

AMENDMENT
Request for Proposal

Amendment Date: December 8, 2010
Amendment Number: 5
Bid Event ID: EVT0000186
Closing Date: January 4, 2011, 2:00 PM
Procurement Officer: Tami Sherley
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Item: K-MED Project
Agency: Kansas Health Policy Authority
Period of Contract: May 30, 2011 through September 30, 2015
(with the option to renew for three (3) additional twelve (12) month periods)

Conditions:

1. Below are responses to questions received on November 2, 2010 Question deadline. Please note that the numbering sequence follows the Responses provided under Amendment Four.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: _____

SIGNED BY: _____

TITLE: _____ DATE: _____

Amendment Number 5 EVT0000186 was recently posted to the Division of Purchases Internet website. **The bid document can be downloaded by going to the following website:**

<http://www.da.ks.gov/purch/RFQ/EVT0000186>

It is the vendor's responsibility to monitor the Division of Purchases website on a regular basis for any changes/addenda.

52) Will the vendor need to provide data center operations support and / or services?

Answer: *The K-MED Contractor will provide data center operations services to the extent necessary to support the Development Environment and the Reference Environment. Please see RFP Section 3.4.11.2.3.1, pages 70-71.*

53) Do you expect the Medicaid Eligibility solution to be hosted or will it be installed and operated in the State Data Center operations?

Answer: *Please see Answer #18.*

54) Are there any given or stated architecture standards that must be considered as part of the solution?

Answer: *Please see Answer #33.*

55) Are there any existing hardware and / or software standards that must / should be adhered to?

Answer: *Please see Answer #33.*

56) Are the only support services stated in the RFP for application support and maintenance?

Answer: *Required support services are identified and described in the following RFP Sections:*

RFP Section 2, K-MED Project Scope and Approach, pages 39-51.

RFP Section 2.7, Ongoing Operations Support, pages 44-45.

RFP Section 3.4.12, Technical Proposal Tab 8 – Ongoing Operations, pages 91-92.

57) What percentage of effort should be given for application enhancements vs. maintenance and support post go-live-years?

Answer: *KHPA expects the Proposer to provide this information as part of its proposal. The proportion of effort is dependent upon the proposed solution.*

58) Does KHPA want all day-to-day operations to be exclusively (i.e., no staffing augmentation from KHPA) and continuously run by the chosen vendor?

Answer: *See RFP Section 2.7, Ongoing Operations Support, pages 44-45. KHPA expects the K-MED contractor to provide full operational support for some functions, such as User Support / Help Desk. The K-MED contractor will not provide program operations or data center operations. Agencies and contractors responsible for eligibility determination services will continue to provide those services.*

KHPA has noted that the phrasing of the following statement in RFP Section 2.7 (the second sentence of the first paragraph) may contribute to the confusion surrounding these requirements:

“Generally, Ongoing Operations consists of operating, supporting, and maintaining the new K-MED system.”

KHPA is removing “operating” from this statement for clarification purposes. The statement now reads:

“Generally, Ongoing Operations consists of supporting and maintaining the new K-MED system.”

59) Section 1.2.3.1: KHPA will develop and implement a model, which other states may replicate (2 Questions):

- 1) Is KHPA interested in offering a SAAS (Software as a Service) model in which KHPA would support similar eligibility functionality for other states?

Answer: *The section of the RFP being referenced suggests that other states may be interested in adopting the same approach that we have used and may be looking at our implementation as a model for some of their own changes. However, Section 2.9.1 number 11 does ask the Proposer to discuss the possibility of using the system in this capacity. Note that this is simply an opportunity for the Proposer to explore the idea and suggest how the Proposer might approach it. It is not a requirement of the RFP.*

- 2) If this section states that the interest is in providing this system's functionality to other states so that they don't have to duplicate efforts in building a similar solution does this mean that KHPA will do so without participation from the winning vendor?

Answer: *Not necessarily. The request is that the Proposer will consider and discuss how such a model might be set up. Since the Contractor will be supporting and maintaining the new K-MED application for KHPA, the presumption is that the Contractor will have to be involved. However, the request is that Proposers be innovative and discuss the way that could be implemented that would be advantageous to Kansas as well as other states that might choose that option. To the extent that the scalability of the solution could result in reduced implementation and operational costs to the State of Kansas, please include a discussion of these opportunities in your proposal.*

60) Section 2.3, point 4 – Activity 3 – ongoing operations support:

Will the HW and the solution be located on KHPA's premises?

Answer: *The location of the hardware and the solution depends on the hosting arrangement. Please see Answer #18.*

Does KHPA assume that vendors responding will provide ongoing support on premise at KHPA or at the vendor's facility until September 30, 2014?

Answer: *Ongoing Operations Activity ends on September 30, 2015, unless the initial contract is renewed. Please see RFP Section 2.3, pages 40-41.*

The primary location for the Ongoing Operations Activity is a Contractor-provided facility. Please see RFP Section 3.4.15.5, pages 97-98.

If KHPA's preference is the vendor's facility what are the physical requirements, i.e., location, proximity to KHPA, etc?

Answer: *Please see RFP Section 3.4.15.5, pages 97-98.*

- 61) Section 2.4: States that ongoing operation are part of the solution scope. Yet in the Mandatory pre-bid session it was communicated that hosting was not part of the of the project scope.

Can you elaborate on this further?

Answer: *The scope of Ongoing Operations is defined in RFP Section 2.7 (pages 44-45) and RFP Section 3.4.12, pages 91-92. The definition of Ongoing Operations does not include hosting. Also, please see Answer #58.*

Will on-going operational support be done at KHPA's premises or the winning supplier's premises?

Answer: *Please see Answer #60.*

- 62) Section 3.4.11.2.9.2, Statement 8 – Training Requirements: For the requirement for the trainers to be on site 90 days prior to the first training session, does KHPA want all associated costs with travel and expenses included in the bid in addition to the hourly rate?

Answer: *KHPA requires an "all inclusive fully loaded billing rate." It is expected that travel and expenses would be included in this rate. Please see RFP Section 3.6.13, page 105.*

- 63) Section 3.4.11.2.15 Statement 8: An onsite "all hands on deck" support structure – please elaborate what is expected in this model, i.e., on site 24 x 7 support?

Answer: *KHPA generally expects that the appropriate support personnel are available and on-site for all Deployment (Roll-Out) activities regardless of when they occur, be it nights, weekends, holidays, or whenever. In some cases, on-call support or remote support may be appropriate and sufficient depending on the activity and the resource. This will all be specified in the Deployment / Roll-Out Plan deliverable.*

- 64) Section 3.4.11.2.3.1: For the Multiple Environments mentioned – can these systems be virtualized environments (independent systems) sharing the same hardware, or do they need to each be stand-alone hardware environments.

Answer: *All environments can utilize virtualized hardware as determined by the K-MED vendor. The production environment must be an independent system and not share the same physical hardware as other environments.*

- 65) Section 3.4.15.1: The Contractor shall maintain a facility within five miles of the city limits of Topeka, Kansas. Is this facility to be used as a base location for the employees of the winning supplier or is KHPA stating that this location is to be used to house the K-Med system as well? Please elaborate what this facility is to be used for other than training and conference rooms.

Answer: *We are assuming that the correct reference is RFP Section 3.4.15.5, and will respond accordingly.*

As specified in RFP Section 3.4.15.5, this facility shall be the primary work location for all K-MED Project Contractor personnel, and nearly all Contractor activity will be conducted at this facility.

The physical location of the K-MED system depends on the hosting solution. Please see Answer #60.

- 66) Section 3.6.6 – Statement 5: For ongoing operations costs, does this include facility lease for supplier? In section 3.6.13, the RFP states that an all inclusive fully loaded hourly billing rate includes everything, including facilities maintenance, etc. If there are varying numbers of resources at each phase of the project, the cost for the facilities has the potential to drastically impact the hourly rate when resources are reduced. Can the facility cost be separated to account for this?

Answer: *KHPA requires an “all inclusive fully loaded billing rate.” It is expected that facilities costs would be included in this rate. Please see RFP Section 3.6.13, page 105. One suggestion to simulate the Proposer’s intended result would be to define the facility as a payment deliverable for the Implementation Phases. It could be assumed that the resource reduction mentioned by the Proposer would occur for the Ongoing Operations Activity, and this could be appropriately priced into the monthly fees for Full Ongoing Operations in Cost Schedule 8.*

- 67) Section 4.48 – Equipment: Where will the HW and the solution reside?

Answer: *Please see Answer #60.*

- 68) Section 8 – Ongoing Operations: Does KHPA intend that no State employees will run the system? Does KHPA intend to outsource all operational support?

Answer: *At a high level, KHPA staff will perform all medical eligibility determination program responsibilities that the new K-MED System will support. The K-MED Contractor will provide the application solution, build, test, and deploy it, and provide application support for the new K-MED application. The hosting provider will provide and operate the hardware and systems software for the new K-MED application.*

- 69) In reference to Section 1.5.2, we would like to request a 30 day extension due to responses to questions not being posted until December 9, 2010, and due to the upcoming holidays (i.e., Thanksgiving, Christmas and New Years Day).

Answer: *KHPA will not extend the Closing Date.*

- 70) In reference to Section 4, if awarded the K-MED project, can the awarded vendor use an existing master agreement in place with the State of Kansas as a starting point for contract negotiations?

Answer: *No.*

- 71) With regard to Section 4.41 of the RFP, is the State open to vendors using resources located outside of the continental United States, including Canada or India, for any of the project activities?

Answer: *KHPA is generally **NOT** open to any arrangement involving off-shore sourcing. However, a Proposer may submit an exception to RFP Section 4.41 if desired, explaining in detail exactly what is proposed. In no event will KHPA allow any data containing Private Health Information (PHI) or Personally Identifiable Information (PII) to be transmitted or processed at any site outside the United States.*

- 72) In Section 1.2.3.1, of the \$25M that has been allocated for the IT portion budgeted, is hosting included?

Answer: *Yes, the hosting is part of the \$25M.*

- 73) In Section 1.2.3.1, what specific non-IT items are included in the other \$13M of the \$38M budget?

Answer: *Outreach, administration, equipment, lease agreements, licenses, rent, telecommunications, contractors, contractor for enrollment + premium collection for Young Adult expansion population, 12 out stationed eligibility workers, and other administrative costs.*

- 74) In Section 1.3 Background on Existing Systems, Page 27 of the RFP references KHPA's existing analytical reporting solution, the Data Analytics Interface (DAI), of the known reporting requirements listed in Appendix 3 of RFP, are there any reports that will need data from the DAI?

Answer: *The K-MED System will send information to the DAI but does not require K-MED to extract data from the DAI. However, it may be necessary to utilize data from the DAI in conjunction with K-MED to provide all necessary reports. Please see RFP Appendix 3, Reporting and Business Intelligence, page 163.*

- 75) In Section 1.3 Background on Existing Systems, Page 27 of the RFP references KHPA's existing analytical reporting solution, the Data Analytics Interface (DAI), does the analytical reporting solution need to support multiple languages?

Answer: *No.*

- 76) Section 2.4 Solution Scope makes mention of the major components regarding software and services however there is no mention of HARDWARE or SYSTEM SOFTWARE. Section 2.3, item 6 does mention Hardware, systems software, and maintenance to support System Development. Please clarify the Hardware and system software requirements for the RFP.

Answer: *The K-MED Contractor is required to provide hardware and system software to support the Development Environment and the Reference Environment. Please see RFP Section 3.4.11.2.3.1 on pages 70-71. Detailed response instructions concerning hardware and system software are found in RFP Section 3.4.10.3 on pages 61-62 and RFP Section 3.4.10.4 on pages 62-63.*

- 77) In Section 2.6 and Section 3, can you please confirm that KHPA or the Hosting Services provider (referenced in Section 1.4.1.2) is responsible for system database and application administration?

Answer: *The K-MED Contractor will be responsible for the system database and application administration. The hosting provider will be responsible for applying database patches if needed and as requested by the K-MED Contractor and approved by KHPA.*

- 78) With regard to Section 2.7 Ongoing Operations Scope, what languages will be required for Interpreter Services for non-English speakers? Could you please also expand on the expectation from the vendor regarding the Interpreter Services? Can you also provide information on how often Interpreter Services have been required in the past or should be expected?

Answer: *Please see Answer #39.*

Because KHPA does not currently operate a Help Desk, information concerning Interpreter Services history is not available. However, as a reference point, we can offer that in a call center operated by a KHPA contractor, approximately 10% of the total calls received during the year required a Spanish speaker, and about 3% required an interpreter of another language.

- 79) In Section 3.4.11.2.3.1, references are made regarding up to 10 environments and volume metrics (RFP Appendix 17) and Training Volumes and Locations (RFP Appendix 8) for various activities. To ensure that the System Test, Training and Production environments are sized appropriately, will the state provide intended user counts for each separate environment both overall and concurrent? In addition, will the state breakout user counts into different communities such as internal KHPA employees, Providers and citizens / beneficiaries for the production environment?

Answer: *The metrics provided in the references cited above represent the best information available at this time.*

- 80) In Section 3.4.11.2.3.1 Multiple Environments, the RFP states that:

"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."

KHPA RFP States: "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."

Please confirm that:

- it is within the K-MED Contractor's scope to provide the hardware, hardware setup and maintenance for the Development and reference environments,

Answer: Confirmed.

- the K-MED contractor is to provide specifications for the remaining environments and that the hosting provider will procure and provide the hardware, hardware setup and maintenance for those environments and

Answer: Confirmed.

- the Contractor is not required to provide the hardware and hardware maintenance pricing for the environments to be provided by the Hosting provider.

Answer: Hardware and hardware maintenance pricing and costs for ALL environments are to be provided in Cost Proposal Tab 11. Please see RFP Section 3.6.15 on page 106.

- 81) In RFP page 72 under Section 3.4.11.2.3.3 Technical Activities and Response Instructions, please confirm that the Business Continuity Plan is the vendor's recommendation on a general approach and components of a business continuity plan and not to develop a specific business continuity plan for K-MED.

Answer: This section describes what the Proposer is to provide in its proposal. KHPA expects that the Contractor shall use what is described in its proposal to actually "develop a specific business continuity plan for K-MED."

Please see RFP page 15 for a list of key definitions, particularly "Proposer" and "Contractor."

- 82) In Section 3.4.11.2.7.1, there is mention of a KHPA Testing Team. How many resources will be provided by the State and what are their roles and responsibilities? Will these resources be available to write test scripts, execute test scripts, update test results in a test management tool, or help with test data creation?

Answer: Please see RFP Section 2.10, Resources to Be Provided, page 51. KHPA will devote one staff person to serve as the Testing Manager and will devote at least four FTE to serve on the testing team (although one FTE may represent more than one individual). The KHPA test team will approve all test criteria and execute User Acceptance Testing as well as provide guidance for the testing effort. The K-MED contractor will be responsible for other functions. If the Proposer feels specific KHPA involvement is needed to carry out any of these functions, please provide a detailed explanation in the proposal.

- 83) In Section 3.4.11.2.7.2 includes the text "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." Would the State of Kansas please provide additional information on the specific skills and experience of State staff who will require training for the proposed testing tools?

Answer: The testing team will generally be composed of individuals with a strong business background, without formal IT training. Some may have previously conducted UAT prior to K-MED testing. If the Proposer feels a specific skill set is needed, please provide further details in the proposal.

- 84) In RFP page 86 under Section 3.4.11.2.11 Document Imaging Services, does the current ImageNow document system have any associated workflow processes or does it just manage

documents? If existing workflow processes exist, can you describe them and does the vendor have the option to retain the workflows or replace the workflows with regard to integrating into the proposed solution?

Answer: Yes, ImageNow provides workflow processes (please see RFP Appendix 15, page 262. After following the link, material begins on page 63 of the document "ImageNow-1-6UserGuide 11 14 08"). However, ImageNow is not used to provide automated workflow for any KHPA business process included in the scope of this RFP, as other systems are currently used to provide workflow.

ImageNow workflows are limited to processing documents and KHPA does not feel it provides the capability to automate complicated KHPA business processes and interact with other workflow (internal and external). Examples include a workflow to process a reported change of income, process a review, or process multilevel approvals. These workflows involve one or more steps to complete a task and may involve more than one worker or supervisor to complete the process. KHPA requires the K-MED System to provide workflows that are fully and efficiently integrated into the proposed solution.

- 85) In RFP page 86 under Section 3.4.11.2.11 Document Imaging Services, please confirm that Documentum and File Net are future document system integrations and the question is on future compatibility with these systems.

Answer: It is highly likely that SRS, KDHE, or other entities responsible for eligibility determination will have these or similar imaging system deployed prior to the K-MED System implementation in 2013. It is important that K-MED provide a solution that not only supports ImageNow, but also allows documents to be retrieved and linked quickly regardless of the source imaging solution.

- 86) In reference to "Section 3.4.11.2.14 User Support Services," please provide historical call / incident categorization volumes or percentage breakdown – typical categories might include the following:

- 1 Password resets
- 2 "How to"?
- 3 Technical infrastructure issue, User Computer Issue, etc...

Answer: KHPA does not currently operate a similar Help Desk internally or through a contractor. Therefore, historical call / incident volumes are not available. However, KHPA has provided historical application and participant information in RFP Appendix 17, Volume Metrics (page 264), as well as forecasts related to the implementation of ACA as referenced in RFP Section 2.9.1, The Affordable Care Act (page 46) to help estimate volume.

- 87) In reference to "Section 3.4.11.2.14 User Support Services," can you please provide average monthly historical call / incident volumes for user support?

Answer: Please see Answer #86.

- 88) In reference to "Section 3.4.11.2.14 User Support Services," can you please indicate any calendar year seasonality by month and % increase over average volume?

Answer: Please see Answer #86.

- 89) In reference to "Section 3.4.11.2.14 User Support Services," can you please indicate if available the breakdown of call / incident volumes by channel (telephone, email, fax, web self-service, other)?

Answer: Please see Answer #86.

- 90) In reference to “Section 3.4.11.2.14 User Support Services,” please provide historical monthly average call / incident Level 2 escalation volumes. For example, how many calls / incidents have been escalated beyond Level 1 on a monthly average?

Answer: Please see Answer #86.

- 91) In reference to “Section 3.4.11.2.14 User Support Services,” please clarify that KHPA does not require any end user support on State Holidays.

Answer: KHPA expects support on State Holidays to be the same as the support provided after-hours.

- 92) RFP page 123 (under Section “4.63 Geographic Information System (GIS) Compliance”): Does the State intend to continue its existing GIS infrastructure or does it expect the GIS infrastructure to be provided in the solution?

Answer: Providing GIS infrastructure is not required. Conforming to Kansas standards in accordance with RFP Section 4.63 is required.

- 93) In reference to 4.63 of the RFP, it is stated that “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. Can you please confirm any integration to the GIS system? Do the GIS data / maps need to be displayed in any of the portals?

Answer: KHPA has no specific concept of how GIS might be used in the new K-MED System. KHPA is hopeful that a Proposer might have innovative ideas concerning the use of this technology. Please see RFP Section A1.4.1.2, page 156.

- 94) Requirement reference: DIMG-004 in “General Functional Requirements Workbook.xlsx”:

“The system must have ability to scan, import documents within the eligibility system and store them in imaging system and attach them to individual and cases.”

Question: This offeror assumes that the ImageNow system is doing all scanning and that the eligibility system must only be able to import scanned documents and attach them to individual cases. Requirement DIMG-004 implies that K-MED must support scanning. Please clarify.

Answer: KHPA does not expect the K-MED System to provide imaging services or an imaging solution.

- 95) In RFP page 185 under Section A4.4 Interfaces Requirements, in reference to interface requirements 17 and 18 for security profiles associated with records, do these profiles refer to the person referenced in the record or to some other reference?

Answer: KHPA intends for persons allowed to view the interface data to have appropriate authorization. This is managed through security profiles tied to the interface. Different profiles may be required for a single interface.

- 96) In Section A4.6 Interfaces list, interface name Medical Eligibility Information, sending system K-MED, receiving system MMIS: what is the file format expected by MMIS?

Answer: Currently, the file format is fixed length ASCII.

- 97) In Section A4.6 Interfaces list, interface name Medicare Entitlement & Enrollment Information (MEIN), sending system K-MED, receiving system MMIS: what is the file format expected by MMIS?

Answer: Currently, the file format is fixed length ASCII.

- 98) In Section A4.6 Interfaces list, interface name Medical Alerts, sending system MMIS, receiving system K-MED: what is the format of the file generated by MMIS?

Answer: Currently, the file format is fixed length ASCII.

- 99) In Section A4.6 Interfaces list, interface name Inmate information, sending system KDOC, receiving system K-MED: Is the expectation that the system will retrieve this from the email box and process in an automated fashion?

Answer: *KHPA hopes to automate interfaces, such as the KDOC Inmate file, to the maximum extent possible. This includes automating collection and processing of this information. However, KHPA also knows it may not be possible to achieve this level of automation with all interfaces and each must be evaluated individually to determine how to treat the interface. KHPA believes that the K-MED System can retrieve the information from the email box and perform some automated processing.*

- 100) This question intentionally left blank.

Answer: *N/A.*

- 101) In Section A6.3.3.1.1 Performance Reports, the RFP states that “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.”

Please elaborate on the list of system performance measures required by Federal and State performance measures to be collected and reported in Performance reports.

Answer: *Please see RFP Appendix 12, Performance Expectations, pages 249-252, for a list of performance measures. These standards have incorporated any State or Federal requirements.*

- 102) This question intentionally left blank.

Answer: *N/A.*

- 103) Does the last sentence of this section, “Data Conversion for MMIS is required”, mean that the selected vendor is expected to convert MMIS data into K-MED, convert KAECSES-AE data into the MMIS, or something else? Please clarify MMIS conversion requirements.

Answer: *The K-MED Contractor will convert MMIS data into the K-MED System.*

- 104) We understand the need for the state to be cognizant of any subcontractors to the prime and the role of subcontractors in performing the work. Often times, teaming agreements contain confidential and sensitive internal business arrangements of the Proposer and its subcontractors. Details of strategic teaming do not provide value to the state and publication of such arrangements may cause serious harm to each entity’s competitive prospects. There are other sections of the RFP that require the Proposer to define the role of subcontractors and Section 3.4.9 – Subcontractor Corporate Information (page 59) requires the subcontractor to submit a letter of agreement “that they have read, understand and shall perform their role on the project throughout the life of the contract”. This requirement is reasonable and standard practice.

We respectfully request that the state remove the requirement that the Proposer include copies of teaming agreements with subcontractors in their proposal.

Answer: *Agreed. The teaming agreement requirement is removed.*

- 105) Section 3.4.11.2.3.1 states that the “K-MED contractor is responsible for the setup and maintenance of the Development and Reference environments” and that “the K-MED Contractor must provide configuration information for the remaining environments.” Can Proposers assume that KHPA is responsible for the cost and for purchasing the hardware, solution software, and technical products (operating systems and other underlying systems software) to set up and maintain these remaining environments? If not, please clarify the responsibilities for each environment specified in the RFP.

Answer: *As stated in RFP Section 3.4.11.2.3.1, page 70, “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 System solution software shall be provided by the K-MED Contractor for all environments.

Hardware and technical products (operating systems and other underlying systems software) to set up and maintain the remaining environments (other than the Development environment and the Reference environment) will be the responsibility of the hosting provider.

Please see Answer #68.

- 106) Section 3.4.11.2.2.3: The last paragraph of the section states that the weekly status report approach must support monthly executive status reporting as well as KITO quarterly reporting requirements. Is a monthly status required? If so, please provide the requirements for that status.

Answer: *Monthly status reports will be a required deliverable each month. Monthly status reports shall serve as the payment mechanism for the Contractor’s project management services. Following award and as part of the negotiation process, all deliverables (including monthly status reports) will be linked to a comprehensive payment schedule. Please see RFP Section 3.6.7, page 103, and Cost Schedule 3.*

- 107) The RFP states that 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. Quarterly reporting is due to KITO on the 10th of the month. Assuming a quarter ends on the last day of a month, will the state allow for time to prepare the report? If so will the requirements be made available to Proposers?

Answer: *Information Technology Policy 2500 – Project Status Reporting, requires that state agencies submit their quarterly project report to KITO on the 10th of the month. This policy will not be altered for this project. The Proposer shall carefully consider this requirement and plan accordingly.*

- 108) 3.4.11.2.3: The second paragraph states that “The ESB must be based on open standards and allow for the State to leverage existing IT investments.” Does the state have specific IT investments allocated for an SOA / ESB based solution or will this project be required to lay the groundwork?

Answer: *Currently, KHPA has not defined specific IT investments for an SOA / ESB solution. We are hopeful that this project will be the spark to better utilize this architecture.*

- 109) 3.4.11.2.3.1: Please clarify the information in the 2nd and 3rd paragraph in this section. During the course of the project life cycle, it will be required for the vendor to setup and configure the new system related software components in environments other than development and reference. For example, prior to interfaces testing, the interface environment may need to be configured. Will the state provide access to all these environments other than development and reference (vendor responsibility) so the vendor can configure its software components in these environments? Or will the vendor have to rely on the hosting provider to setup and configure the vendor developed software product and its associated components?

Answer: *The K-MED Contractor will have appropriate user, programmer, and configuration level access to the software application solution in all environments.*

- 110) 3.4.11.2.3.1: The RFP states that “The System Testing environment is an exact replication of the Production environment.” It also states “The Emergency Fix environment will be a copy of the Production environment.” Do these references to the “Production environment” include only the Production software environment or do these references mean both the Production software environment and associated data volume capacity?

Answer: *The System Testing environment is an “exact replication” of the Production environment, including full volume production data. The Emergency Fix environment is a “copy” of the Production environment software, not necessarily with full volume production data.*

- 111) 3.4.11.2.3.1: Do the Proposers need to plan for any environment, other than Production, to have extremely large amounts of data?

Answer: *The Conversion Testing environment, the System Testing environment, and the Production environment will all require full volume production data.*

- 112) 3.4.11.2.4: In the file: The Enterprise Architecture of KHPA - version 9 db 092410.doc: Appendix 16 -- Enterprise Architecture – Page 7:

“Note: These processes have been developed in a tool called Provision from Metastorm. It is intended that these models be updated and enhanced throughout the K-Med lifecycle.” Will the KHPA or the Contractor be responsible for updating Provision Metastorm through the lifecycle of the project?

Answer: *The Contractor shall maintain and update these models throughout the lifecycle of the K-MED System in Provision Metastorm or any other tool providing similar modeling functionality.*

- 113) 3.4.11.2.6.1: Bullet #7 relates to physical and environmental control. Is there a specific security standard with which KHPA is required or desires to comply (i.e., ISO 27001)?

Answer: *KHPA requires that physical and environmental controls comply with State of Kansas standards found in the ITEC IT Policy 7230A, Section 10. See <http://da.ks.gov/kito/itec/ITPoliciesMain.htm> for ITEC policies.*

- 114) 3.4.11.2.7.2: The second paragraph indicates that the “Contractor shall also provide any needed testing infrastructure (desktops, servers, etc.) to support the provided testing tools. Does this mean that the Proposer must price hardware and software for the KHPA testing team? If so, how many testers does KHPA anticipate will comprise the testing team?

Answer: *KHPA does expect the K-MED Contractor to provide equipment for KHPA staff involved in testing, but the equipment does not need to be dedicated solely for the testing effort. See Answer #82 regarding the number of KHPA testers.*

- 115) 3.4.11.2.7.2.6: It is understood that the Contractor is responsible for the initial development of User Acceptance Testing test scenarios, building testing scripts, determining expected results, and establishing test procedures and protocols. Is the contractor or is the KHPA testing team responsible for executing the test plan scenarios to accomplish UAT? Is the contractor or is the KHPA testing team responsible for executing the three types of UAT - data test, operational readiness test, and disaster recovery test?

Answer: *KHPA staff are responsible for executing UAT.*

- 116) 3.4.11.2.9: The last paragraph in this section suggests that computer-based training may be one of many training delivery methods. Is there a CBT product that KHPA currently uses? If so, are you satisfied with the product? Is there a state standard or preferred list of suppliers of CBT products?

Answer: *KHPA currently uses Lectora for e-learning development and is satisfied with this product. Proposers may propose other CBT products.*

- 117) 3.4.11.2.9.1: Requirement 7 identifies that the contractor shall provide “train-the-trainer sessions for KHPA and other contractor staff who will assume the responsibility for training new K-MED system users.” Does this mean that the contractor is only responsible for initial system training and documentation for all staff and that KHPA will take over training responsibility after implementation?

Answer: *The K-MED Contractor is responsible for maintaining all computer based training, tip sheets, and other materials through the life of the contract. The K-MED*

Contractor is not responsible for comprehensive new-user training following implementation, as staff from KHPA and other agencies and contractors will be responsible for ensuring new users are trained. The K-MED Contractor will provide the material for these sessions by keeping materials developed for implementation up to date.

- 118) 4.14: Could the State please provide the actual insurance limits that will be needed for the insurance affidavit?

Answer: *There are no designated insurance limits. Upon request, the Contractor shall present affidavits of insurance in amounts necessary to adequately cover any potential liabilities.*

- 119) A1.2.1: In the Portal – General section it is stated that “KHPA is responsible for providing translated material”. Does the translated material include all text to be displayed on the computer screen including Titles / sub titles, Captions, Field names, hints, etc.? Will values captured from data entry fields on the screen be stored exactly as entered and will not require any translation?

Answer: *KHPA will provide all translations for use by the K-MED System, including those noted. For self-service tools, the K-MED System shall capture and store the information exactly as entered and make it available to eligibility staff for translation. The K-MED System must allow entry in alternate alphabets (e.g., Arabic, Chinese). In addition, the solution must ultimately store and use the English translation of all data elements (if applicable).*

- 120) A1.2.1: The second paragraph states that “The K-MED vendor must collaborate with HP to provide a single log-on”. It is possible that modifications will need to be made to the HP supported system(s) to comply with this requirement. Who will be responsible for implementing changes to the HP supported systems?

Answer: *It is possible that it will be necessary to make changes to the HP system to meet this requirement. In that event, HP will be responsible for making those changes. RFP Section 1.4.2, Contractor Cooperation, provides expectations for KHPA contractors when situations such as this arise. KHPA will work closely with all parties to ensure that each contractor understands their role in implementing specific requirements as well as the contract.*

- 121) A1.4.4: Can modifications be made to the HLCI functionality (while maintaining the KAECSES-AE provided identifier) in KAECSES AE to accommodate an HLCI module in K-MED?

If modifications are required to the KAECSES AE system to integrate the existing HLCI into the K-MED solution, who will be responsible for implementing those changes?

Answer: *SRS / KHPA will be responsible for implementing changes required for KAECSES-AE. It is critical that the K-MED Contractor note any changes that may be necessary as quickly as possible.*

- 122) A1.4.1.1: The third paragraph requires that the contractor provide an interface with a postal suite to validate addresses. Does the state currently have a postal suite with which the Contractor must interface? If so, what product is currently being used? Or is KHPA expecting the Proposer to provide such a software product?

Answer: *Although KHPA contractors utilize these services, KHPA does not currently have a specific contract with a postal suite vendor. KHPA. Proposers are expected to provide this service, including any necessary software. Any proposed software products must be within the provisions cited in RFP Section 4.64, Technology Architectural Compliance.*

- 123) A5.2: Item 10 states “Contractor must develop assisted manual conversion procedure... These procedures help KHPA convert this type of data. Contractor must provide ... on-site support at all locations where eligibility staff are located.”

Item 11 states, “KHPA will assist in the manual conversion effort”.

It is industry practice that manual conversions are the responsibility of the state. While the implementation contractor is well positioned to produce conversion reject reports and to develop tools to facilitate rapid data entry, contractor staff are not state employees and cannot be held responsible for the many judgment calls that are required to reconcile conflicting or incomplete information in a case files prior to entering a record into K-MED. State staff maintain and understand the contents of paper case files. KHPA needs to take full responsibility for manual conversion efforts with appropriate assistance from the contractor.

Answer: *Agreed. KHPA understands that State staff are responsible for completing the manual conversion processes and does not expect the K-MED Contractor to take on this role. However, the K-MED Contractor will, in conjunction with KHPA staff, develop the manual conversion processes.*

Since KHPA prefers a big bang conversion having on-site contractor staff at every eligibility location is a logistical challenge. On-site support would require the contractor to hire and train a large number of staff for a short period of time.

We request that KHPA allow vendors to propose alternative means of supporting local office staff during the conversion as opposed to on-site support as a means of increasing efficiency and reducing project costs.

Answer: *KHPA agrees that this will be challenging and will consider other options for support services following any big bang conversion. For example, a vendor may propose web cams in smaller offices to provide immediate guidance and then follow up with personal visits to the offices. Regardless, face-to-face training for all eligibility staff is a requirement.*

- 124) A5.5: This section identifies the scope of the conversion to include data elements from KAECSES-AE, PSI Platform and MMIS applications. It will be very difficult to provide KHPA with a fixed-price proposal to develop code to extract the needed data from the donor systems. Can we assume that the parties currently maintaining these applications will be responsible for creating an extract file to specifications provided by the K-MED implementation contractor who is responsible for validating and loading the data to the target K-MED database?

Answer: *Yes, the parties currently maintaining these applications will be responsible for creating an extract file to the specifications provided by the K-MED Contractor. Please note that this suggested approach is similar to that outlined in the first paragraph of RFP Section A5.1, page 207.*

- 125) A6.3.1.1.1: Is the contractor or the state responsible for the cost and purchase of the hardware and software necessary to set up and maintain the project web site?

Answer: *The K-MED Contractor is responsible for the cost and purchase of the hardware and software necessary to set up and maintain the project web site.*

Which organization is responsible for hosting the project web site?

Answer: *The K-MED Contractor is responsible for hosting the project web site.*

If the implementation contractor is responsible for costs associated with the project web site please provide guidance on where these costs should be proposed in the cost proposal.

Answer: *For the Implementation Phases:*

Any necessary hardware components would be a part of the fully loaded hourly rate mentioned in RFP Section 3.6.9 (page 104) and defined in RFP Section 3.6.13 (page 105).

If a software tool is involved, there are two choices. It could be a part of the fully loaded hourly rate, or it could be bid as a separate line item in Cost Schedule 2, Part 1 and Part 2.

Any services involved would be properly reflected in the Technical Architecture / Infrastructure Design section of Cost Schedule 5.

For the Ongoing Operations Activity, these costs would be a part of the Ongoing Operations monthly fee presented in Cost Schedule 8. Also, please see RFP Section 3.4.12 (pages 91-92).

- 126) A6.3.2.4.1: Under the System Testing Plan in Section A6.3.2.1 it clearly states that the Contractor must provide the System Test Plan and System Test Results Document. In this user acceptance testing section it is not clearly stated whose responsibility it is to provide the deliverables. Is the Contractor or KHPA personnel responsible for preparing the User Acceptance Testing Plan, User Acceptance Testing Criteria and Procedures and User Acceptance testing Resolution Document?

Answer: *These are all Type 1 Deliverables. The definition of a Type 1 Deliverable is in RFP Section A6.1, page 218. According to this definition, the Contractor must provide Type 1 deliverables. However, provision is made in RFP Appendix 6 for Proposers to propose alternatives to the deliverables listed, if desired.*

- 127) General Function Requirements Workbook: Requirement # DIMG-005 states, "The system must have the ability to request an image (document search and attach ability) from ImageNow or other imaging systems and present it within the eligibility system (this occurs in one session)." What version of ImageNow does the state currently use or have licenses for? Is the state planning on upgrading ImageNow to Version 6.5 in the near future? Are there any existing state applications that utilize web services via WebNow to integrate with ImageNow?

Answer: *The State is currently utilizing ImageNow 6.4.1. The State is currently working on a plan to address the release of ImageNow 6.5. Currently, the PSI platform is utilizing web services to integrate WebNow.*

- 128) (1.2.2.2, Page 17): This section refers to multi-program application forms. To what extent is it currently possible to apply for multiple programs using existing KHPA forms (e.g., combination of programs)?

Answer: *There are currently two separate applications used for multiple programs, the Application for Benefits for Single Persons, the Elderly and Persons with Disabilities (ES-3100.1) and the Application for Benefits for Families (ES-3100). Both forms are maintained by SRS and both are referenced in RFP Appendix 9, Business Forms (page 242). KHPA does not expect the K-MED System to support non-medical programs.*

- 129) (1.2.2.2 Business Model, Page 18): Is it KHPA's intent that the solution obtained as a result of this RFP will house historical information from the current HealthWave Clearinghouse system?

Answer: Yes, and data conversion from the PSI Platform is expected as indicated in RFP Appendix 5, Data Conversion Requirements and Descriptions (beginning on page 206).

- 130) (1.2.2.2 Business Model, Pages 18-19): Is it KHPA's intent that PE entities will be given access to enter application related data and approve initial determinations?

Answer: Yes, as PE Entities, they will make initial eligibility determinations using the required PE tool (see RFP Appendix 1, Requirements, Section A1.3.1, Worksheet #2a: Presumptive Eligibility Tool, pages 148-149 and KFMAM Section 1408 and Subsections (<https://www.khpa.ks.gov/kfmam/main.asp?tier1=01000&tier2=01400&tier3=1408&#c1408>))

- 131) (Last paragraph on Page 20): Is it possible that the approximate SHAP grant amount listed in the proposal will change significantly?

Answer: Yes, grants depend on continued funding and appropriation. There could be changes to the grant amount. KHPA believes that the funding is relatively solid and should the grant amount materially change, other funding mechanisms are available.

- 132) (1.2.2.3, Page 25): Please describe the expected Express Lane Eligibility program.

Answer: KHPA is currently in the planning phase of implementing an Express Lane program for food assistance (food stamps or SNAP) recipients. However, the program is not developed sufficiently to discuss at this time.

- 133) (1.2.3.3 Deliver Cost-Effective Service, Page 25): Please provide additional information related to "effective methods to identify resources" and how this functionality complements the medical subrogation functions currently performed by HMS.

Answer: Please see RFP Appendix 1, Requirements, Section A1.3.6, Worksheet #2f, Cost Avoidance (page 153) and Worksheet #2g Incorrect Payments and Collection (pages 153-154) for more information. KHPA does not intend for the K-MED System to assume responsibility for medical subrogation or other services, but to provide tools to better manage these processes by identifying situations and enabling communication and similar features.

- 134) (1.3, Page 26 (MMIS)): Please confirm that K-MED will be required to replace existing MMIS functionality only in determining benefit plans based on eligibility determinations.

Answer: Confirmed. Please see Appendix 4, Interfaces, Section A4.2, Interfacing with the MMIS (pages 182-183) for more information.

- 135) (1.3, Page 27 (PSI Platform)): Please describe the VHI functionality currently in use. Does KHPA expect that this functionality will be required when the PSI Platform is replaced by K-MED?

Answer: VHI functionality uses terminal emulation to integrate KAECSES-AE and the PSI Platform, allowing end users to record data in the Platform and transfer it to KAECSES-AE. KHPA anticipates the need for this functionality will be eliminated upon implementation of the K-MED System.

- 136) (2.1, Page 39): What are some sample eligibility programs and services that KHPA may want to support in the future, using the K-MED platform?

Answer: At a minimum, the Proposer should address those programs referenced in RFP Section 2.9, Other Scope Considerations, page 45. Proposers should take special note of 2.9.4, Expansion to Other Agencies, Programs, and the Enterprise Architecture Vision. Proposers are encouraged to demonstrate the extensibility of their proposed solution by including examples of other programs, outside of Medicaid and CHIP, that they have implemented and / or operated. These may include, but are not limited to, other social service programs, public health programs, means tested programs, etc.

- 137) (2.6 , Page 42): Please verify that the following sites have existing presumptive eligibility and will serve as pilot locations for this project: Children's Mercy; Via Christi; Grace Med; Hunter Health Clinic; and CHCSEK.

Answer: Yes, these are the PE entities which will also serve as pilot locations.

- 138) (2.6 , Page 42): What criteria or requirements were used to determine the Pilot Phase state date of February 15, 2012? Is KHPA open to an alternative start date for the Pilot Phase or other key milestones for the project?

Answer: The Pilot Phase date is determined by the implementation date of the online application and PE tool statewide. That implementation date is driven by other outreach related milestones included in the non-IT part of the KATCH grant. In addition, an implementation date of October 1, 2013 for the whole system requires that Phase I be completed as soon as possible. Proposers are free to propose a different date, keeping all of these things in mind, but proposing a date significantly later than what is in the RFP could negatively impact the evaluation of that proposal.

- 139) (2.8, Page 45): Please describe some of the ways in which ICFs, NF, PRTFs and home / community-based case management entities will be impacted by the new system.

Answer: These are all considered Long Term Care (LTC) entities. KHPA envisions that the K-MED System functionality will change how staff from these facilities communicate with eligibility staff, the type of information reported, and how it is reported. KHPA requires a special profile just for LTC staff to allow reporting of information (such as entry and exit dates) directly into the K-MED System. KHPA is also automating processes to the extent possible. For example, when an application is received for an NF resident currently, a telephone request is made to the facility requesting an MS-2126, Notification of Facility Admission/Discharge. The form is mailed or faxed and the information is used to determine eligibility. In the future, KHPA expects that an automated request will be sent to the facility upon receipt / registration of an application. The facility would then respond with entry of the required information directly into the K-MED System rather than sending the form through the mail. In addition, the Proposer's solution to requirements related to Item #6 (Long term care) in RFP Section A1.3.3 (pages 150-151) is also expected to change how these entities deal with Medicaid.

- 140) (2.7 Ongoing Operations Scope, page 45 paragraph 10): What languages will be required to be supported by Interpreter Services?

Answer: Please see Answer #39.

- 141) (3.4.11.2.6.3 Page 78): Does the state require the ability to automatically revert back changes discovered from the audit trail history?

Answer: No.

- 142) (A1.2.1 Page 146): Please confirm whether KHPA would like the ability to support bi-directional text (e.g., left to right for English, Spanish, etc., and right to left for Arabic).

Answer: Yes, this is required.

- 143) (A1.2.3 Worksheet #1c: Online Intake Application, Page 147): Where can potential vendors access KHPA's electronic signature requirements?

Answer: KHPA has yet to develop agency standards regarding the electronic signature. Proposers are encouraged to propose solutions that KHPA may consider adopting. Proposers must ensure that any electronic signature solution considers the secure, sensitive information held by the K-MED System and the fact that applications are sometimes filed for another individual (for example, an adult child caring for an elderly mother). In 2000, the Kansas Legislature enacted the Kansas Uniform Electronic Transactions Act (KUETA). See K.S.A. 16-1601 – 16-1613

<http://www.kslegislature.org/legsrv-statutes/statutesList.do>). The electronic signature solution must meet the requirements in these statutes.

- 144) (A1.2.4 Page 148): How does a member designate someone to act on their behalf? Is this assumed outside of the system (such as power of attorney) or is this a system function where the member establishes a secondary account with privileges?

Answer: Designating someone to act on behalf of a K-MED customer is generally accomplished outside the system, but can also be completed as part of the application process. See KEESM 2110, 2111 and 2112 (<http://content.srs.ks.gov/EES/KEESM/Current/Home.htm>). KHPA is interested in proposals which include electronic methods for establishing this relationship, such as the method suggested. Once accomplished this relationship is documented in the K-MED System. Refer to system functional requirements PSSP-011 and PSSP-013 for persons acting on behalf of a K-MED customer(s).

- 145) A1.2.2 Page 147): Does the self assessment require user registration or is it anonymous?

Answer: Users shall have the option of registering prior to completing a self assessment, including an option to use existing information following a secure log on, or completing the self assessment anonymously.

- 146) (A1.3.3, Page 150): Is there a list of possible base periods? Or is it expected that base periods will take on any value between one and six months, including partial months? Will the periods be based on lengths of time or specific dates?

Answer: Base periods will range between one and six months. The majority of cases require a one month base period, as multiple month base periods are only appropriate for the Medically Needy program. For Medically Needy, six month based periods apply for current coverage and a three month base is used for prior medical. The beginning date of a base period almost always begins with the month of application. However, there are numerous reasons to shorten a base, resulting in base periods ranging from one to six months. Additional information regarding base periods can be found in KEESM 7330 (<http://content.srs.ks.gov/EES/KEESM/Current/Home.htm>) and in training material referenced on the KHPA website (<https://www.khpa.ks.gov/kfmam/ILTrainingAcademyILManual.asp>). Although KHPA currently applies partial month eligibility in a limited number of situations (Presumptive Eligibility, HealthWave 21, mid-month death), the ability to implement this feature in other situations is necessary for future policy development. KHPA requires flexibility with all policy rules, including the ability to begin or end coverage mid month.

- 147) This question intentionally left blank.

Answer: N/A.

- 148) Does KHPA want a fully formed solution in our RFP response or a more general description of how our proposed system can improve business processes and efficiency in an incremental fashion?

Answer: Since there is no reference provided, it is difficult for KHPA to ascertain context for this question. However, in terms of a general response, KHPA would expect that the solution description in any proposal would be "fully formed" and would explain how this "fully formed" solution will "improve business processes and efficiency," incrementally or otherwise.

- 149) (A1.3.6 Page 153): Does KHPA license a third-party, web-based 3270 emulator (e.g., IBM HATS)?

Answer: KHPA does not license any web-based 3270 emulator.

- 150) (A1.3.8, Page 154): Please clarify the role of K-MED in relation to the HP Fair Hearings Data Base. K-MED is required not to duplicate current data base functions (tracking of fair hearing requests) but is also required to create and track fair hearing requests.

Answer: *The HP Fair Hearings data base, which is owned by the State, tracks all KHPA fair hearings, including those related to medical services, payment rates, and capitation issues. These business functions are not included in the scope of the K-MED System. Also, the HP data base tracks only fair hearings, it does not track complaints and grievances. The K-MED System must track complaints and grievances in addition to fair hearings. It must also interface with the HP data base to ensure KHPA maintains one complete hearing repository and avoid duplicate data entry by staff.*

- 151) Requirement PETL-003: Which Medicaid categories mentioned in RFP Appendix 19 are required to be covered by the PE tool?

Answer: *For children: Poverty Level Children (all subgroups); Low Income Families with Children; and HealthWave 21. For pregnant women (when implemented): Poverty Level PW; and Low Income Families with Children.*

- 152) Regarding the fit ratings in the requirements tables:

- Are 2 and 4 acceptable responses, or does KHPA intend for 0, 1, 3, and 5 to be the only possible choices?

Answer: *The domain of Fit Ratings is "5," "3," "1," and "0," as defined in the Instructions Tab of any requirements workbook.*

- Are these ratings intended to describe how much configuration / customization would be needed for the system to have the ability to meet the requirements once details (such as specific eligibility rules) are provided, or how much would be needed for the system to actually meet the requirements? Please clarify.

Answer: *The Fit Ratings provided in the Proposal should be an accurate portrayal of the status of the proposed solution as it exists right now compared against the K-MED requirements specified in the RFP.*

- To what does phase 3 refer? Only two phases are mentioned in the main RFP document.

Answer: *There are two implementation phases at this time. Implementation Phase 1 is the implementation of the Online Intake Application, the Self-Assessment tool, and the Presumptive Eligibility (PE) tool. Phase II is the implementation of the full K-MED System with integration of the Online Intake Application and PE tool. Any reference to a Phase 3 should be disregarded at this time.*

- 153) Requirements PETL-013 to PETL-021 and ELIG-104 to ELIG-108: Please define "PE notice" and "customer release / authorization to contact". Will these be on paper, computerized or both?

Answer: *Upon completion of PE determination, a notice will be created that is viewable by the staff person at the PE entity. The notice will provide information on the results of the PE determination. The staff person must be able to print the notice and hand it to the consumer and / or select the notice to be mailed to the consumer. A paper version of this notice will not be routinely used, but must be maintained and available in case of system failure. The current version of this notice requires the PE entity to activate coverage by affixing a sticker to the letter. The letter is then presented to medical providers when services are received until the regular medical card is received. KHPA may eliminate this step if a dependable method for assigning coverage and communicating eligibility to MMIS were implemented with the K-MED System. The customer release / authorization gives KHPA permission to obtain supporting documents for both the PE and formal determination. The form must be signed. The release will be a standard form available as a paper document and electronically. E-signatures are required for this form. KHPA envisions any release of information on file to be integrated into the K-MED System, allowing specified users easy access to the information.*

Copies of these forms, as well as the PE tool, have been added to the K-MED RFP on the Division of Purchases website.

- 154) Requirement PETL-025: How does KHPA envision using the quality assurance module? What types of decisions would entities make that would need to be tracked?

Answer: *PE entities will use the PE tool to determine presumptive eligibility. The QA module will be used to ensure the entity is completing the tool correctly. The QA module must compare the presumptive determination with the final determination to ensure that the entity is gathering accurate data, denying PE if an individual has already received it the past 12 months, etc. The QA module may also identify weaknesses in the tool or other issues requiring attention.*

- 155) Requirement PETL-026 and ELIG-005: Please define “potential eligibility”.

Answer: *Potential eligibility is based on information at this moment. One or more individuals could be eligible, but additional information may be needed to finalize the determination.*

- 156) A1.3.1 contains the following: “KHPA expects the PE determination will be integrated into the eligibility system so that policies can be applied consistently, and data collection is improved.” Does this mean that KHPA expects the same rules to be used for PE determination and the regular eligibility determination? If so, in what way(s) does KHPA envision the PE rules being simplified from the standard eligibility rules?

Answer: *Examples of rules that may differ include the income counting rules. For a regular determination, converted income is commonly used and staff may determine that some paychecks are not representative and disregard those amounts from the determination. This usually requires a detailed examination of the payment history and information from the wage earner regarding future income expectations. KHPA requires the K-MED System to provide tools to prompt eligibility staff when certain payments seem out of the ordinary or when certain payments have stopped. For the PE determination, this extensive examination of income is not needed. The applicant may provide an annual income amount and the K-MED System would use that to determine a countable monthly income amount. Although entities need to be given the option of using current wage statements to make a determination, the concept of excluding specific payments as non-representative will not be used for them. Another example involves citizenship / alienage status. PE entities will not be required to examine immigration status codes, dates of entry, and other detailed information to determine if the individual meets one of the uncommon qualified alien categories. Rather, PE entities will be asked if the patient is a citizen or not.*

- 157) Please verify that the following correctly reflects the way spend down amounts are calculated in Kansas for the medically needy: the person is determined to have too much income for a Medicaid category (e.g., 175% of FPL for a child aged 4) but meets the other requirements and qualifies for the Medically Needy program (in this case, as a child). A new net income calculation is done, using deductions of any applicable BWE or IRWE, \$20 of any income (applied to unearned income first), \$65 of earned income, and half of the remaining earned income. Resources are checked against the limits of \$2,000 for one person or \$3,000 for a couple who are eligible for Medically Needy. This result is then compared to the independent living standard for the household size (e.g., \$475 for two people), and the difference is multiplied by six to get the spend down amount (amount of qualifying medical expenses that must be incurred in six months to be eligible for Medicaid coverage). If this method is not accurate, please provide the correct method.

Answer: *Prior to completing any Medically Needy determination for a child, other Medicaid as well as HealthWave 21 must be considered. In the example, HealthWave 21 would be explored prior to offering a Medically Needy spenddown, and unless the child was ineligible for HealthWave 21 (e.g., had other health insurance or the family still owed past due premiums), the child would likely be HealthWave 21 eligible. To explain Medically Needy for the elderly and disabled, a different example is needed. Consider a single 55 year old man with a disability who receives Social Security disability benefits and also works part time. First, general non-financial eligibility would be considered (e.g., citizenship / alienage, state residency, etc.). If passed, then consider resources (the \$2,000 / \$3,000 limits are correct). Finally, consider income. The BWE/IRWE deductions noted are taken immediately off of the earned income. Following those deductions, the other earned income disregards apply (\$65 and half of the rest). Remaining countable earned income is added to unearned income and the standard \$20 disregard is applied to the total to arrive at the amount of countable income for the month. To determine the amount of the spenddown, the sum of the countable monthly incomes during the base is reduced by the total protected income for the base period. So, if this individual has countable income of \$575/month for each of the 6 months of the base, the total income is \$3,450. The total protected income limit is \$2,850 (\$475 x 6). The total countable income for the base is reduced by the total protected income limit (\$3,450 - \$2,850 = \$600), for a total spenddown amount of \$600.*

- 158) Requirements ELIG-043 to ELIG-050: What type(s) of alerts will be required in these instances (e.g., email)?

Answer: *Alerts to eligibility staff will be in the form of an online system notification or the case may be placed in a work queue. Alerts to partners may be in the form of an e-mail, electronic referral, electronic interface, FAX, hard copy, or other means determined during design.*

- 159) Requirements ELIG-112, ELIG-114, ELIG-116, ELIG-118, and ELIG-120: How must notices, official requests for information, and referrals be sent (electronically, by mail, other)? What business rules exist to determine when they must be sent automatically?

Answer: *KHPA requires that the K-MED System accommodate both paper and electronic notices, although security issues must be resolved prior to the implementation of directly e-mailing notices. Consumers will also have the ability to view specific notices sent to them when logged onto the secure web portal. A notification to the individual may be sent informing them that a new notice has been delivered. Specific business rules to identify when notices, referrals, requests for information, etc., are to be sent automatically as well as the method of communication will be identified during design.*

- 160) (A1.3.6, Page 153): Is the automation of cost avoidance processes expected to require administrative or technological changes at places such as CSE, ERU, or HIPPS? Are these systems currently set up so that interfacing from K-MED (preferably by web services) will be possible?

Answer: *KHPA anticipates a need for administrative and technological changes to support interfaces with CSE, ERU and HIPPS. Other systems are used to support these programs that will require a K-MED interface in the future. See Answer #133.*

- 161) (A1.3.7 , Page 153): Please describe how KAECSES-AE and / or the Clearinghouse currently interfaces with MMIS and supports the identification and collection of incorrect payments.

Answer: *Currently, no interface exists with KAECSES-AE or the Clearinghouse that supports identification and collection of incorrect payments. KHPA requires this functionality in the new K-MED System.*

- 162) HEAP-005/006: Please clarify how Kansas intends to use automated recording of a reporter / source concern versus manual recording.

Answer: *These requirements are intended to automate capture of the reporting source when the source is registered with K-MED. For example, if a community partner helps a consumer with an appeal, then the K-MED System would capture the community partner ID and record the assist in the system. Or, a community partner has an outreach worker go to a school and assist a consumer with filing an application. If the outreach worker is not able to log on, the K-MED System will still allow the applicant to note during the application process that the outreach worker assisted.*

- 163) HEAP-005: For which communication channel is automated recording used (e.g., phone, email, online, SMS)?

Answer: *KHPA originally envisioned that this applied to online recordings, but is excited to hear bidders propose other capabilities.*

- 164) HEAP-001: Please clarify KHPA's needs regarding the ability to "receive concerns through multiple channels."

Answer: *KHPA may receive concerns on paper, online, over the telephone, etc. The K-MED system must support concerns received through these and other channels.*

- 165) See below:

- a. For phone concerns, does KHPA require that the solution is able to interface with an IVR / voicemail type of service and automatically record concerns to the system? Or, is it acceptable to have a middleman (e.g., caseworker) who filters through phoned concerns and enters them manually? Does KHPA require that concerns received by caseworkers by phone automatically be entered into the system without any intervention by the caseworker?

Answer: *KHPA desires this recording occur automatically through an interface with an IVR. However, KHPA is also willing to consider more cost-effective solutions that minimize workload for staff.*

- b. For emails, does KHPA require that whenever an email flagged as a concern enters the system, the message of this email will be broken down and recorded in the system? Or, is it acceptable to have a middleman (e.g., caseworker) that filter the emails received and enter them manually?

Answer: *It is expected that the system will allow an automated process for the consumer to report a concern. Having the ability to automatically merge with the system would provide an immediate flag in the system.*

- c. How does KHPA currently enter mailed or faxed concerns into their system? How do they envision the new solution to receive these concerns?

Answer: *Concerns are currently manually entered into multiple systems. The processes vary by work location. It is KHPA's intention to have a single documentation and tracking system.*

- 166) HEAP-015: What information does KHPA typically store in a case log (e.g., case notes, logs of communications to KHPA citizens)? What information regarding the case log needs to be shown in the concerns tool?

Answer: *The case log is a comprehensive summary of all case activity, including a log of all communications with or about a medical consumer. The case log is also used to record specific reasons for various actions (e.g., why an extra pay stub was requested) and to document system actions. Regarding the relationship with the concerns tool, all information regarding the concern, including telephone calls and resulting actions (such as a request for fair hearing) must be recorded in the case log. The intent is that all information is in a single log.*

- 167) HEAP-019: Does KHPA envision the automated cross referencing of common concerns (in real-time with, for example, a workflow running consistently for cases that have new concerns added and automate just the cross referencing process)? Or, does KHPA simply require a UI control to automate the cross-referencing process but not necessarily in real-time (i.e., having a button that the user could click to group concerns)?

Answer: *KHPA does not have a specific solution in mind, as long as the end user can obtain the information easily and quickly. Most importantly, the information viewed must be current and correct.*

- 168) HEAP-033: What are the conditions that have to be met to automatically notify someone other than the customer?

Answer: *The individual must have specific permission from the applicant / recipient to receive the information. Generally, a person designated to act on behalf of another may receive these notices (KEESM 2110, 2111, and 2112 – please see Answer #144).*

- 169) (A1.4.1.2, Page 156): What are KHPA's current GIS capabilities?

Answer: *Please see Answer #93.*

- 170) (A1.4.2.1, Page 156) Is the vendor or KHPA responsible for translating the message into multiple languages?

Answer: *KHPA will provide translated materials.*

- 171) RPRT-003: How does KHPA currently implement forecasting and trending within its reports (e.g., using an existing BI tool)? Is KHPA employing some sort of algorithm that has been created or using an existing BI tool? How many reports related to forecasting are expected?

Answer: *KHPA currently has dedicated staff using special software for formal forecasting involved in caseload development, which is outside of the scope of the K-MED Project. KHPA does not currently use other software or BI tools for forecasting and similar work, such as analyzing trends or computing the fiscal impact of policy changes. KHPA expects a tool that will provide basic trending and population estimates by evaluating existing caseload information. The ability to identify changes or other issues that may impact an estimate is also desired. KHPA also hopes for tools to identify changes (such as dips or spikes) that may fall outside of an expected range to signal program managers or operational managers of potential issues. Also, any tools to assist operations staff with workload distribution and capacity estimates would be well received.*

- 172) RPRT-004: What does KHPA mean by future data elements?

Answer: *Should a business need require a new data element be created and stored by the K-MED System, then that new data element must be available for reporting against immediately upon implementation. For example: a new business need mandates that the K-MED System capture and store a new data element called "medical home." When the "medical home" data element is added to the K-MED database, a user must be able to report against the medical home data element immediately.*

- 173) RPRT-012: What exactly does KHPA require with regards to specific approved operation time parameters that we have to consider when giving users the permission to produce reports?

Answer: *Requirement RPRT-012 states:*

“Must allow users to produce reports during approved operation time parameters (online) defined by KHPA.”

This means that KHPA wants to be able to define the times of day during which users have permission to produce certain reports. It is a system performance consideration. Specific parameters will be defined during the system design activity.

- 174) RPRT-015: Does KHPA require sorting, searching and drill downs for reports that are already generated? Or is this requirement meant for report developers?

Answer: Requirement RPRT-015 states:

“Must provide the ability to sort, search and drill down on any parameter of a canned report.”

Yes, the user must be able to sort, search and drill down on standard / canned reports.

- 175) PERF-018: Does KHPA require any sort of special electronic transferring mechanisms?

Answer: Bidders should propose electronic transfer mechanism solutions that provide secure data transfer in accordance with federal and State rules such as HIPAA.

- 176) (A3.3, Page 163): Is there a need for embedding reporting within different applications of the system (e.g., embedding case management-related reports with the case management application) or does KHPA prefer reporting to be centralized for the whole system?

Answer: All options will be entertained with preference given to solutions allowing maximum flexibility for accessing the reporting tool.

- 177) (A3.6, Page 165): How did KHPA classify the effort required to implement the custom reports as defined in A3.6? Is the Proposer allowed to reevaluate the complexity upon receiving the custom report specifications?

Answer: Custom reports are classified based on the level of complexity listed in the Table in RFP Section A3.6, page 165 (see below). The Proposer will be permitted to re-evaluate the complexity upon receiving the custom report specification; however, the complexity descriptions listed in the table will be used as the determinant.

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.

- 178) (A5.2 #19, Page 208): At what point will it be decided that an agency would not be able to “complete interface development”? How much time would be allotted for development of temporary interfaces?

Answer: It is difficult to specify dates for contingency actions such as development of temporary interfaces at this time (i.e., proposal development). Certain interfaces have more risk than others. Conceptually, following contract award, the Contractor and KHPA project managers will be involved in collaborative planning activities to develop the Detailed Project Schedule to be submitted to KITO for CITO approval. At this time, more detailed contingency plans (including the time that will need to be allotted for development of temporary interfaces) and trigger points will be established for managing

key risk areas of the project. Progress on these risk areas (including the responsibilities of other State agencies and other KHPA contractors) will be closely monitored on an ongoing basis. If trigger points are reached, then the contingency plan(s) will be executed.

- 179) (A5.6, Page 213): For the value in *Estimated # of Total Records*, how many year's worth of data does this number represent?

Answer: *These represent the total number of records on the file at the time of the report, about 10 year's worth.*

- 180) (A6.3.1.1.1., Page 220): Can it be assumed that KHPA has the software and hardware to host the project web site or is it expected that vendors also factor this into their price estimates? Should the project website creation and requirements also be built into the timeline?

Answer: *Please see Answer #125.*

- 181) (A6.3.2.2.6., Page 231): How much of the backup / recovery scripting / testing / running is the vendor responsible for related to those instances that are maintained by the hosting provider (which we understand will be named at a later date)?

Answer: *It is correctly understood that the hosting provider will be a separate, later award. Although the hosting provider is responsible for physically executing backup / recovery operations, the K-MED Contractor must work with the hosting provider to develop an appropriate backup / recovery plan in order to meet the requirements of this deliverable.*

- 182) (Pages 249 – 252): For all performance expectations, what is the assessment period used to determine the percentages? One year? Each month? Week?

Answer: *For most requirements, a monthly performance expectation assessment period is used. However, note requirements in RFP Appendix 12 Item C (General System Requirements) and Item D (User Support) that require immediate notification. Any unexpected performance problems are to be reported on a daily basis. Other exceptions to monthly assessments are noted.*

- 183) (Page 249 – 252): For all the web response time requirements, is the response time measured from a user's desk or is it measured internally on the server in question?

Answer: *K-MED application response time is measured from the user's desk.*

- 184) (Item B.17, page 249): Please clarify as to whether KHPA is requiring that the Contractor limit search freedom of construction to ensure that end users are unable to construct ad hoc, complicated search algorithms to limit all searches to return in 10 seconds? Or, is this referring only to a subset of search function?

Answer: *The performance expectation is referring to searches intended to locate an individual member or a family. KHPA does not believe that these will be complicated search algorithms. Complicated search algorithms would generally be considered ad-hoc reporting. However, if the Proposer offers a solution which provides more complex searches as a part of the general package offered for day-to-day users, it should be explained in the proposal. As with all innovative solutions that are not specifically addressed in the RFP, KHPA is willing to negotiate separate expectations if the functionality is needed.*

- 185) (Page 264): Can KHPA provide clarification as to why there was an increase in the volume of applications for Non-Expedited Poverty Level Medical category in October 2008 and August 2007?

Answer: *The data in that chart reflects applications PROCESSED during those months, not applications received. Although several events may be related (such as increased focus on application processing in 2007 following a backlog created by implementation of citizenship / identity requirements), KHPA believes that these variations are actually the result of fluctuations in workload and the ability of staff to complete work, as opposed to*

policy issues. KHPA hopes that the implementation of the K-MED System will enable consistent processes that will help stabilize processing and workload volumes.

- 186) 1.2.3.2 Business Opportunity; Further Opportunities for Reducing Program Administrative Costs, page 24:

RFP Requirement: Further opportunities for reducing program costs

Question: The HealthWave Clearinghouse is utilizing an automated workflow provided by the vendor. Given the K-MED solution will modify current system functionality, can KHPA provide the current business practice model used by PSI? Having access to BPM will greatly help in customizing the workflow to KS requirements.

Answer: Please see the following files available on the Division of Purchases website at <http://da.ks.gov/purch/contracts/bids.aspx>. Look under EVT0000186.

- *Graphical Workflow_110510.docx*
- *Clearinghouse End-to-End High Level Processes.pdf*

- 187) 1.2.3.2 Business Opportunity; Managing Long Range Operational Costs Effectively, page 24:

RFP Requirement: The proposed solution must also fully support and integrate with the DAI, with the goal of servicing a future enterprise-wide data warehouse.

Question: Please provide the anticipated number of extracts needed between K-MED and DAI to meet this requirement to enable bidders to appropriately cost the level of effort required.

Answer: *KHPA cannot anticipate the number of extracts needed between K-MED and DAI. There are many factors that are unknown at this time such as the source system data structure as well as the mapping between the source system and DAI. Please provide an estimate, an appropriate contingency, and delineate key assumptions.*

- 188) 3.4.10.3 Technology Products, page 61, numbers 2, 3 (second set)

RFP Requirement:

2. Ad hoc reporting tools
3. Business Intelligence tools

Question: Please provide details on the tool used by DAI to deliver ad hoc reporting and / or business analytics to state staff.

Answer: *Response from tool vendor Thompson Reuter:*

Current version:

4.0A reporting capabilities were developed using Computer Associates Catalyst software. Future versions 5.0 and forward are developed in Cognos and utilizes the Cognos platform for ad hoc reporting.

Further Description:

The ad hoc reporting component of Advantage Suite provides applications geared to meet the needs of various levels of end users. Regardless of the individual skill level, an analysis can start with one of the standard report templates available in Advantage Suite. The templates are especially helpful to those who are very knowledgeable, but may not be highly analytic or technically proficient.

Any report template can be run as is, or modified (e.g., change the time period of analysis, select subsets of the eligible population, including geography, specify the category of service, add / change measures) to suit individual needs. In addition, one can drill down to the most detailed information in the database (service-line detail). This can easily be done using guided drill paths that allows you to "drill" to different levels of

data within the same report. A Record Listing function quickly and easily provides claim line detail.

The standard report set provides a starting point for understanding healthcare trends and an analytic path for uncovering opportunities for intervention. The standard report set limits the time you have to spend in report definition by providing access to common reports that Thomson Healthcare has developed over the years based on feedback from our customers. Analytic templates are organized into topical folders such as Utilization, Financial, Drug, Eligibility, Clinical, and Summary.

The technically-proficient analytic user can access the ad hoc report designer to create custom queries and drill down to any level of detail in the database. Report Designer features an easy and flexible point-and-click interface through which detailed data can be accessed to create a virtually unlimited numbers of reports or queries from broad expenditure or utilization trends to specific provider or patient activity. Analytic users derive value not only from the broad set of query and reporting capabilities, but especially from the advanced analytic methodologies built into the interface.

189) 3.4.10.3 Technology Products, page 62, number 6 (first set)

RFP Requirement: Extract, Transform, and Load (ETL) tools – tools provided should support use with all products proposed in the solution.

Question: Please provide details on the tool used by DAI to perform the extract transform and load function.

Answer: *Thomson Reuters utilizes DataStage for the Extract, Transform, and Load (ETL) process of the DAI. DataStage is the tool Data Managers use to design, develop, and run jobs that populate the DAI database. The Data Manager uses data provided by data supplier(s) to unit test each job. Finally, the Data Manager runs Capella to compare a converted data file against the schema file. Capella determines if the schema file reasonably describes the layout of the data file.*

190) 3.4.10.4 Product Maintenance; number 6, page 63

RFP Requirement: 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.

Question: Is this question related to participation on vendor-led product development groups or is it broader based, referring to local and national user groups?

Answer: *If the Proposer is proposing any COTS product in their solution, the Proposer shall provide applicable information about the user group of the COTS product. This is at a national level.*

191) A1.4.4 Worksheet #3d: High Level Client Index; number 1, page 158

RFP Requirement: 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.

Question: Is the intent of this requirement to have real time interface with KAECSES-AE HLCI system to have a unique HLCI index between the two systems? If the consumer applies via the K-Med system and the same demographic data already exists in KAECSES-AE for other non Medical programs, should K-Med use the HLCI index from the KAECSES-AE system?

Answer: *This item will be answered in a separate RFP Addendum.*

192) Appendix 3: Reporting and Business Intelligence - A3.1, page 163.

RFP Requirement: A3.1 Reporting - 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.

Question: This requirement implies that this functionality is mandatory but in the Reporting Business intelligence Workbook.xlsx, item 'RPRT-008' it states that similar functionality is deemed optional. Please clarify whether this functionality is mandatory or optional.

Answer: *There is a slight difference in the requirements. Please note requirements RPRT-007 and RPRT-008:*

RPRT-007	Must have the ability to import data files from other systems/sources, save the input data fields to a database, and use this data alone or in combination with KHPA's system data to create reports (web service).
RPRT-008	The ability to import data real-time from other systems/sources and use this data alone or in combination with KHPA's system data to create reports (web service).

RPRT-007 requires that the K-MED System import files from other sources and is REQUIRED.

RPRT-008 requires that the K-MED System import data real-time, and since it is yellow-shaded, is OPTIONAL, and shall be priced separately in Cost Proposal TAB 10 (Optional Costs).

193) Appendix 3: Reporting and Business Intelligence - A3.1, page 163

RFP Requirement: 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.

Question: In order to properly estimate the size of the reporting platform, the following information is necessary. Please provide the number of users that will be using the reporting system based on level of user for example:

- Executive users
- Staff managing a caseload
- Power users

Answer: *KHPA provides the following estimates:*

- *Executive Users (e.g., Area Managers, Program Administrators, KHPA Executive Team) – 10-12.*
- *Program Policy and Oversight / Central Office – 10-15.*
- *Staff Managing a Caseload – See RFP Appendix 8, Training Volumes and Locations, pages 240-241.*
- *Power Users – Depending on the solution provided, KHPA estimates 10-20.*

194) Appendix 3 – A 3.6 Contingency for Custom Reports, page 165

RFP Requirement: A 3.6 Contingency for Custom Reports

Question: Please provide the number of subject areas (or data marts) the custom reporting environment will span.

Answer: *Please see Answer #198.*

195) Appendix 3 – A 3.7 Reporting Summary, page 166

RFP Requirement: A 3.7 Reporting Summary

Question: The reports listed at the end of RFP Appendix 3 appear to be operational in nature, i.e., directly associated with the day to day management of the program. Is this reporting library to be included as a menu item or functional area within the eligibility application or included as part of the broader reporting / BI initiative?

Answer: *The understanding regarding the use of the reports is correct. For accessing data, KHPA desires a solution that is innovative and balances ease of use and speed. Access to specified reports, as well as the ad-hoc reporting tool, may be via a menu item or functional area if within the application or through a BI solution. If access to the reporting functionality is outside of the K-MED application (i.e., through a BI solution) it is expected that the end user will not have to log-in to a separate application, i.e., single logon would be a requirement. It is expected that reports intended for different levels of KHPA users (i.e., case workers versus supervisors) will have appropriate access restrictions whether accessed via the K-MED application or a BI solution. See Answer #198 for additional information regarding a broader reporting / BI solution.*

196) Appendix 5 – A 5.2 Coordination / Outcomes; number 11, page 208

RFP Requirement: 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.

Questions:

This manual conversion process highlights a possible condition where data does not exist. Please clarify if there any estimates of cases where the data does not exist?

Answer: *KHPA does not offer an estimate at this time, but examples will include spousal impoverishment details and income data for some MA CM program cases.*

Has the KHPA performed data profiling on the in-scope data sources? If yes, are the results of that exercise available for review?

Answer: *No, KHPA has not completed profiling.*

For conversion areas where data does not exist, will KHPA be responsible for defining the business rules to populate those attributes?

Answer: *Yes, with assistance from the K-MED Contractor.*

197) Appendix 12 – F Reporting, page 251

RFP Requirement: 100% of all reports must be produced accurately

Question: Please define the metrics that will be used to determine if a report is produced accurately. Is this referring to format, media type, and timeframes?

Answer: *KHPA expects the information contained on a report to be accurate and correct. KHPA will rely on the K-MED report solution to provide accurate information. For example, if a report that lists workload for staff indicates an eligibility worker has ten pending applications, the worker must actually have ten pending applications (not nine or 11).*

198) Appendix 3 – A 3.3 Reporting and Access to Data and Information, pages 163-164

RFP Requirement: A3.3 Reporting and Access to Data and Information

Questions:

Please clarify if KHPA is looking for a separated BI environment as part of this implementation.

Answer: *The RFP does not prescribe a separate BI environment or datamarts (i.e., subject areas) as part of the K-MED implementation. Proposers are expected to consider multiple factors in proposing an appropriate and economical solution. Among the factors that should be considered are: 1) the Proposer's experience and capabilities of the proposed system, 2) type of reports specified including ad-hoc reporting, 3) desire to have reports generated in near real-time vs. batch, 4) performance degradation due to resource contention between K-MED's primary business functions (i.e., eligibility determination) and generating reports, and 5) ability to provide data extracts to the DAI system. Based on the information provided in the RFP and the Proposer's experience, Proposers should propose a solution that best balances capabilities with costs.*

If so, is there an Enterprise Data Warehouse / BI strategy and / or implementation roadmap available for review? It would be useful to determine where this implementation fits into the enterprise view to minimize future re-work at either the data or ETL architectural layers.

Answer: *KHPA does not have a BI strategy or implementation roadmap.*

199) General

Question: Is the KHPA looking for a separate reporting database / data architecture to support the analytical and business intelligence requirements embedded within this RFP?

Answer: *Please see Answer #198.*

200) Workbook #4: Reporting and Business Intelligence; Tab Reporting; RPRT-013

RFP Requirement: Must provide the ability to produce reports according to the source of the data (e.g., produce a report related to information coming through a specific interface, or reviews completed by a specific partner organization).

Question: Please clarify if either the grouping by "partner organization" or alternatively the report templates developed to support the uniqueness of the "partner organization" and needed reports will suffice to meet this requirement?

Answer: *KHPA anticipates that there will be specific reports by external agencies and organizations. It is unlikely that the umbrella designation such as "partner organization" will satisfy the required reporting requirements. It is also unlikely that the report templates will entirely satisfy some of the more sophisticated reporting needs for many of KHPA's most important business partners.*

It is important to note also that the ability to report back for "partner organizations" is only a piece of the requirement. The solution must be able to produce reports based upon the source of the particular piece of data. For example, rules require that an interface file update the K-MED System with incoming information when specific criteria are met. KHPA requires that the solution have the capability to produce a report with the primary criteria being an update by this particular interface.

201) Section 3.1 Submission of Proposals, 4th Paragraph before last

RFP states: "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..." "Closing Date: December 2, 2010." The closing date is different that the Proposal Due Date provided on page 31, January 4, 2011, Please could you clarify the correct date that the proposal is due?

Answer: *Please see Answer #22.*

- 202) Section 3.4.15.5 Facilities Location and Space Requirements and 4.41 Off-Shore Sourcing, 2nd Paragraph on page 97 and both paragraphs on page 118

Can the State please confirm if off shore work will be allowed as part of the K-MED project effort during initial project development?

Answer: Please see Answer #71.

- 203) Section 3.4.15.5 Facilities Location and Space Requirements and 4.41 Off-Shore Sourcing, 2nd Paragraph on page 97 and both paragraphs on page 118

Can the State please confirm if off shore work will be allowed as part of the K-MED ongoing operations and maintenance activities?

Answer: Please see Answer #71.

- 204) Public Self-Service Portal Workbook, PSSP-030

For the following public self-service portal requirement in the 'Public Self-Service Portal' workbook:

PSSP-030: Each portal web page provides a brief description of the content and use of the page.

Could the State please confirm that this requirement applies to HTML metadata for the purpose of 508 compliance?

Answer: Confirmed.

- 205) Security Management Workbook, SECU-040

For the following security requirement in the 'Security Management Workbook', could the State please confirm if the following requirement applies to consumers, workers or both?

SECU-040: System must provide notification and user-lock when a user hasn't accessed the system for a set period of days.

Answer: Although the requirement applies to all users, consumers, workers, and contractors, KHPA has different standards for applying this measure to the different user groups. For workers and contractors, strict lock-out measures will be necessary. For consumers, the standards will be reduced as members will not need to access the system on a regular basis. KHPA will use other security measures (such as access reports) to monitor consumer access. Proposers are encouraged to explain other security measures that can be offered with their proposed K-MED solution.

- 206) Section 3.4.10.3 Technology Products, number 9, Configuration management tools, page 62

What configuration management strategy and / or tools does KHPA or the State currently have in place? Does the State wish to use these products to support K-MED?

Answer: KHPA is not utilizing a configuration management tool at this time. Proposers may propose a configuration management strategy and / or tools for their proposed solution. Any proposed software products must be within the provisions cited in RFP Section 4.64, Technology Architectural Compliance.

- 207) Section 3.4.10.3 Technology Products, number 11 Performance monitoring tools, page 62

What enterprise performance monitoring tool does KHPA or the State currently have in place? Does the State wish to use this product to support K-MED?

Answer: KHPA does not specify any performance monitoring tool that must be used by the K-MED System. The Proposer may propose application performance monitoring tools that are within the provisions cited in RFP Section 4.64, Technology Architectural Compliance.

- 208) Section 3.4.11.2.3.3 Technical Activities and Response Instructions, number 10 Disaster Recovery Process, page 72

Can the State please clarify which environment disaster recovery testing will be conducted?

Answer: *The K-MED solution should utilize a separate testing environment to demonstrate the disaster recovery procedure and testing. The K-MED System Disaster Recovery Plan may specify use of production data for this testing.*

- 209) Section 3.4.11.2.3.1 Multiple Environments, page 70

Please confirm if the State has any specific preferences regarding hardware / OS platform configurations to be used in certain application tiers. For example: Oracle hardware + Solaris for database, Intel + Linux for application servers, etc.

Answer: *KHPA does not have a preference for any of the items cited in the question. However, all such equipment, software, or tools must be within the provisions cited in RFP Section 4.64, Technology Architectural Compliance.*

- 210) Section 3.4.11.2.3 Technical Architecture and Infrastructure Design, page 69

Does the State anticipate that other systems will utilize the K-MED ESB? If so, please confirm the systems and anticipated capacity needs.

Answer: *It is anticipated that the K-MED ESB will be utilized for interfaces between the K-MED System and other federal and State systems to support medical eligibility determinations. In addition, it is expected that the ESB will provide identity management as required for authentication for data exchanges between systems and access into systems to eliminate redundant data entry and the need for multiple log-ins. The ESB will be a foundational architectural component of the K-MED System in particular and the State's enterprise medical systems architecture in general. As a foundational component, the ESB must be scalable to address future requirements that may arise to support other federal and State healthcare initiatives. KHPA will not know the anticipated capacity until the system design activity. Therefore, the Proposer shall clearly state any and all assumptions upon which its bid is based.*

- 211) Section 3.4.11.2.3 Technical Architecture and Infrastructure Design, page 69

Does the State anticipate that other systems will utilize the K-MED High Level Client Index? If so, please confirm the systems and anticipated capacity needs.

Answer: *This item will be answered in a separate RFP Addendum.*

- 212) Section 3.4.11.2.5.1 Reporting and Business Intelligence, page 73

Will data for the reporting and business intelligence solution source data from additional agencies/systems besides KHPA/K-MED?

Answer: *Yes, KHPA will use data from many additional agencies and any number of other private and public organizations as well as syndicated and Internet data.*

If so, please elaborate on the system architectures of these systems.

Answer: *The KHPA Application Architecture (to-be) (see RFP Appendix 16, Figure 7) envisions a framework that leverages an external message broker that takes source data in a number of different formats and transforms them into a "Common Internal Format" (CIF). That CIF data will be used to: (1) update a "core data warehouse," (2) update/create specific data marts, and/or (3) produce individual reports. These CIF files may also be used to update operational data tables as well.*

- 213) Section 3.4.11.2.3 Technical Architecture and Infrastructure Design, page 69

Does the State prefer virtualized environments over non-virtualized when possible? Is there already an existing virtualized infrastructure that the project can leverage? If so, please provide

additional details.

Answer: *Currently, KHPA does not have a virtualized / non-virtualized infrastructure to leverage. KHPA does not have a preference for infrastructure. The Proposer should determine the most viable cost-effective solution.*

214) Technical Requirements Workbook, ARCH-016

For the following requirement:

ARCH-016: "The system utilizes on-line, drop-down lists for all valid values for each validated field which may be based on prior data entered."

Can the State provide an example for clarification purposes?

Answer: *Yes. For example, the solution could use drop-down lists for recording and capturing resources. If the user indicates the member owns a bank account, he would select "bank account" from a drop down list. For further definition of the resource, a second drop down box may appear that lists options such as "checking," "savings," or "CD" that would be associated with "bank account." If the user had selected "land" as a resource, a different list of choices in the second drop down box may appear.*

215) Technical Requirements Workbook, PROP-002

For the following requirement:

PROP-002: "The system must supply job scheduling tools that allow users to control jobs by transaction type."

Can the State provide an example for clarification purposes? Can the State also please confirm that "control jobs by transaction type" refers to a batch scheduling function?

Answer: *It is confirmed that this is a batch scheduling function. Examples include:*

- *Run a job that lists all the intake transactions for a given week.*
- *Run a job that lists all the submissions for a review of eligibility transactions by location for a given month.*
- *Smart routing of transactions – queue and start a transaction at a desired location depending on transaction type.*

Other job scheduling functions include the ability to hold a job until certain criteria are met. For example, if one of the interfaces is down, the scheduler holds the job related to that interface and other dependent jobs until such time that the interface becomes available.

Other examples might be to control jobs with various parameters that can specify the automatic release of a job at a certain time of day, the manual release of a job, completion or failure of previous jobs, or a combination of one or more such control parameters.

216) Technical Requirements Workbook, PROP-011

For the following requirement:

PROP-011: "The system must provide the ability to have all related business files shared across functional areas or across organizations."

Can the State provide an example for clarification purposes?

Answer: *Staff from different work units, divisions, and possibly organizations will need to have access to the same information for business purposes. For example, the KHPA Clearinghouse and an SRS field staff person may need to access the same information to process and maintain their programs.*

217) Technical Requirements Workbook, PROP-036, PROP-037, PROP-038

For the following requirements:

PROP-036: "The system must provide the ability to void or cancel documents at any process level with user defined reason codes or with standard reason codes."

PROP-037: "The system must provide the ability to provide templates or shortcuts for recurring document entry or processing."

PROP-038: "The system must provide the ability to generate special clauses on documents as defined by users or by standard clauses."

Can the State please confirm what is meant by the term "documents"?

Answer: *A technically precise definition is "the tangible representation of data existing in the K-MED System that is usually related to a member's case file." This would include information extracted from the K-MED System and organized on a piece of paper or a paper image, and images of externally produced papers, certificates, receipts, or other items of interest.*

218) Technical Requirements Workbook, MAIN-010

For the following requirement:

MAIN-010: "Menu structure must be maintained during software upgrades for primary KHPA the system and third-party applications."

Can the State clarify and / or provide more details about this requirement?"

Answer: *KHPA regrets the wording error in this requirement. Please correct Requirement MAIN-010 to read:*

"Menu structure must be maintained during software upgrades for K-MED and any third party applications."

When upgrading the system, K-MED and any third party systems must maintain the existing navigation structure.

219) Section 3.4.11.2.6.2 Security Profile Management, page 77-78

What existing tools are used at the State in terms of identity and access management (IAM) or single sign-on (SSO)? Does the State envision an IAM integration for profile management based on job functions, single sign-on and automated user provisioning as part of the K-MED implementation?

Answer: *KHPA is currently not utilizing identity and access management (IAM) or single sign-on (SSO). The K-MED Contractor must fulfill the requirements specified in the RFP. Any proposed software product must be within the provisions cited in RFP Section 4.64, Technology Architectural Compliance.*

220) Section 3.4.11.2.6.3 Security Audit Trails and History, page 78

What existing tool(s) are in place at the State for audit trails? Does the State wish to use this tool for K-MED to create a history of all user and automated actions, including which user or process made the update, what information was changed down to the field level, etc.?

Answer: *KHPA currently does not utilize audit trail tools. The Proposer may propose audit trail tools for use with the K-MED System that are within the provisions cited in RFP Section 4.64, Technology Architectural Compliance.*

221) Section 3.4.11.2.6.3 Security Audit Trails and History, page 78

What existing tool(s) are in place at the State for security information event monitoring? Does the State wish to use this tool for K-MED?

Answer: *KHPA does not specify any tool that must be used for security information event monitoring with the K-MED System. The Proposer may propose security information event monitoring tools for use with the K-MED System that are within the provisions cited in RFP Section 4.64, Technology Architectural Compliance.*

222) Section 3.4.11.2.6.1 Security, page 76

Will the State provide licenses, software and hardware to run the Application Security vulnerability testing as part of unit, integration and system testing activities? If so, what tools are used at the State to perform these activities?

Answer: *KHPA does not specify any tool that must be used with the K-MED System for this purpose. The Proposer may propose vulnerability testing tools for use with the K-MED System that are within the provisions cited in RFP Section 4.64, Technology Architectural Compliance..*

223) Security Management Workbook, SECU-033

For the following requirement:

SECU-033: "User login habits (e.g., location, times, etc.) must be audited and access restricted when anomalies are detected."

Does the State envision a particular tool to address the requirement? If so, will the State provide this tool? Does the State envision this to be part of the IAM integration?

Answer: *Currently, KHPA does not have plans to utilize a specific tool to address this requirement. The Proposer may propose an IAM solution that is within the provisions cited in RFP Section 4.64, Technology Architectural Compliance.*

224) Section 3.4.11.2.6.1 Security, pages 76-77

Does the State expect the vendor to provide for security infrastructure such as firewalls or Intrusion Detection / prevention as part of their responses or will that be the responsibility of the hosting provider?

Answer: *The hosting provider will be responsible for the design and implementation of these devices.*

225) Section 3.4.11.2.6.2 Security Profile Management, pages 77-78

How many security and user management administration FTEs does the State plan on utilizing for this effort?

Answer: *The State will have one or two personnel who will work with security administration routinely, but additional individuals will require training.*

226) Section 3.4.11.2.6.1 Security, pages 76-77

What current tools are in place related to securing the SOA environment at the State? Does the State have a specialized tool set to provide SOA Security?

Answer: *Currently, KHPA does not have tools to address SOA security. The Proposer may propose tools to address SOA security that are within the provisions cited in RFP Section 4.64, Technology Architectural Compliance. These shall address, but not be limited to, Authentication, Authorization, Integrity, Signature, Confidentiality, Auditing, Nonrepudiation, etc.*

227) Section 2.7, number 10, Interpreter Services, page 45

Can the State please identify the languages required to be supported as part of interpreter

services?

Answer: Please see Answer #39 and Answer #78.

- 228) Section 3.4.11.2.11 Document Imaging Services, page 85

Can the State please identify the number of other document management systems with which the K-MED system must interface?

Answer: KHPA currently utilizes the ImageNow document imaging solution. Currently, there is no other document imaging service to which the state must interface. SRS plans to design and implement Documentum as their document imaging solution.

- 229) Appendix 1, Section A1.4.2.1 Notices, page 156

Can the State please identify the number of forms that are anticipated to be generated on a monthly basis?

Answer: KHPA does not have an estimate. Because KHPA believes that the existing notice / forms process will be changed dramatically, historical data will not offer the best estimate. In addition, the anticipated number of notices sent may depend on the system solution. The ability to combine notices alone would drastically reduce the number that is currently sent. It is important to know that KHPA desires a solution which reduces the number of paper notices that must be sent and also that KHPA has implemented policies, such as continuous eligibility for children and Section 1931 Adults, that result in reduced notification requirements.

- 230) Section 3.4.11.2.3.1 Multiple Environments, page 70

Can the State please identify the system development environments for which the vendor must provide HW / SW costs?

Answer: Please see RFP Section 3.4.11.2.3.1, page 70, paragraph 2.

- 231) Section 1.4.1.2 (page 28) K-MED Hosting Services – Is a vendor eligible to bid on both this opportunity as well as hosting services future bid?

Answer: KHPA is considering releasing an RFP for K-MED hosting services. Bidding on this K-MED software, integration services, and ongoing operational support RFP does not preclude a vendor from bidding on the K-MED hosting services RFP.

- 232) Section 3.4.11.2.14.1 (page 88) Contact and Response times - we would like to know the anticipated call volume, number of beneficiaries served, any existing data on call volumes.

Answer: Please see Answer #86.

- 233) 3.4.11.2.14 User Support Services (pages 87-88) - we would like to know the number of users by role and work location.

Answer: KHPA does not have the exact information requested. However, please see RFP Appendix 8, page 240, for the best information available regarding current staff counts.

- 234) 3.4.11.2.9.2 Training Requirements (page - we would like to know how many users the respondent must prepare to train, and any assumptions about the number and locations of users that must be trained by classroom vs. by other methods.

Answer: KHPA does not have the exact information requested. However, please see RFP Appendix 8, page 240, for the best information available regarding expected trainees.

235) In Section A4.6 Interfaces list, do the following interfaces have web service integration capabilities?

- a. VRV Online
- b. Wage, Employer, & Unemployment Benefit Information
- c. Driver's License & Vehicle Registration
- d. Level of Care Information
- e. Electronic Access to Social Security (EATSS)
- f. KDHE – WebIZ
- g. Enterprise Access System (EAS)
- h. The Work Number
- i. SAVE
- j. KHPA Website
- k. PERT
- l. Asset Verification System
- m. Premium Billing
- n. MMA
- o. HCBS Functional Screening Score
- p. Beneficiary Web Portal
- q. Conversion Interface
- r. KAECSES-AE
- s. MMIS Claims Data
- t. Data Analytic Interface
- u. State Supplemental Payment Program (SSPP)
- v. Fair Hearing Data

Answer: *None of the interfaces have web service integration capabilities. The interfaces that will need to be developed will be prioritized as some will have a high priority to have them established at go-live and others will have a low priority as they may not ever be developed as an interface. For Example: Premium Billing will have a high priority but the SAVE interface will have a low priority. The final priority list will be developed during the Design Activity.*

236) In RFP page 188 under Section A4.6 Interfaces List, please provide number of elements, record size and average record volume to be expected for each interface.

Answer: *The Interface chart listed under RFP Section A4.6 provides the available information that we have for each interface at this time. An estimate of the number of records for those interfaces that currently exist is in the chart. The interfaces on the chart that don't have an estimated number of records can be grouped into three categories, High=50,000 or more records, Medium=10,000 or more records and Low=less than 10,000. Please see the revised interface chart with the category of the number of records indicated in the following file available on the Division of Purchases website at <http://da.ks.gov/purch/contracts/bids.aspx>. Look under EVT0000186.*

- *Interface Chart with record categories 11-29-10.docx*

Please be aware that many of these interfaces don't currently exist so the numbers are just estimates and are subject to change as the design of these interfaces is determined. This file replaces the interface chart found in RFP Section A4.6.

237) (A1.3.3, Page 150): Please identify those external entities (for which interfaces are required) that do not support web service-based interfaces.

Answer: *Please see Answer #235.*