Families With Dependent Children
AM	Automatic Medical
API	Application Programming Interface
ARNP	Advanced Registered Nurse Practitioner.
ASCII	American Standard Code for Information Interchange
AVR	Automated Voice Response
AVRS	Automated Voice Response System
BARI	Benefit Account Record Information (Unemployment Information)
BASI	Benefit Account Status Inquiry (Employment Information)
BCC	Breast and Cervical Cancer
BEERS	Benefit Earnings Exchange Records System
BMP	Bitmap Image File Format
BPMN	Business Process Modeling Notation (BPMN) is a graphical representation for specifying business processes in a workflow. The Business Process Modeling Notation (BPMN) is a standard for business process modeling, and provides a graphical notation for specifying business processes in a Business Process Diagram (BPD), based on a flowcharting technique. BPMN is intended to serve as common language to bridge the communication gap that frequently occurs between business process design and implementation.
CAN	Claim Account Number
CAP 1	Case Profile 1 of the client's information file in KAECSES
CAP 2	Case Profile 2 of the client's information file in KAECSES
CARC	Case Record Control. A screen in the KAECESES-AE system that captures a change in case ownership or a case transfer.
CDB	Central Data Base. The official means of documenting PMDT client information.
CDDO	Community Developmental Disability Organization
CDS	Case Development Specialist. A title specifically used in PMDD.
CE	Consultative Examination. A special appointment made to get medical evidence when no other medical records exist. Can be physical or mental. PMDT has contracts with providers across the state to conduct these examinations.
CFS	Children and Family Services
CHIP	Children's Health Insurance Program (in Kansas it is HealthWave 21)
CI	Child in Institution
CITA	Chief Information Technology Architect
CITO	Chief Information Technology Officer
CM	Case Manager

ACRONYM	DESCRIPTION
CMA	Certified Medication Aide
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nurse's Aide
COLA	Cost of Living Adjustment
COTS	Commercial Off The Shelf
CSOB	Curtis State Office Building
CW	Case Worker
DAI	Data Analytic Interface
DB	Database (See CDB)
DD	Developmental Disability
DDRS	Disability Determination Referral Services
DDS	Disability Determination Services. A division of SRS that conducts determinations of disability for SSA in Kansas.
DE	Disability Examiner. This is a specially trained person who reviews MER and helps make a determination of disability.
DISC	Division of Information Systems and Communications. The Department of Administration IT and phone department. KHPA relies on DISC for support.
DMIE	Demonstration to Maintain Independence and Employment (federal grant)
DOB	Date of Birth
DPOA	Durable Power of Attorney
DRT	Disability Review Team. This is a team consisting of a DE and a physician or psychologist. The team collaborates in making the disability determinations.
DSM-IV	Diagnostic and Statistical Manual (4th Edition). This is a reference used in psychiatry for diagnosing mental illnesses.
DSOB	Docking State Office Building
DUR	Drug Utilization Review
E & D	Elderly & Disabled
EATSS	Electronic Access To Social Security. A reference database used for looking up client information about their status with the Social Security Process. Special permission and a log on password are required for accessing this database.
EES	Economic and Employment Support. The division of SRS that provides case management for some Kansans requesting medical assistance.
EHR	Electronic Health Record
ELMB	Expanded Low Income Medicare Beneficiary
ERU	Estate Recovery Unit
ESB	Enterprise Service Bus
ESL	English as a Second Language
ETL	Extract Transfer and Load
FACTS	Family and Child Tracking System for Child Abuse and Neglect
FE	Frail Elderly
FFP	Federal Financial Participation
FFY	Federal Fiscal Year. October 1 through September 30.
FPL	Federal Poverty Level. Often this number is used as a benchmark for benefits.

ACRONYM	DESCRIPTION
FS	Food Stamps, also known as SNAP (Supplemental Nutrition Assistance Program) or Food Assistance. This is a USDA program administered by FNS (Food and Nutrition Service)
FTE	Full Time Equivalent
GA	General Assistance. A cash benefit provided by SRS.
GA RN	General Assistance Reintegration. A cash benefit provided by SRS for individuals being released from a state hospital into the community.
GAF	Global Assessment of Function. A mental health measure used in client assessments.
GED	General Equivalency Diploma. An alternative HS diploma.
GIS	Geographic Information Systems
HCBS	Home and Community Based Services
HCBS: AU	Autism Waiver
HCBS: FE	Frail Elderly Waiver
HCBS: HI	Head Injuries Waiver
HCBS: MRDD	Mental Retardation or other Developmental Disability Waiver
HCBS: PD	Physically Disabled Waiver
HCBS: PRTF-CBA	Psychiatric Residential Treatment Facility-Community Based Alternative Waiver
HCBS: SED	Severely Emotional Disturbance Waiver
HCBS: TA	Technology-Assisted Children Waiver
HHS	United States Department of Health and Human Services
HIE	Health Information Exchanges
HIPAA	Health Insurance Portability and Accountability Act
HIPPS	Health Insurance Prospective Payment System
HIT	Health Information Technology
HRSA	Health Resources and Services Administration
HSS	Human Services Specialist. A state position title. This is the position of most eligibility workers.
HTTPS	Hypertext Transfer Protocol Secure
IEP	Individual Education Plan
ILC	Independent Living Center. A community provider supporting individuals with physical disabilities.
IP	Internet Protocol
IPSEC	Internet Protocol Security
IS	Information System
IT	Information Technology
IVR	Interactive Voice Response
JCIT	Joint Committee on Information Technology
JJA	Juvenile Justice Authority
JPEG	Joint Photographic Experts Group (an image file format)
KAECSES	Kansas Automated Eligibility and Child Support Enforcement System
KAECSES-AE	KAECSES Automated Eligibility
KAECSES-CSE	KAECSES Child Support Enforcement System
KANPAY	Kansas Payment System
KanWIN	Kansas Wide Area Information Network
KATCH	Kansas Access to Comprehensive Health
KCR	Kansas City Region. An SRS management region.
KDHE	Kansas Department of Health and Environment

ACRONYM	DESCRIPTION
KEESM	Kansas Economic and Employment Support Manual
KESSEP	Kansas Enhanced Statewide Support Enforcement Project
KFMAM	Kansas Family Medical Assistance Manual
KHI	Kansas Health Institute
KHIA	Kansas Health Insurance Association
KHPA	Kansas Health Policy Authority. This single state Medicaid and CHIP agency.
KIDS	Kansas Initiative Decision Support
KITO	Kansas Information Technology Office
KLS	Kansas Legal Services. A not-for-profit legal organization.
KMAP	Kansas Medical Assistance Programs
KMIS	Kansas Management Information System (Vocational Rehab Svcs)
LERP	Legally Responsible Person
LIEAP	Low Income Energy Assistance Program
LIS	Low Income Subsidy (Medicare Subsidy D)
LMB	Low-income Medicare Beneficiary
LOC	Level Of Care
LPN	Licensed Practical Nurse
LSH	Larned State Hospital
LSOB	Landon State Office Building
LTC	Long Term Care
MA AF	Medical Assistance Related to AFDC - Children
MA AM	Medical Assistance Related to AFDC – Automatic Medical
MA CM	Medical Assistance Related to AFDC - Caretaker Medical (Section 1931)
MA EM	Medical Assistance Related to AFDC- Extended Medical
MA PW	Medical Assistance Related to AFDC - Pregnant Women
MA RE	Medical Assistance - Refugee Medical
MA WT	Medical Assistance Related to AFDC - Work Transition (TransMed Program)
MCD	Medicaid - a federal/state funded medical program
MCO	Managed Care Organizations (Plans)
MDI	Medically Determinable Impairment. A term used by the DRT to describe a condition found in the medical records.
MEIN	Medicare Information – A screen in the KAECSES-AE system to document Medicare entitlement information.
MEQC/PERM	Medical Eligibility/Payment Error Rate Measurement
MER	Medical Evidence of Record, i.e. Medical records
MFU	Mandatory Filing Unit
MH	Mental Health
MITA	Medicaid Information Technology Architecture
MK	The Medical Assistance program for Presumptive Eligibility
MMIS	Medicaid Management Information System
MP HW 19	Poverty Level Medical- HealthWave Title 19 (Medicaid)
MP HW 21	Poverty Level Medical HealthWave Title 21 (CHIP)
MR	Medical Record
MRFC	Mental Residual Functional Capacity. An indicator of disability used by Examiners. See RFC for more depth of description.
MS	Medical Assistance Related to SSI.
MS AC	Medical Assistance Related to SSI – Adult Care Home

ACRONYM	DESCRIPTION
MS HC	Medical Assistance Related to SSI – Home and Community Based Services
MS LO	Medical Assistance Related to SSI – LMB Only
MS QO	Medical Assistance Related to SSI – QMB Only
MS WH	Medical Assistance Related to SSI – Working Healthy
NER	North East Region. An SRS management region.
OAH	Office of Administrative Hearings.
OASDI	Old-Age, Survivors, and Disability Insurance
OCR	Optical Character Recognition
OP	Out Patient
OSH	Osawatomie State Hospital. A state institution for the mentally ill.
OTC	Over The Counter. Refers to medications obtained without a prescription.
PACE	Program of All Inclusive Care for the Elderly
PAHP	Pre-paid Ambulatory Health Plan
PARTS	Presumptive Application and Referral Tracking System
PATH	Projects for Assistance in Transition from Homelessness (mental health).
PCP	Primary Care Physician. The main doctor providing care for the client.
PCR	Project Change Request
PCX	Pacific Exchange (an image file format)
PD	Physically Disabled
PE	Presumptive Eligibility (MA MK)
PERM	Payment Error Rate Measurement
PHI	Protected Health Information. Protected specifically by HIPAA.
PICK	KAECSES - AE screen to document Pickle eligibility information. Also, a special code used to document special eligibility classification of the individual.
PIHP	Pre-paid In-patient Health Plan
PII	Personal Identifying Information
PIN	Personal Identification Number
PIP	Performance Improvement Plan
PMDD	Presumptive Medical Disability Determination
PMDT	Presumptive Medical Disability Team
PMO	Project Management Office
PNC	Procurement Negotiating Committee
PRTF	Psychiatric Residential Treatment Facility
PSI	Policy Studies Inc
PW	Pregnant Woman
QA	Quality Assurance
QMB	Qualified Medicare Beneficiary
QMHP	Qualified Mental Health Professional
REPT	Revert Program To Open. A KAECSES – AE screen to reopen a closed or denied case.
RFC	Residual Functional Capacity. This term is used by the Examiners to describe, in SSA terms, a limitation that might cause a person to have to do work they didn't previously do. For instance, an RFC limitation may mean the person will have to do sedentary work instead of construction, due to his disability.
RFP	Request for Proposal
RHIO	Regional Health Information Organizations
RMHF	Rainbow Mental Health Facility
RN	Registered Nurse

ACRONYM	DESCRIPTION
ROI	Return On Investment
RS	Rehabilitation Services. A division of SRS also known as Vocational Rehabilitation.
SAA	Senior Administrative Assistant. A state position classification
SCR	South Central Region. An SRS management region.
SED	Severe Emotional Disturbance
SEPA	Setup Participation. A KAECSES- AE screen used to document case and program participation by individual.
SER	South Eastern Region. An SRS management region.
SFTP	Secured File Transfer Protocol
SFY	State Fiscal Year (from July 1 through June 30 of the following calendar year)
SHAP	State Health Access Program
SI	Medical program code for persons receiving SSI.
SIM Plan	State Strategic Information Management Plan
SIT	System Integration Test(ing)
SMART	Statewide Management and Reporting Tool
SMHH	State Mental Health Hospital
SMRH	State Mental Retardation Hospital
SNAP	Supplemental Nutrition Assistance Program
SNF	Skilled Nursing Facility
SOA	Service Oriented Architecture
SOAR	SSI/SSDI Outreach, Access and Recovery
SOBRA	Sixth Omnibus Budget Reduction Act
SPMI	Severely and Persistently Mentally
SPOC	Single Point of Contact
SQL	Standard Query Language
SRS	Kansas Department of Social and Rehabilitation Service
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSL3	Secured Socket Layer 3
SSN	Social Security Number
TANF	Temporary Assistance for Needy Families
TB	Medical program for persons with tuberculosis
TBI	Traumatic Brain Injury
TC	Telephone Consultation. Use with PMDD or PMDT.
Tier 1	A Medicaid-qualifying disability decision
Tier 2	A MediKan-qualifying disability decision
TIFF	Tagged Image File Format
Title XIX	Title 19 Of the Social Security Act
Title XXI	Title 21 Of the Social Security Act
TLS	Transport Layer Security
TO	Task Order
TPL	Third Party Liability
TPQY	Wire Third Party Query
TXT	Text File Format
UAT	User Acceptance Test(ing)
URA	Unreimbursed Assistance

ACRONYM	DESCRIPTION
VPN	Virtual Private Network
VR	Vocational Rehabilitation. Part of SRS. Also known as Rehabilitation Services.
WER	West Region. South Central Region. An SRS management region.
WH	Working Healthy
WIR	Wichita Region. South Central Region. An SRS management region.
XML	Extensible Markup Language

RFP Appendix 21:
K-MED GLOSSARY

Field Name or Business Function	Description
Accelerated	A request for coverage that is screened and/or processed before other applications due to a medical need within the family group.
Adoption Support	Provides medical coverage and services to children who have been adopted through the State.
Applicant	Anyone for whom coverage has been requested, and not yet determined.
Application	A valid request for coverage, which can be received either on a signed application form, or a verbal request for coverage. Verbal requests are limited to specific situations and are not allowable in all cases.
Application – Invalid	An application that is not signed regardless of how complete the application is otherwise. Also includes a verbal request on a closed case, an open case without a paper form in the last 24 months, or an individual who was closed for failing to return a review.
Application – Pending	An application awaiting an eligibility determination.
Application - Pending Info	An application for which a request has been sent to obtain additional information and the information has not been received.
Application - Ready to Process	An application which is ready for an eligibility determination.
Application – Received	An application which has been received.
Application – Registered	An application that has been recorded in the KAECSES system. All applicants have been checked against KAECSES data and the applicants have been added to KAECSES. A KAECSES Client ID number, case number, and medical program have~~s~~ been created or identified through this process.
Application - Valid	Valid applications can be received in a number of methods: A signed paper application A presumptive eligibility tool An intake form completed by CFS staff A verbal request to add an individual to an open family medical case, when an application has been received in the last 24 months and the individual requesting coverage was not denied for failing to return their review. Note: The receipt of a Valid Application establishes the Application Date.
Application Date	Means the date a Valid Application is received by an approved entity. The Application Date begins the 'clock' for processing time and is used to establish when coverage can begin.

Field Name or Business Function	Description
Application Forms	The approved applications for all KHPA medical programs. These include applications for HealthWave and Elderly & Disabled programs. Listed below are the acceptable paper applications for each program • Family Medical - HealthWave application, ES-3100 (Application for Cash, Medical, Child Care and Food Stamp Benefits for Families) • Elderly and Disabled - ES-3100.1 (Application for Cash, Medical, and Food Stamp Benefits for Elderly and Disabled), ES-3100.8 (Application/Redetermination Medicare Savings Plans) • BCC - ES-3100.7 (Application for Medical Coverage - Breast and Cervical Cancer) • TB - Tuberculosis Form ES-3100.3 • CFS - CFS intake form
Application Period	The application period begins with the Application Date for each program.
Application Registration	The process by which a request for coverage is identified and entered in to the eligibility system.
Approval	The decision to grant coverage because the individual meets all eligibility criteria. It is captured on the individual, case, and program level.

Field Name or Business Function	Description
Approved Entity	Organizations that have the ability to approve medical coverage which includes the following: Clearinghouse: Centralized medical processing of Family Medical applications, reviews, and case maintenance actions. Qualified Entities: Specific hospitals and clinics that approve Presumptive Eligibility coverage. SRS: Approves Family Medical applications. Approves and maintains cases for all Elderly and Disabled Medical programs. Access Points: Accept applications for assistance.
Assistance Plan	The individuals in a family group for whom assistance is requested and any legally responsible persons whose income and needs are used to determine eligibility.
Assistance Planning	Assistance planning can be defined as the process of determining who is required to be included, as well as household members who are optional and those who cannot be included in a medical case. Assistance planning is an essential component in determining eligibility for all medical programs.
Base Period	Also Budget Period. Length of time used in determining financial eligibility for an individual or a family. Length varies from one to six months depending on program.
BCC	Breast and Cervical Cancer - A medical program for uninsured women under age 65 who are diagnosed with breast and cervical cancer through the Early Detection Works Program.
Beneficiary ID	MMIS term for the ID of an individual or member receiving medical benefits.
CARC	Case Record Control - electronically transferred (usually in the sense of 'CARC'd to Clearing House')
Caretaker	• Any blood relative (or one of half-blood) who is within the fifth degree of kinship to the dependent child. • A step-father, step-mother, step-brother, step-sister, step-grandparent, step-aunt, or step-uncle. • Legally adoptive parents and other relatives of adoptive parents as designated above groups (1) and (2). • A person who is court-appointed to be: (1) - a guardian; (2) - a conservator; or (3) - the legal custodian. • The spouses or former spouses (after marriage is terminated by death or divorce) of any persons named in the above groups.
Caretaker Medical	MACM - program for low-income families with children, Section 1931
Case	Individual(s) designated as a unit based on business rules for the purpose of internal agency management of benefits and services for that unit.

Field Name or Business Function	Description
Case File	The collection of documents that support the information contained in the state eligibility system as well as all other documentation that relates to the case. Any information received, in any format, in relation to a case must be in the case file. The case file contains all documentation supporting the case processing activities, such as application forms, income verification and worksheets, correspondence, legal documents, requests for case maintenance, a log of case actions and customer contacts, and previous eligibility information for the household.
Case Maintenance	The comprehensive management of a case and all the activities related to it, making case/person changes, and initiating appropriate processes (such as eligibility redetermination and case reviews) as a result of the changes. This includes the activities related to following a case through its life cycle allowing the customer and staff to know the status of the case.
Case Number	A unique identifier used in KAECSES that is assigned to a family group.
Case Record	The case record includes all information about all individuals on a case. The case record is comprised of two main components: (1) The eligibility record held on the state's eligibility system and (2) the information and documentation in the case file.
Caseload Management	An administrative function that focuses on assignments to workers, case transfers and workflow to support the service delivery model.
Child	A minor who is unable to act on his or her own behalf. For the MACM program, a child may also include an unborn and an 18-yr old who is working toward attainment of a high school diploma or its equivalent.
Citizenship	Refers to whether or not an individual is a U.S. Citizen.
Citizenship/Identity (cit/doc)	Refers to the requirement to verify the citizenship and identity of applicants identified as U.S. Citizens.
Client ID	A unique KAECSES ID for an individual.
Consumer	Global term used to reference all of the following: Applicant, Beneficiary, Member, or a Recipient.
Continuous Eligibility Period	Several programs offer continuous eligibility once a financial determination has been made. This allows the family to continue receiving coverage despite changes in income or household circumstances. Continuous eligibility is provided to Medicaid children, newborns, MA CM adults and pregnant women. Varying guidelines exist for each category.
Coverage Begin Date	The date medical coverage begins, varies by program.
Crowd-Out	Crowd-out refers to an eligibility rule which requires children to be uninsured for a period of time after insurance has been dropped voluntarily. 'Public insurance is "crowding out" private health insurance.' Children in families with an FPL of 201-241% are not eligible for 8 months following the voluntary cancellation of private health insurance.

Field Name or Business Function	Description
Data Mart	An analytical data store focused on one particular business function designed to serve a particular community of knowledge workers. A data mart is sourced from a subset of data in a data warehouse. Data marts have a more limited audience and / or data content than a Data Warehouse.
Data Repository	A logical partitioning of data where multiple databases that apply to specific applications or sets of applications reside. An example of a Data Repository is KHPA's Data Analytic Interface (DAI).
Data Warehouse	A central collection of data, from a variety of sources, stored at the record or summary level, organized to provide useful analysis and reporting to support an organization's decision makers.
Demographics	Refers to the Demographic characteristics of consumers. Includes race/ethnicity, age, income, gender, language, federal poverty level, location in the state, and medical program.
Denial	The outcome of an eligibility determination when the individual does not meet eligibility criteria.
Determination	A decision has been made on an application.
Disenrollment Eligibility	An individual's coverage is de-authorized in the KAECSES system resulting in an end to medical benefits.
Disenrollment: Managed Care	A member who loses their connection with the managed care organization due to a delay in processing eligibility or a loss of eligibility.
Due & Owing	Unpaid bill for medical expenses that is still due or an outstanding debt
E and D	Elderly and Disabled medical programs.
Effective Date of Disenrollment	Means the last day of coverage assigned to a managed care organization.
Effective Date of Enrollment	The first day of coverage assigned to a managed care organization.
Elderly and Disabled	Programs that provide medical coverage for those who are over the age of 65 or who have been formally determined disabled by the Social Security Administration.
Eligibility Period	The months of eligibility beginning with the initial approval and lasting through the month of review.
Eligibility Record	The output of the state system which is transferred to the MMIS for claims payment and assignment.
Eligible Noncitizen	A person who is not a U.S. citizen but meets the eligibility requirements for non-citizens based on immigration status, date of entry, etc. Might also be referred to as an 'eligible non-citizen', 'eligible alien' or 'eligible immigrant.'

Field Name or Business Function	Description
Expedited	Expedited medical eligibility is provided to pregnant women who meet the financial requirements of the poverty level program and meet all general eligibility requirements. Some forms of verification may be postponed when providing initial coverage. Expedited coverage must be approved no later than 10 days from the application date.
Family Group	All individuals living together in which there is a legal and/or caretaker relationship.
Family Medical Hierarchy	The hierarchy within the Family Medical programs that has been established to provide consumers with the best medical coverage for the longest period of time.
Federal Poverty Level (FPL)	Refers to the poverty income guidelines that are revised annually and published in the Federal Register by the United States Department of Health and Human Services. The FPL is used to update income limits for the Healthwave program, as well as some other programs administered by KHPA, on May 1st of each year.
Foster Care	Medical coverage provided to children who are in foster care.
HCBS	Home Community Based Services - Services designed to provide the least intensive level of care for those who would otherwise be institutionalized
HCBS: AU	Autism
HCBS: FE	Frail Elderly
HCBS: HI	Head Injuries
HCBS: MRDD	Mental Retardation or other Developmental Disability
HCBS: PD	Physically Disabled
HCBS: PRTF-CBA	Psychiatric residential Treatment Facility-Community Based Alternative
HCBS: SED	Severely Emotional Disturbance
HCBS: TA	Technology-Assisted Children
Head of Household	The Head of Household is synonymous with the PI on KAECSES. When initially establishing the case in KAECSES, the PI is usually the individual who signed the application. The exception would be E and D cases where a child will receive long term care services such as HCBS or Institutional Care. In these situations the child is considered the PI on KAECSES and the responsible person/parent is listed as secondary on the case even though they were the one to sign the application. If a case already exists in KAECSES, it is permissible for the PI to not match the individual signing the current application as long as they remain a member of the household. All correspondence will be addressed to the Head of Household.
Hearings & Appeals	An appeal hearing is held when a consumer disagrees with the eligibility determination made on their case and requests a judgment from the Office of Administrative Hearings.
HIPAA Compliance	Refers to the protection of health information of all Applicants and Enrollees in accordance with the requirements of the federal Health Insurance Portability and Accountability Act (HIPAA).

Field Name or Business Function	Description
Immigrant Docs	Documents used to verify "eligible noncitizen" status.
Income	There are two types of income, earned and unearned. Income shall include money received from such sources as wages, self-employment, property rentals, pensions, benefits, and contributions. Income must be such that its value can be defined and objectively measured.
Income – Earned	Reported income from employment or self-employment. Earned income is income which is received as wages, salary, or profit resulting from the performance of services, including managerial responsibilities, by the recipient. Earned income may be derived from self-employment in the client's own business, or from wages or salary received as an employee including bonus pay received while an employee.
Income – Unearned	Unearned income is any income that is not earned and may be derived from benefits (unemployment compensation, Social Security, VA, etc.), pensions, contributions, and settlements.
Income Calculation	Means the mathematical equation used to determine a family's Countable Income.
Incorrect benefits and Collections	The establishment, collections, adjustments, reversals, transfers, and maintenance. Account investigation and similar activities related to correcting over or under payments to a customer or other entity.
Ineligible Child	A child who does not meet the eligibility criteria of any of the medical programs.
Ineligible Noncitizen	A person who is not a U.S. citizen and does not meet the eligible non-citizen criteria based on immigration status, date of entry, etc. Might also be referred to as an 'ineligible non-citizen' 'ineligible alien' or 'ineligible immigrant.'
Interfaces	Refers to electronic sharing information with various sources outside of this system. This includes exchanges such as the retrieval of information from other state agencies, sending referrals to Child Support Enforcement, and transmitting payment/benefit data to financial systems.
KIOSK	A small physical structure (often including a computer and a display screen) that displays information for people walking by. Kiosks are common in public buildings. Kiosks are also used at trade shows and professional conferences. (Ref. KITA Ver 11.2)
Legally Responsible Person (LERP)	An individual who has legal responsibility to support another individual. This includes a spouse to spouse and a parent to a child.
Mandatory Filing Unit	The MFU is the basis for determining MA CM assistance planning. It consists of people who have to be included in the MA CM assistance plan whether or not they are eligible or requesting coverage for themselves. Members of the MFU are listed below: child, siblings, by blood or through adoption~~)~~ who are also children living in the HH, parent, parents spouse, children of any of the persons listed above.
MediKan	A program that provided medical coverage for disabled individuals who do not qualify for Medicaid, but are eligible for benefits through the General Assistance programs
Member	An MMIS term that refers to an individual who is currently receiving medical coverage.

Field Name or Business Function	Description
MP HW 19	Poverty Level Medical HealthWave 19 - A medical program for children 0-18, adults 18-19, and pregnant women.
MP HW 21	Poverty Level Medical HealthWave 21 - A medical program for children 0-18, adults 18-19, and pregnant women.
Notice Of Action	The form or letter that is sent to the Applicant to explain the eligibility decision for the application.
Outreach	Refers to activities designed to educate and promote HW to the residents of Kansas.
Outreach & Notifications	This business function provides for effective communication between KHPA and the public. Outreach methods will facilitate the public getting more information upfront and facilitate requesting assistance they may need. Notification functionality will provide the generation and management of formal communications to the customer, provider, facility, collaterals and responsible persons associated to a case.
PE	Presumptive Eligibility - A program designed to provide temporary medical coverage for children 0-18 while the household completes the HealthWave application process.
Performance Management	The collection and manipulation of data from existing data sources to measure agency outputs and outcomes and aid in making informed strategic business decisions. This also includes the QA process of internal reviews; sample identification for reviews such as audits, the status of reviews and the outcomes.
PLID	Poverty Level Income Determination screen in KAECSES. This screen displays the HH's gross income, work deductions, and percentage of the federal poverty level that the countable income falls within.
Policy Management	The management of policy for KHPA in doing its business. This includes the development and implementation of policies that work across program lines, as well as post implementation reviews to ensure effectiveness and appropriateness.
Preliminary Assessment	A review the application to determine who is requesting coverage, what months they want coverage, and if everything is present to work the case.
Premium	The monthly obligation for families with income equal to or above 151% of the FPL, as a condition of enrollment in the Healthwave program. Note: Families that include a participating Native American or Alaskan Native child do not have a premium obligation, regardless of income. The monthly obligation for Working Healthy recipients with income exceeding 100% of the Federal Poverty Level as a condition of eligibility.
Primary Individual (PI)	See Head of Household

Field Name or Business Function	Description
Prior Medical	The 3 calendar months prior to the month the application is received. Coverage can be requested on the application or at any time up to two calendar months following the month the application is received.
Processing Timeframes	All applications shall be approved or denied on a timely basis. The application period ends at 45 days unless one of the following conditions exist; Accelerated application, expedited application, application requiring a disability determination ends at 90 calendar days of application date. All Other Medical Applications end within 45 days of the application date. The timeframe for spousal impoverishment would be consistent with medical apps. A 90 day timeframe exists for the implementation of this provision and transfers.
Protected Medical Groups	If an individual has lost their SSI income due to one of the reasons below, they are eligible for Medicaid without a spenddown (deductible) or obligation for HCBS services
Refugee Medical	Medical coverage for those persons who meet the State of Kansas' requirements to be classified as refugees.
Registration	Refers to the process of data-inputting an application into the KAECSES system. Involves researching the applicants in KAECSES and assigning case numbers and client ID numbers when needed.
Reinstated	The action to restore coverage after it has ended through de-authorization and/or closure. A closed case may be reinstated when the required action to cure the closure is taken by the recipient by the end of the month coverage ceases.
Reinstatement Period	The time period in which late information or a request for reinstatement can be received in order to reinstate coverage. Typically be the end of the last month of coverage.
Release of Information	Means a HIPAA-compliant statement, signed and dated by the individual that authorizes KHPA and Contractors to release specific HIPAA-protected information to the designated individual or entity.
Reliability and Fault Tolerance	A system is said to fail when it cannot meet its promises. An error is a part of a system's state that may lead to a failure. The cause of error is called a fault. Reliability is a measure of the continuous service accomplishment (or, equivalently, of the time to failure) from an initial reference point. Fault tolerance means that a system can provide its services even in the presence of faults.
Reopened	The action to restore coverage after it has ended through closure. A closed case may be reopened when the required action to cure the closure is taken during the calendar month after coverage ceases.
Reopening Period	The time period in which late information or a request for reopening can be received in order to reestablish coverage. Typically the calendar month following the last month of coverage.
Request for Coverage	The methods by which a person can apply for a medical program. These methods include a hard copy application, review, or a verbal request from a consumer to be added to an open medical case. Also, see Application.
Retro 21	A specific set of policies that provides retroactive eligibility into the SCHIP program.

Field Name or Business Function	Description
Review	The process by which an existing member already enrolled in a program renews their eligibility. Sometimes refers to the 'review form'
Signature	The mark or signing of the name of the person submitting an application.
SOBRA	This refers to the Sixth Omnibus Reconciliation Act which provides emergency medical coverage for non-citizens who aren't eligible for other programs. (MACM, MA, MP and MS)
Special Spenddown	A special spenddown is the medical recipient cost sharing amount under the Medically Needy assistance program. The special spenddown amount is like a deductible under private health insurance. The recipient is not eligible for medical coverage until they have incurred medical expenses which meet the special spenddown amount. When a medical overpayment occurs, the amount of the overpayment may be added to the regular spenddown amount (if any) to create a special spenddown. The total spenddown amount (regular and special) must be met before the recipient is entitled to medical coverage.
Spenddown	A program designed to provide medical coverage for persons who meet the criteria for other Family Medical and Elderly and Disabled programs but exceed the income and/or resource guidelines. (MA MS)
SSA	Officially is the abbreviation for the Social Security Administration. Often used globally to refer to any form of Social Security income such as Social Security Disability Income and Social Security Retirement Income, except SSI.
SSDI	Social Security Disability Income
SSI	Supplemental Security Income. The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources.
Task	Part of a set of actions which accomplish a job, problem or assignment.
Work Number	Web application subscribed to by KHPA for income verification. Company name is 'TALX'

Field Name or Business Function	Description
Workflow and related definitions	Workflow: the procedures whereby data and control are passed among participants according to a defined set of rules (e.g. data and control dependencies) to achieve a specific goal. Terminology associated with workflow is defined below: Participant: Workflow participants can be specified by the participant type including system-defined participant types and custom (user defined) participant types i.e., System Administrator: The Microsoft Dynamics AX system administrator sets up and maintains the Workflow system. The system administrator can create any type of workflow and can view the status of any workflow instance. Workflow Owner: A workflow owner is responsible for a particular workflow. For example, suppose you name your controller, Linda, as the owner of the expense report workflow. This means Linda can configure and make changes to the expense report workflow. She will also receive messages if errors occur during the processing of an expense report workflow. The Originator: The originator is the person who submits a document for processing and approval. For example, in the previous illustration, Sam is the expense report originator. Task Assignee: The task assignee is the person who must complete a task related to the document that was submitted for processing. For example, in the previous illustration, Ivan is the task assignee. He must review the receipts that Sam routed to him. Approver: The approver is the person responsible for reviewing and approving a document. If the approver approves the document, the document will move on to the next step in the workflow, if necessary. If the approver rejects the document, the document is sent back to the originator. The originator can make changes to the document and resubmit it. Delegate: Is a person who can act on a task or document on behalf of someone else. For example, if an approver will be out of the office for a period of time, the approver can delegate his or her workflow responsibilities to another approver in the workflow. Template: The workflow template is a pattern or parameterized description of how a particular problem is solved. Workflow Instance: workflow template + applications + input parameters and data + output data Milestone: A milestone is the persistent state of the last intermediate result reached by a workflow instance. A milestone can be used for recovering a workflow instance or to extend a campaign. A milestone is typically the output of a participant. The milestone has information about the workflow instance that generated it, including parameters and input files that were used (provenance).
Workflow management system:	A workflow management system manages and executes workflows on computing and storage resources. It is responsible for resolving dependencies, keeping track of data products, scheduling and fault tolerance.
Workflow Queue	Any container where a document is 'anchored' while being updated or changed this can include applying functions such as approving.
Workflow Domain	A workflow domain is the representation of any state agency. (e.g. workflow domain 1 = KHPA, workflow domain 2 = SRS, workflow domain = KDHE)

RFP Appendix 22:
MEDICAL ELIGIBILITY QUALITY CONTROL (MEQC)

A document titled *Medical Eligibility Quality Control* is available at the State of Kansas Division of Purchases web site: http://www.da.ks.gov/purch/adds/.