

Announcement of Selected Vendor

Lab Data Integration

Request for Proposal (RFP) Number 2019-LDI-01

Alabama Medicaid Agency

On July 22, 2019, the Alabama Medicaid Agency issued an Intent to Award Notice to HealthTech for the Lab Data Integration RFP (RFP Number 2019-LDI-01).

The final award of this contract is subject to review by the Legislative Oversight Committee and signature by the Governor.



ALABAMA MEDICAID AGENCY REQUEST FOR PROPOSALS

RFP Number: 2019-LDI-01		RFP Title: Lab Data Integration RFP	
RFP Due Date and Time: April 5, 2019 by 5pm Central Time		Number of Pages: 55	
PROCUREMENT INFORMATION			
Project Director: Gary Parker		Issue Date: March 6, 2019	
E-mail Address: Meaningful.Use@medicaid.alabama.gov Website: http://www.medicicaid.alabama.gov		Issuing Division: Health Information Technology	
INSTRUCTIONS TO CONTRACTORS			
Return Proposal to: Gary Parker Alabama Medicaid Agency Lurleen B. Wallace Building 501 Dexter Avenue PO Box 5624 Montgomery, AL 36103-5624		Mark Face of Envelope/Package: RFP Number: 2019-LDI-01 RFP Due Date: April 5, 2019 by 5pm CT Firm and Fixed Price:	
CONTRACTOR INFORMATION <i>(Contractor must complete the following and return with RFP response)</i>			
Contractor Name/Address:		Authorized Contractor Signatory: (Please print name and sign in ink)	
Contractor Phone Number:		Contractor FAX Number:	
Contractor Federal I.D. Number:		Contractor E-mail Address:	

Section A. RFP Checklist

1. ____ **Read the *entire* document.** Note critical items such as: mandatory requirements; supplies/services required; submittal dates; number of copies required for submittal; licensing requirements; contract requirements (i.e., contract performance security, insurance requirements, performance and/or reporting requirements, etc.).
2. ____ **Note the project director's name, address, phone numbers and e-mail address.** This is the only person you are allowed to communicate with regarding the RFP and is an excellent source of information for any questions you may have.
3. ____ **Take advantage of the "question and answer" period.** Submit your questions to the project director by the due date(s) listed in the Schedule of Events and view the answers as posted on the WEB. All addenda issued for an RFP are posted on the State's website and will include all questions asked and answered concerning the RFP.
4. ____ **Use the forms provided,** i.e., cover page, disclosure statement, etc.
5. ____ **Check the State's website for RFP addenda.** It is the Contractor's responsibility to check the State's website at www.medicaid.alabama.gov for any addenda issued for this RFP, no further notification will be provided. Contractors must submit a signed cover sheet for each addendum issued along with your RFP response.
6. ____ **Review and read the RFP document again** to make sure that you have addressed all requirements. Your original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and will be used to score your response.
7. ____ **Submit your response on time.** Note all the dates and times listed in the Schedule of Events and within the document, and be sure to submit all required items on time. Late proposal responses are *never* accepted.
8. ____ **Prepare to sign and return the Contract, Contract Review Report, Business Associate Agreement and other documents** to expedite the contract approval process. The selected Contractor's contract will have to be reviewed by the State's Contract Review Committee which has strict deadlines for document submission. Failure to submit the signed contract can delay the project start date but will not affect the deliverable date.

This checklist is provided for assistance only and should not be submitted with Contractor's Response.

Section B. Schedule of Events

The following RFP Schedule of Events represents the State's best estimate of the schedule that shall be followed. Except for the deadlines associated with the Contractor question and answer periods and the proposal due date, the other dates provided in the schedule are estimates and will be impacted by the number of proposals received. The State reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events shall be posted on the RFP website at www.medicaid.alabama.gov.

EVENT	DATE
RFP Issued	March 6, 2019
RFP Questions Due	March 20, 2019
RFP Questions and Answers Posted	March 27, 2019
Proposals Due by 5 pm CT	April 5, 2019
Evaluation Period	April 10-26 , 2019
Contract Award Notification	May 1, 2019
**Contract Review Committee	June 6, 2019
Official Contract Award//Begin Work	July 1, 2019

* *By State law, this contract must be reviewed by the Legislative Contract Review Oversight Committee. The Committee meets monthly and can, at its discretion, hold a contract for up to forty-five (45) days. The "Contractor Begins Work" date above may be impacted by the timing of the contract submission to the Committee for review and/or by action of the Committee itself.

Table of Contents

<u>SECTION A. RFP CHECKLIST</u>	<u>2</u>
<u>SECTION B. SCHEDULE OF EVENTS.....</u>	<u>3</u>
<u>I. GENERAL MEDICAID INFORMATION.....</u>	<u>7</u>
<u>II. OVERVIEW.....</u>	<u>8</u>
<u>III. SCOPE OF WORK</u>	<u>9</u>
1. GENERAL REQUIREMENTS.....	9
2. PLANNING REQUIREMENTS	9
3. IMPLEMENTATION REQUIREMENTS	10
4. ONGOING WORK REQUIREMENTS.....	10
5. STAFFING REQUIREMENTS	11
<u>IV. EVALUATION CRITERIA</u>	<u>11</u>
1. VENDOR EXPERIENCE	11
2. PROPOSED SOLUTION.....	12
3. KEY PERSONNEL	14
<u>V. PRICING.....</u>	<u>15</u>
<u>VI. CORPORATE BACKGROUND AND REFERENCES.....</u>	<u>15</u>
<u>VII. GENERAL</u>	<u>16</u>
<u>VIII. TRANSMITTAL LETTER.....</u>	<u>16</u>
<u>IX. SUBMISSION REQUIREMENTS</u>	<u>17</u>
1. AUTHORITY	17
2. SINGLE POINT OF CONTACT	17
3. RFP DOCUMENTATION	18
4. QUESTIONS REGARDING THE RFP	18
5. ACCEPTANCE OF STANDARD TERMS AND CONDITIONS.....	18
6. ADHERENCE TO SPECIFICATIONS AND REQUIREMENTS	18
7. ORDER OF PRECEDENCE	18
8. CONTRACTOR’S SIGNATURE.....	18
9. OFFER IN EFFECT FOR 180 DAYS.....	18
10. STATE NOT RESPONSIBLE FOR PREPARATION COSTS.....	19

11. STATE’S RIGHTS RESERVED	19
12. PRICE	19
13. SUBMISSION OF PROPOSALS	19
14. COPIES REQUIRED	19
15. LATE PROPOSALS	20
16. E-VERIFY MEMORANDUM OF UNDERSTANDING	20
17. PROPOSAL FORMAT	20
18. PROPOSAL WITHDRAWAL.....	20
19. PROPOSAL AMENDMENT.....	20
20. PROPOSAL ERRORS	20
21. PROPOSAL CLARIFICATIONS	21
22. DISCLOSURE OF PROPOSAL CONTENTS.....	21

X. EVALUATION AND SELECTION PROCESS.....21

A. INITIAL CLASSIFICATION OF PROPOSALS AS RESPONSIVE OR NON-RESPONSIVE	21
B. DETERMINATION OF RESPONSIBILITY	22
C. OPPORTUNITY FOR ADDITIONAL INFORMATION	22
D. EVALUATION COMMITTEE	22
E. SCORING	22
F. DETERMINATION OF SUCCESSFUL PROPOSAL	22

XI. GENERAL TERMS AND CONDITIONS.....23

A. GENERAL	23
B. COMPLIANCE WITH STATE AND FEDERAL REGULATIONS	23
C. TERM OF CONTRACT.....	23
D. CONTRACT AMENDMENTS	23
E. CONFIDENTIALITY	24
F. SECURITY AND RELEASE OF INFORMATION.....	24
G. FEDERAL NONDISCLOSURE REQUIREMENTS	24
H. CONTRACT A PUBLIC RECORD	25
I. TERMINATION FOR BANKRUPTCY	25
J. TERMINATION FOR DEFAULT	25
K. TERMINATION FOR UNAVAILABILITY OF FUNDS	25
L. PRORATION OF FUNDS	26
M. TERMINATION FOR CONVENIENCE.....	26
N. FORCE MAJEURE	26
O. NONDISCRIMINATORY COMPLIANCE	26
P. CONFLICT OF INTEREST.....	26
Q. OPEN TRADE	26
R. SMALL AND MINORITY BUSINESS ENTERPRISE UTILIZATION	27
S. WORKER’S COMPENSATION	27
T. EMPLOYMENT OF STATE STAFF	27
U. IMMIGRATION COMPLIANCE	27
V. SHARE OF CONTRACT	27
W. WAIVERS	28

X. WARRANTIES AGAINST BROKER’S FEES	28
Y. NOVATION	28
Z. EMPLOYMENT BASIS.....	28
AA. DISPUTES AND LITIGATION.....	28
BB. RECORDS RETENTION AND STORAGE	29
CC. INSPECTION OF RECORDS	29
DD. USE OF FEDERAL COST PRINCIPLES.....	29
EE. PAYMENT.....	29
FF. NOTICE TO PARTIES.....	29
GG. DISCLOSURE STATEMENT	29
HH. DEBARMENT	29
II. NOT TO CONSTITUTE A DEBT OF THE STATE.....	30
JJ. QUALIFICATION TO DO BUSINESS IN ALABAMA.....	30
KK. CHOICE OF LAW	30
LL. ALABAMA INTERCHANGE INTERFACE STANDARDS.....	30
<u>APPENDIX A: PROPOSAL COMPLIANCE CHECKLIST.....</u>	<u>31</u>
<u>APPENDIX B: CONTRACT AND ATTACHMENTS</u>	<u>33</u>
<u>APPENDIX C: PRICING TEMPLATE.....</u>	<u>51</u>
<u>APPENDIX D: HL7 STRUCTURE LAB DATA SET</u>	<u>52</u>

I. General Medicaid Information

The Alabama Medicaid Agency is responsible for the administration of the Alabama Medicaid Program under a federally approved State Plan for Medical Assistance. Through teamwork, Medicaid strives to enhance and operate a cost efficient system of payment for health care services rendered to low income individuals through a partnership with health care providers and other health care insurers both public and private.

Medicaid's central office is located at 501 Dexter Avenue in Montgomery, Alabama. Central office personnel are responsible for data processing, program management, financial management, program integrity, general support services, professional services, and recipient eligibility services. For certain recipient categories, eligibility determination is made by Agency personnel located in eleven (11) district offices throughout the state and by one hundred forty (140) out-stationed workers in designated hospitals, health departments and clinics. Medicaid eligibility is also determined through established policies by the Alabama Department of Human Resources and the Social Security Administration. In 2015, an average of 1,049,787 Alabama citizens were eligible for Medicaid benefits through a variety of programs.

Services covered by Medicaid include, but are not limited to, the following:

- Physician Services
- Inpatient and Outpatient Hospital Services
- Rural Health Clinic Services
- Laboratory and X-ray Services
- Nursing Home Services
- Early and Periodic Screening, Diagnosis and Treatment
- Dental for children ages zero (0) to twenty (20)
- Home Health Care Services and Durable Medical Equipment
- Family Planning Services
- Nurse-Midwife Services
- Federally Qualified Health Center Services
- Hospice Services
- Prescription Drugs
- Optometric Services
- Transportation Services
- Hearing Aids
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Prosthetic Devices
- Outpatient Surgical Services
- Renal Dialysis Services
- Home and Community Based Waiver Services
- Prenatal Clinic Services
- Mental Health Services

Additional program information can be found at www.medicaid.alabama.gov.

II. Overview

In 2009, the Alabama Medicaid Agency became the State Designated Entity (SDE) for the State's Health IT Programs: Promoting Interoperability (formerly called Meaningful Use) and the State Health Information Exchange (HIE), One Health Record®. These programs were established under the Health Information Technology Economic and Clinical Health (HITECH) Act, as part of the American Recovery and Reimbursement Act of 2009, to improve the quality, safety, and efficiency of patient care. The Center for Medicare and Medicaid Services (CMS) is the federal program that provides federal oversight and funding for the programs and the related Health IT activities.

As a result of these initiatives, healthcare is moving toward a value-based care model and away from a straight fee-for-service model. Clinical lab results represent an integral component in this shift, assisting health professionals and health plans in providing appropriate and sufficient care. This, consequently, equates to increased value via improved patient outcomes and decreased costs.

Note: More specific information about both the Promoting Interoperability and One Health Record programs can be found on the Alabama Medicaid website www.medicaid.alabama.gov or at Alabama's One Health Record website www.onehealthrecord.alabama.gov.

The Alabama Medicaid Agency ('Medicaid' or 'the Agency') is issuing this Request for Proposals (RFP) for the procurement of services from a Vendor to establish the connectivity and processes necessary to collect, parse, and transmit test result data from labs in Alabama. The Vendor shall also provide and utilize the requisite methods and procedures to recruit and assist these labs in their data sharing.

The Vendor to whom the contract is awarded must be responsible for the performance of all duties contained within this RFP for the firm and fixed price quoted in the Vendor's proposal to this RFP. All proposals must state a firm and fixed price for the services described.

All information contained in this RFP and any amendments reflect the best and most accurate information available to Medicaid at the time of RFP preparation. No inaccuracies in such data shall constitute a basis for change of the payments to the Vendor or a basis for legal recovery of damages, actual, consequential or punitive, except to the extent that such inaccuracies are the result of intentional misrepresentation by Medicaid.

III. Scope of Work

As part of the proposal, Vendors must acknowledge and comply with all requirements listed in the RFP.

1. General Requirements

- A. Comply with the provisions of Title 42 of the Code of Regulations, Subpart 495, specifically, Sections 495.346, 495.348, 495.354, and 495.360.
- B. Agree that specifying compliance with 42 CFR 495.346, 348, 354, & 360 does not create any new obligations on or understandings of the parties.
- C. Comply with this provision. All parties shall comply with the applicable provisions of Title 42 of the Code of Federal Regulations, Subpart 495, particularly, Sections 495.346, 495.348, 495.354, and 495.360
- D. Must submit a written statement stating the Contractor acknowledges and will comply with the requirements set forth in the entire RFP.

2. Planning Requirements

- A. Vendor must collaborate with appropriate Medicaid staff to determine a standardized, agree-upon file format for transmitting lab results data to the Agency.
- B. Vendor must collaborate with appropriate Medicaid staff to determine a secure, agree-upon file transmission method from the Vendor to the Agency.
- C. Vendor must participate in testing efforts sufficient to ensure the file transmission mechanism from Vendor to the Agency is operational.
- D. Vendor must submit a complete test file with a minimum set of data elements required. (Appendix D: Minimum Data Set). The file must include a data dictionary
- E. Vendor must provide a recruitment plan to identify labs to target for recruitment and provide to the Agency for final approval.
- F. Any additional data elements submitted must be noted, and included in the data dictionary.
- G. Vendor must work to recruit those labs approved by the Agency to participate in the lab results data sharing effort.
- H. Vendor must submit a plan to recruit the necessary number of labs required to insure that Medicaid is receiving all lab results on its recipient population.

- I. Vendor will be required to provide a complete environmental scan within 6 months of contract award. Medicaid will work with the Vendor to determine the requirements and details that will comprise the environmental scan once the contract has been awarded
- J. Vendor must develop a proposed disaster recovery plan to ensure uninterrupted operations. This plan must be submitted to the Agency for review and agreement.

3. Implementation Requirements

- A. Vendor must work with each participating lab to determine the appropriate file format(s) for lab results data to be transmitted from lab to Vendor.
- B. Vendor must work with each participating lab to determine the appropriate mapping of their data elements to the standardized data elements in the agree-upon file format.
- C. Vendor must work with each participating lab to ensure that lab results included in the data transmitted to the Vendor are limited to those for which Medicaid is the payor.
- D. Vendor must work with each participating lab to ensure that lab results included in the data transmitted to the Vendor complies with any special data restrictions (e.g., HIV results, 'Part 2' data, etc.).
- E. Vendor must perform sufficient testing to ensure accurate data mapping for each lab. Test results must be submitted to the Agency for final review and approval.
- F. Vendor must work with participating labs to determine and implement secure, agreed-upon file transmission method(s) from the labs to the Vendor.
- G. Vendor must agree to a Medicaid-hosted solution implemented and managed by the contract awardee.

4. Ongoing Work Requirements

- A. Vendor must have the capability to receive lab results data from participating labs on a periodic basis.
- B. On a periodic basis, Vendor must parse the received lab results data appropriately and generate a data file in the agreed-upon format for submission to Medicaid.
- C. Vendor must transmit the generated data files to Medicaid via the agreed-upon file transmission method.
- D. Vendor must identify additional labs to participate in the lab results data sharing effort. Proposed labs must be submitted to the Agency for approval prior to their final engagement.
- E. Vendor must work to recruit the additional, State-approved labs to participate in the lab results data sharing effort and, upon agreement, perform implementation activities as needed.
- F. Vendor must perform continuous quality assurance practices on data received from participating labs, data parsing results, and data files to be sent to Medicaid.

- G. Vendor must provide performance statistics to the Agency on a periodic basis. These include, but are not limited to, the number of records received from participating labs, number of records parsed successfully, number of records with errors, etc.
- H. Vendor must retain the received lab results data for the minimum number of months necessary as determined by Medicaid. This includes both the raw data received from the labs as well as any transformed data stored separately. This number will be determined after the contract is awarded.
- I. Vendor must have the capability to provide historical data to the Agency within a reasonable time frame upon request.
- J. Vendor must offer operational support for participating labs and Medicaid staff as needed to ensure successful transmission, receipt, and utility of data files.
- K. Vendor must periodically perform disaster recovery testing and propose to the Agency any necessary updates to the disaster recovery plan. Vendor must then update the disaster recovery plan with agreed-upon changes.
- L. Vendor must provide annual, at a minimum, reports on participating labs and their performance statistics (e.g., error rate per lab, each lab's percentage of the total number of records received, etc.).

5. Staffing Requirements

- A. The Contractor must have in place the organization, management, internal controls and administrative systems necessary to fulfill all contractual requirements and to comply with all applicable laws and regulations. The Contractor must demonstrate to the Agency's satisfaction via submission of an annual staffing plan, organizational chart and resumes (CEO, CFO, CIO\CTO, IT Director), that it has the necessary staffing, by function and qualifications, to fulfill its obligations under this RFP.
- B. The Contractor shall obtain Agency approval prior to hiring or designating any individual to a key staff position. The Contractor must provide to the Agency any supporting documentation that is requested by the Agency.
- C. The Contractor may request a waiver of stated credentials or other staffing requirements in accordance with Section IX.X of this RFP. The Agency has the sole discretion to allow for any exception to stated credentials or requirements. In consideration of the Contractor's waiver request, the Agency may request any supporting information from the Contractor.

IV. Evaluation Criteria

1. Vendor Experience

- A. Provide a detailed description of the processes used on a previous project to develop data specifications and data submission processes for collecting, parsing and sharing lab results from the independent labs as sources of clinical lab data.

- B. Provide a detailed description of capabilities and experiences working with data from commercial and Medicaid data sources, including acquisition, storage, maintenance, and reporting.
- C. Describe any existing expertise with any independent labs in Alabama including clinical data services provided
- D. Describe a previous project with similar goals and requirements as the lab results data sharing effort.
 - 1. Organization's approach to coordination and communication with the targeted lab sources.
 - 2. Identify resources required from the vendor and from the lab source
 - 3. Describe the methodologies and tools used
- E. Experience with health payer and other sources of clinical information.

Describe previous issues faced in working with structured lab data from varied sources and how they were resolved. Describe potential scenarios that could be the most troublesome.
- F. Provide the organization's average performance level in meeting processing deadlines
- G. Data Formats

Provide a list of the available file formats, message standards, or structured document types you have used to package and export data from Lab suppliers. Identify any issues with receiving, aggregating, or migrating data in HL7 versions 2.0, 2.5 and 3.0. Please distinguish between clinical data formats.
- H. Acquisition interfaces and data transport

Describe the transport mechanism(s) (for example, web service, batch files, secure FTP, etc.) you have used on previous projects.
- I. Data Validation and Transformation
 - 1. Describe the organization's experience in cleaning and editing raw data feeds to ensure consistency and accuracy.
 - 2. Describe the processes used to clean and edit raw data feeds to ensure consistency and accuracy
 - 3. Describe the quality assurance and testing processes used to test incoming data feeds and outgoing data feed.
 - 4. Describe the organization's process to provide feedback to clients and data vendors about data quality
 - 5. Describe the organization's validation process to ensure that data is complete, structured, and referenced.
- J. Describe any data migration efforts involving distributed (e.g., multi-lab) data sources to a central solution platform.

2. Proposed Solution

Respond to all items presented in this section. Alternate solutions will be reviewed, and may be considered.

- A. Provide a detailed plan of the processes intended for use to develop data specifications and data submission processes for collecting, parsing and sharing lab results from the independent labs as sources of clinical lab data.
- B. Provide a detailed plan to manage Medicaid data sources, including acquisition, storage, maintenance, and reporting of the following of milestones.
- C. Provide a detailed plan to manage data from independent labs in Alabama including clinical data services provided.
- D. Provide a detailed plan for the below listed scenarios for a data sharing effort with independent labs in Alabama:
 - 1. The organization's approach to coordination and communication with the targeted lab sources.
 - 2. Resources required from the vendor and from the lab
 - 3. Methodologies and tools used
- E. Provide a detailed plan for working with a health payer and other sources of clinical information using structured lab data from varied sources.
- F. Provide the organization's average performance level in meeting processing deadlines
- G. Provide a list of the available file formats, message standards, or structured document types you have used to package and export data from Lab suppliers. Identify any issues with receiving, aggregating, or migrating data in HL7 versions 2.0, 2.5 and 3.0. Please distinguish between clinical data formats.
- H. Provide a detailed plan for the implementation of acquisition interfaces and data transport methods such as web services, batch files, secure FTP, etc...
- I. Provide a detailed plan for the data Validation and Transformation items listed below:
 - 1. Cleaning and editing raw data feeds to ensure consistency and accuracy.
 - 2. Quality assurance and testing processes used to test incoming data feeds and outgoing data feed.
 - 3. Provide feedback to clients and data vendors about data quality
 - 4. Organization's validation process to ensure that data is complete, structured, and referenced.
- J. Provide a detailed plan for data migration involving distributed (e.g., multi-lab) data sources to a central solution platform.
- K. Provide a detailed plan with similar goals and requirements as the lab results data sharing effort.
 - 1. Organization's approach to coordination and communication with the targeted lab sources.
 - 2. Identify resources required from the vendor and from the lab source

3. Describe the methodologies and tools used

- L. Provide a recommended file format, messaging standard, or structured document type for packaging and exporting data from Lab suppliers. Provide any additional file formats, messaging standards, or structured document types that could be proposed. Please distinguish between clinical data formats.
- M. Provide a recommended transport mechanism (i.e., web services, batch files, secure FTP, etc.) being proposed for this project. Provide any additional options for consideration.
- N. Provide a detailed plan of your process for cleaning and editing raw data feeds to ensure consistency and accuracy.
- O. Provide a detailed plan of your organization's quality assurance and testing process for incoming and outgoing data feeds.
- P. Provide a detailed plan of your organization's process to ensure that data is complete, structured and referenced.
- Q. Provide a detailed plan for providing feedback to clients and data vendors about data quality.

3. Key Personnel

Describe how the Vendor proposes to maintain sufficient staffing levels to ensure successful implementation of the solution and maintenance for the ongoing operations of the proposed solution throughout the duration of the contract.

At a minimum, the Contractor's key personnel must include the following positions: CEO, CFO, CIO\CTO, and IT Director. The Contractor must provide resumes for all key personal with the submission of the RFP response.

V. Pricing

Contractor's response must specify a firm and fixed fee for the services sought under this RFP. The Firm and Fixed Price for each year of the proposed contract and optional extensions must be separately stated in the Pricing Template in Appendix C and the RFP Cover Sheet on the first page of this document.

VI. Corporate Background and References

1. Entities submitting proposals and all subcontractors must:

- A. Provide evidence that the Contractor possesses the qualifications required in this RFP. If a subcontractor is warranted, the Contractor must identify the percentage of work, as measured by the total Proposal price, to be performed by the subcontractor.
- B. Provide a description of the Contractor's organization, including:
 1. Date established
 2. Ownership (public company, partnership, subsidiary, etc.). Include an organizational chart depicting the Contractor's organization in relation to any parent, subsidiary or related organization.
 3. Number of employees and resources.
 4. Names and resumes of Senior Managers and Partners in regards to this contract.
 5. A list of all similar projects the Contractor has completed within the last three years.
 6. A detailed breakdown of proposed staffing for this project, including names and education background of all employees that will be assigned to this project.
 7. Describe any experience relating to Medicaid agencies or other entities for which the Contractor previously or currently performs similar work.
 8. Contractor's acknowledgment that the State will not reimburse the Contractor until: (a) the Project Director has approved the invoice; and (b) the Agency has received and approved all deliverables covered by the invoice.
 9. Details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Contractor or any of its officers, directors, employees, agents or subcontractors of which the Contractor has knowledge, or a statement that there are none. The Agency reserves the right to reject a proposal solely on the basis of this information.
- C. Provide all necessary business licenses, registrations and professional certifications at the time of the contracting to be able to do business in Alabama. Alabama law provides that a foreign corporation (a business corporation incorporated under a law other than the law of this state) may not transact business in the State of Alabama until it obtains a Certificate of Authority from the Secretary of State. To obtain forms for a Certificate of Authority, contact the Secretary of State, (334) 242-5324, www.sos.state.al.us. The

Certificate of Authority or a letter/form showing application has been made for a Certificate of Authority must be submitted with the bid.

- D. Within the last three years, describe the overall ability to perform the Retrospective Inpatient Hospital Services Review Program including the technologies, special techniques, skills or abilities of the organization necessary to accomplish the project requirements, data processing and analysis capabilities.
- E. Furnish three (3) references for projects of similar size and scope, including contact name, title, telephone number, and address. Performance references should also include contract type, size, and duration of services rendered. **The Contractor will not use any Alabama Medicaid Agency personnel as a reference.** Medicaid reserves the right to use any information or additional references deemed necessary to establish the ability of the Contractor to perform the conditions of the contract.

VII. General

This document outlines the qualifications which must be met in order for an entity to serve as Contractor. It is imperative that potential Contractors describe, **in detail**, how they intend to approach the Scope of Work specified in Section III of the RFP. The ability to perform these services must be carefully documented, even if the Contractor has been or is currently participating in a Medicaid Program. Proposals will be evaluated based on the written information that is presented in the response. This requirement underscores the importance and the necessity of providing in-depth information in the proposal with all supporting documentation necessary.

The Contractor must demonstrate in the proposal a thorough working knowledge of program policy requirements as described, herein, including but not limited to the applicable Operational Manuals, State Plan for Medical Assistance, Administrative Code and Code of Federal Regulations (CFR) requirements.

Entities that are currently excluded under federal and/or state laws from participation in Medicare/Medicaid or any State's health care programs are prohibited from submitting bids.

VIII. Transmittal Letter

As part of this proposal, the Contractor must submit a Transmittal Letter. The Transmittal Letter must be an offer from the Contractor in the form of a standard business letter on business letterhead. The Proposal Transmittal Letter must reference and respond to the following subsections in sequence and include corresponding documentation as required. Following the cover sheet and table of contents, the Transmittal Letter must be the first page of the Proposal.

1. The letter must be signed by a company officer empowered to bind the Contractor to the provisions of this RFP and any contract awarded pursuant to it.
2. The letter must provide the name, physical location address (a PO Box address is unacceptable), e-mail address, and telephone number of the person Medicaid should contact regarding the Proposal.
3. The letter must state that the Proposal remains valid for at least one hundred and eighty (180) days subsequent to the Proposal Due Date (Section B, RFP Schedule of Events) and thereafter in accordance with any resulting Contract between the Contractor and

Medicaid.

4. The letter must contain a statement stating that the Contractor has an understanding of and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed.
5. The letter must contain a statement stating that the Contractor has an understanding of and will comply with the specifications and requirements described in this RFP.
6. The letter must include a statement identifying any and all subcontractors, if any, who are needed in order to satisfy the requirements of this RFP.
7. The Contractor must acknowledge and state their compliance with the requirements listed in Section 2.6 -Breach of Contract.
8. The Contractor must acknowledge and state their compliance with the applicable requirements of Alabama Medicaid Administrative Code and any revisions thereof, and the applicable requirements of the Alabama Medicaid Provider Manual and any revisions thereof.

IX. Submission Requirements

1. Authority

This RFP is issued under the authority of Section 41-16-72 of the Alabama Code and 45 CFR 74.40 through 74.48. The RFP process is a procurement option allowing the award to be based on stated evaluation criteria. The RFP states the relative importance of all evaluation criteria. No other evaluation criteria, other than as outlined in the RFP, will be used.

In accordance with 45 CFR 74.43, the State encourages free and open competition among Contractors. Whenever possible, the State will design specifications, proposal requests, and conditions to accomplish this objective, consistent with the necessity to satisfy the State's need to procure technically sound, cost-effective services and supplies.

2. Single Point of Contact

From the date this RFP is issued until a Contractor is selected and the selection is announced by the Project Director, all communication must be directed to the Project Director in charge of this solicitation. **Contractors or their representatives must not communicate with any State staff or officials regarding this procurement with the exception of the Project Director.** Any unauthorized contact may disqualify the Contractor from further consideration. Contact information for the single point of contact is as follows:

Project Director:

Address:

**Gary D. Parker
Alabama Medicaid Agency
Lurleen B. Wallace Bldg.
501 Dexter Avenue
PO Box 5624
Montgomery, Alabama 36103-5624**

E-Mail Address: Meaningful.Use@medicaid.alabama.gov

3. RFP Documentation

All documents and updates to the RFP including, but not limited to, the actual RFP, questions and answers, addenda, etc., will be posted to the Agency's website at www.medicaid.alabama.gov.

4. Questions Regarding the RFP

Contractors with questions requiring clarification or interpretation of any section within this RFP must submit questions and receive formal, written replies from the State. Each question must be submitted to the Project Director via email. Questions and answers will be posted on the Agency's website as described in the Schedule of Events.

5. Acceptance of Standard Terms and Conditions

Contractor must submit a statement stating that the Contractor has an understanding of and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed. Any addition or exception to the terms and conditions are considered severed, null and void, and may result in the Contractor's proposal being deemed non-responsive.

6. Adherence to Specifications and Requirements

Contractor must submit a statement stating that the Contractor has an understanding of and will comply with the specifications and requirements described in this RFP.

7. Order of Precedence

In the event of inconsistencies or contradictions between language contained in the RFP and a Contractor's response, the language contained in the RFP will prevail. Should the State issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Contractor's proposal in the event of an inconsistency, ambiguity, or conflict.

8. Contractor's Signature

The proposal must be accompanied by the RFP Cover Sheet signed in ink by an individual authorized to legally bind the Contractor. The Contractor's signature on a proposal in response to this RFP guarantees that the offer has been established without collusion and without effort to preclude the State from obtaining the best possible supply or service. Proof of authority of the person signing the RFP response must be furnished upon request.

9. Offer in Effect for 180 Days

A proposal may not be modified, withdrawn or canceled by the Contractor for a 180-day period following the deadline for proposal submission as defined in the Schedule of Events, or receipt of best and final offer, if required, and Contractor so agrees in submitting the proposal.

10.State Not Responsible for Preparation Costs

The costs for developing and delivering responses to this RFP and any subsequent presentations of the proposal as requested by the State are entirely the responsibility of the Contractor. The State is not liable for any expense incurred by the Contractor in the preparation and presentation of their proposal or any other costs incurred by the Contractor prior to execution of a contract.

11.State's Rights Reserved

While the State has every intention to award a contract as a result of this RFP, issuance of the RFP in no way constitutes a commitment by the State to award and execute a contract. Upon a determination such actions would be in its best interest, the State, in its sole discretion, reserves the right to:

- Cancel or terminate this RFP;
- Reject any or all of the proposals submitted in response to this RFP;
- Change its decision with respect to the selection and to select another proposal;
- Waive any minor irregularity in an otherwise valid proposal which would not jeopardize the overall program and to award a contract on the basis of such a waiver (minor irregularities are those which will not have a significant adverse effect on overall project cost or performance);
- Negotiate with any Contractor whose proposal is within the competitive range with respect to technical plan and cost;
- Adopt to its use all, or any part, of a Contractor's proposal and to use any idea or all ideas presented in a proposal;
- Amend the RFP (amendments to the RFP will be made by written addendum issued by the State and will be posted on the RFP website);
- Not award any contract.

12.Price

Contractors must respond to this RFP by utilizing the Pricing Template and the RFP Cover Sheet to indicate the firm and fixed price for the implementation and updating/operation phase to complete the scope of work.

13.Submission of Proposals

Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to 2019-LDI-01. Proposals must be sent to the attention of the Project Director and received at the Agency as specified in the Schedule of Events. It is the responsibility of the Contractor to ensure receipt of the Proposal by the deadline specified in the Schedule of Events.

14.Copies Required

Contractors must submit one original hardcopy Proposal with original signatures in ink in binder form, plus two electronic copies of the Proposal on CD/DVD or flash drive clearly labeled with the Contractor name. One electronic copy **MUST** be a complete Microsoft Word version of the Contractor's response. The Contractor may submit PDF copies for Contractor

attachments or forms requiring signatures (e.g. RFP Coversheet, Transmittal Letter, or Pricing Template). The second electronic copy MUST be a complete PDF copy of the Proposal with any information asserted as confidential or proprietary removed. Vender must identify the original hard copy clearly on the outside of the Proposal.

15.Late Proposals

Regardless of cause, late proposals will not be accepted and will automatically be disqualified from further consideration. It shall be the Contractor's sole risk to assure delivery at the Agency by the designated deadline. Late proposals will not be opened and may be returned to the Contractor at the expense of the Contractor or destroyed if requested.

16.E-Verify Memorandum of Understanding

The proposal response must include an E-Verify Memorandum of Understanding with the Department of Homeland Security.

17.Proposal Format

Proposals must be prepared on standard 8 ½" x 11" paper and must be bound. All proposal pages must be numbered unless specified otherwise. All responses, as well as, any reference material presented, must be written in English.

Proposals must not include references to information located elsewhere, such as Internet websites. Information or materials presented by the Contractor outside the formal response or subsequent discussion/negotiation, if requested, will not be considered, and will have no bearing on any award.

This RFP and its attachments are available on Medicaid's website. The Contractor acknowledges and accepts full responsibility to ensure that no changes are made to the RFP. In the event of inconsistencies or contradictions between language contained in the RFP and a Contractor's response, the language contained in the RFP will prevail. Should Medicaid issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Contractor's proposal.

18. Proposal Withdrawal

The Contractor may withdraw a submitted proposal at any time before the deadline for submission. To withdraw a proposal, the Contractor must submit a written request, signed by a Contractor's representative authorized to sign the resulting contract, to the RFP Project Director. After withdrawing a previously submitted proposal, the Contractor may submit another proposal at any time up to the deadline for submitting proposals.

19. Proposal Amendment

Medicaid will not accept any amendments, revisions, or alterations to proposals after the deadline for submitting proposals unless Medicaid formally requested in writing.

20.Proposal Errors

The Contractor is liable for all errors or omissions contained in their proposals. The Contractor will not be allowed to alter proposal documents after the deadline for submitting proposals. If the Contractor needs to change a previously submitted proposal, the Contractor must withdraw the entire proposal and may submit the corrected proposal before the deadline for submitting proposals.

21.Proposal Clarifications

The Agency reserves the right to request clarifications with any or all Contractors if they are necessary to properly clarify compliance with the requirements of this RFP. The Agency will not be liable for any costs associated with such clarifications. The purpose of any such clarifications will be to ensure full understanding of the proposal. Clarifications will be limited to specific sections of the proposal identified by Medicaid. If clarifications are requested, the Contractor must put such clarifications in writing within the specified time frame.

22.Disclosure of Proposal Contents

Proposals and supporting documents are kept confidential until the evaluation process is complete and a Contractor has been selected, and the Contract has been fully executed. The Contractor should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure if required by law. The Contractor should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "CONFIDENTIAL". The Contractor must also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records law and is marked as Proprietary Information. By way of illustration but not limitation, "Proprietary Information" may include trade secrets, inventions, mask works, ideas, processes, formulas, source and object codes, data, programs, other works of authorship, know-how, improvements, discoveries, developments, designs and techniques.

Information contained in the Pricing Section may not be marked confidential. It is the sole responsibility of the Contractor to indicate information that is to remain confidential. Medicaid assumes no liability for the disclosure of information not identified by the Contractor as confidential. If the Contractor identifies its entire proposal as confidential, Medicaid may deem the proposal as non-compliant and may reject it.

X. Evaluation and Selection Process

A. Initial Classification of Proposals as Responsive or Non-responsive

All proposals will initially be classified as either "responsive" or "non-responsive." Proposals may be found non-responsive at any time during the evaluation process or contract negotiation if any of the required information is not provided; or the proposal is not within the plans and specifications described and required in the RFP. If a proposal is found to be non-responsive, it will not be considered further.

Proposals failing to demonstrate that the Contractor meets the mandatory requirements listed in Appendix A will be deemed non-responsive and not considered further in the evaluation process (and thereby rejected).

B. Determination of Responsibility

The Project Director will perform a compliance review to determine Contractor's compliance with the requirements of the RFP and to ensure the standards of responsibility are met. In determining responsibility, the Project Director may consider factors such as, but not limited to, the Contractor's specialized expertise, ability to perform the work, experience and past performance. Such a determination may be made at any time during the evaluation process and through contract negotiation if information surfaces that would result in a determination of non-responsibility. If a Contractor is found non-responsible, a written determination will be made a part of the procurement file and mailed to the affected Contractor.

C. Opportunity for Additional Information

The State reserves the right to contact any Contractor submitting a proposal for the purpose of clarifying issues in that Contractor's proposal. Contractors should clearly designate in their proposal a point-of-contact for questions or issues that arise in the State's review of a Contractor's proposal.

D. Evaluation Committee

An Evaluation Committee appointed by the Project Director will read the proposals, conduct corporate and personal reference checks, score the proposals, and make a written recommendation to the Commissioner of the Alabama Medicaid Agency. The State may change the size or composition of the committee during the review in response to exigent circumstances.

E. Scoring

The Evaluation Committee will score the proposals using the scoring system shown in the table below. The highest score that can be awarded to any proposal is 100 points.

Evaluation Factor	Highest Possible Score
Scope of Work	45
Corporate Background	10
References	5
Price	40
Total	100

F. Determination of Successful Proposal

The Contractor whose proposal is determined to be in the best interest of the State will be recommended as the successful Contractor. The Project Director will forward this Contractor's proposal through the supervisory chain to the Commissioner, with documentation to justify the Committee's recommendation.

When the final approval is received, the State will notify the selected Contractor. If the State rejects all proposals, it will notify all Contractors. The State will post the award on the Agency

website at www.medicaid.alabama.gov. The award will be posted under the applicable RFP number.

XI. General Terms and Conditions

A. General

This RFP and Contractor's response thereto shall be incorporated into a contract by the execution of a formal agreement. The contract and amendments, if any, are subject to approval by the Governor of the State of Alabama.

The contract shall include the following:

1. Executed contract,
2. RFP, attachments, and any amendments thereto,
3. Contractor's response to the RFP, and shall be construed in accordance with and in the order of the applicable provisions of:
 - Title XIX of the Social Security Act, as amended and regulations promulgated hereunder by HHS and any other applicable federal statutes and regulations
 - The statutory and case law of the State of Alabama
 - The Alabama State Plan for Medical Assistance under Title XIX of the Social Security Act, as amended
 - The Medicaid Administrative Code
 - Medicaid's written response to prospective Contractor questions

B. Compliance with State and Federal Regulations

Contractor shall perform all services under the contract in accordance with applicable federal and state statutes and regulations. Medicaid retains full operational and administrative authority and responsibility over the Alabama Medicaid Program in accordance with the requirements of the federal statutes and regulations as the same may be amended from time to time.

C. Term of Contract

The initial contract term shall be for two years effective July 1, 2019, through June 30, 2021. Alabama Medicaid shall have the option unilaterally extending the contract for three, one year options after review by the Legislative Contract Review Oversight Committee. At the end of the contract period Alabama Medicaid may at its discretion, exercise the extension option and allow the period of performance to be extended at the rate indicated on the RFP Cover Sheet. The Contractor will provide pricing for each year of the contract, including any extensions.

Contractor acknowledges and understands that this contract is not effective until it has received all requisite state government approvals and Contractor shall not begin performing work under this contract until notified to do so by Medicaid. Contractor is entitled to no compensation for work performed prior to the effective date of this contract.

D. Contract Amendments

No alteration or variation of the terms of the contract shall be valid unless made in writing and duly signed by the parties thereto. The contract may be amended by written agreement duly executed by the parties. Every such amendment shall specify the date its provisions shall be effective as agreed to by the parties.

The contract shall be deemed to include all applicable provisions of the State Plan and of all state and federal laws and regulations applicable to the Alabama Medicaid Program, as they may be amended. In the event of any substantial change in such Plan, laws, or regulations, that materially affects the operation of the Alabama Medicaid Program or the costs of administering such Program, either party, after written notice and before performance of any related work, may apply in writing to the other for an equitable adjustment in compensation caused by such substantial change.

E. Confidentiality

Contractor shall treat all information, and in particular information relating to individuals that is obtained by or through its performance under the contract, as confidential information to the extent confidential treatment is provided under State and Federal laws including 45 CFR §160.101 – 164.534. Contractor shall not use any information so obtained in any manner except as necessary for the proper discharge of its obligations and rights under this contract.

Contractor shall ensure safeguards that restrict the use or disclosure of information concerning individuals to purposes directly connected with the administration of the Plan in accordance with 42 CFR Part 431, Subpart F, as specified in 42 CFR § 434.6(a)(8). Purposes directly related to the Plan administration include:

1. Establishing eligibility;
2. Determining the amount of medical assistance;
3. Providing services for recipients; and
4. Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the Plan.

Pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191), the successful Contractor shall sign and comply with the terms of a Business Associate agreement with Medicaid (Appendix B).

F. Security and Release of Information

Contractor shall take all reasonable precautions to ensure the safety and security of all information, data, procedures, methods, and funds involved in the performance under the contract, and shall require the same from all employees so involved. Contractor shall not release any data or other information relating to the Alabama Medicaid Program without prior written consent of Medicaid. This provision covers both general summary data as well as detailed, specific data. Contractor shall not be entitled to use of Alabama Medicaid Program data in its other business dealings without prior written consent of Medicaid. All requests for program data shall be referred to Medicaid for response by the Commissioner only.

G. Federal Nondisclosure Requirements

Each officer or employee of any person to whom Social Security information is or may be disclosed shall be notified in writing by such person that Social Security information disclosed to such officer or employee can be only used for authorized purposes and to that extent and any other unauthorized use herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as five years, or both, together with the cost of prosecution. Such person shall also notify each such officer or employee that any such unauthorized further disclosure of Social Security information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are

prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR 301.6103(n).

Additionally, it is incumbent upon the contractor to inform its officers and employees of penalties for improper disclosure implied by the Privacy Act of 1974, 5 USC 552a. Specifically, 5 USC 552a (i) (1), which is made applicable to contractors by 5 USC 552a (m) (1), provides that any officer or employee of a contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses that material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

H. Contract a Public Record

Upon signing of this contract by all parties, the terms of the contract become available to the public pursuant to Alabama law. Contractor agrees to allow public access to all documents, papers, letters, or other materials subject to the current Alabama law on disclosure. It is expressly understood that substantial evidence of Contractor's refusal to comply with this provision shall constitute a material breach of contract.

I. Termination for Bankruptcy

The filing of a petition for voluntary or involuntary bankruptcy of a company or corporate reorganization pursuant to the Bankruptcy Act shall, at the option of Medicaid, constitute default by Contractor effective the date of such filing. Contractor shall inform Medicaid in writing of any such action(s) immediately upon occurrence by the most expeditious means possible. Medicaid may, at its option, declare default and notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

J. Termination for Default

Medicaid may, by written notice, terminate performance under the contract, in whole or in part, for failure of Contractor to perform any of the contract provisions. In the event Contractor defaults in the performance of any of Contractor's material duties and obligations, written notice shall be given to Contractor specifying default. Contractor shall have 10 calendar days, or such additional time as agreed to in writing by Medicaid, after the mailing of such notice to cure any default. In the event Contractor does not cure a default within 10 calendar days, or such additional time allowed by Medicaid, Medicaid may, at its option, notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

K. Termination for Unavailability of Funds

Performance by the State of Alabama of any of its obligations under the contract is subject to and contingent upon the availability of state and federal monies lawfully applicable for such purposes. If Medicaid, in its sole discretion, deems at any time during the term of the contract that monies lawfully applicable to this agreement shall not be available for the remainder of the term, Medicaid shall promptly notify Contractor to that effect, whereupon the obligations of the parties hereto shall end as of the date of the receipt of such notice and the contract shall at such time be cancelled without penalty to Medicaid, State or Federal Government.

L. Proration of Funds

In the event of proration of the funds from which payment under this contract is to be made, this contract will be subject to termination.

M. Termination for Convenience

Medicaid may terminate performance of work under the Contract in whole or in part whenever, for any reason, Medicaid, in its sole discretion determines that such termination is in the best interest of the State. In the event that Medicaid elects to terminate the contract pursuant to this provision, it shall so notify the Contractor by certified or registered mail, return receipt requested. The termination shall be effective as of the date specified in the notice. In such event, Contractor will be entitled only to payment for all work satisfactorily completed and for reasonable, documented costs incurred in good faith for work in progress. The Contractor will not be entitled to payment for uncompleted work, or for anticipated profit, unabsorbed overhead, or any other costs.

N. Force Majeure

Contractor shall be excused from performance hereunder for any period Contractor is prevented from performing any services pursuant hereto in whole or in part as a result of an act of God, war, civil disturbance, epidemic, or court order; such nonperformance shall not be a ground for termination for default.

O. Nondiscriminatory Compliance

Contractor shall comply with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Executive Order No. 11246, as amended by Executive Order No. 11375, both issued by the President of the United States, the Americans with Disabilities Act of 1990, and with all applicable federal and state laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination in employment.

P. Conflict of Interest

The parties acknowledge and agree that the Contractor must be free of conflicts of interest in accordance with all federal and state regulations while performing the duties within the contract and this amendment. The Contractor and Medicaid agree that each has no conflict of interest preventing the execution of this Contract amendment or the requirements of the original contract, and said parties will abide by applicable state and federal regulations, specifically those requirements found in the Office of Federal Procurement Policy Act. 41 U.S.C.A. 2101 through 2107.

Q. Open Trade

In compliance with Section 41-16-5 Code of Alabama (1975), the contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

R. Small and Minority Business Enterprise Utilization

In accordance with the provisions of 45 CFR Part 74 and paragraph 9 of OMB Circular A-102, affirmative steps shall be taken to assure that small and minority businesses are utilized when possible as sources of supplies, equipment, construction, and services.

S. Worker's Compensation

Contractor shall take out and maintain, during the life of this contract, Worker's Compensation Insurance for all of its employees under the contract or any subcontract thereof, if required by state law.

T. Employment of State Staff

Contractor shall not knowingly engage on a full-time, part-time, or other basis during the period of the contract any professional or technical personnel, who are or have been in the employment of Medicaid during the previous twelve (12) months, except retired employees or contractual consultants, without the written consent of Medicaid. Certain Medicaid employees may be subject to more stringent employment restrictions under the Alabama Code of Ethics, §36-25-1 et seq., Code of Alabama 1975.

U. Immigration Compliance

Contractor will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Contractor shall comply with the requirements of the Immigration Reform and Control Act of 1986 and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Ala. Act 2012-491 and any amendments thereto) and certify its compliance by executing Attachment G. Contractor will document that the Contractor is enrolled in the E-Verify Program operated by the US Department of Homeland Security as required by Section 9 of Act 2012-491. During the performance of the contract, the contractor shall participate in the E-Verify program and shall verify every employee that is required to be verified according to the applicable federal rules and regulations. Contractor further agrees that, should it employ or contract with any subcontractor(s) in connection with the performance of the services pursuant to this contract, that the Contractor will secure from such subcontractor(s) documentation that subcontractor is enrolled in the E-Verify program prior to performing any work on the project. The subcontractor shall verify every employee that is required to be verified according to the applicable federal rules and regulations. This subsection shall only apply to subcontractors performing work on a project subject to the provisions of this section and not to collateral persons or business entities hired by the subcontractor. Contractor shall maintain the subcontractor documentation that shall be available upon request by the Alabama Medicaid Agency.

Pursuant to Ala. Code §31-13-9(k), by signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Failure to comply with these requirements may result in termination of the agreement or subcontract.

V. Share of Contract

No official or employee of the State of Alabama shall be admitted to any share of the contract or to any benefit that may arise there from.

W. Waivers

No covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract shall be waived except by written agreement of the parties.

X. Warranties Against Broker's Fees

Contractor warrants that no person or selling agent has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission percentage, brokerage, or contingency fee excepting bona fide employees. For breach of this warranty, Medicaid shall have the right to terminate the contract without liability.

Y. Novation

In the event of a change in the corporate or company ownership of Contractor, Medicaid shall retain the right to continue the contract with the new owner or terminate the contract. The new corporate or company entity must agree to the terms of the original contract and any amendments thereto. During the interim between legal recognition of the new entity and Medicaid execution of the novation agreement, a valid contract shall continue to exist between Medicaid and the original Contractor. When, to Medicaid's satisfaction, sufficient evidence has been presented of the new owner's ability to perform under the terms of the contract, Medicaid may approve the new owner and a novation agreement shall be executed.

Z. Employment Basis

It is expressly understood and agreed that Medicaid enters into this agreement with Contractor and any subcontractor as authorized under the provisions of this contract as an independent contractor on a purchase of service basis and not on an employer-employee basis and not subject to State Merit System law.

AA. Disputes and Litigation

Except in those cases where the proposal response exceeds the requirements of the RFP, any conflict between the response of Contractor and the RFP shall be controlled by the provisions of the RFP. Any dispute concerning a question of fact arising under the contract which is not disposed of by agreement shall be decided by the Commissioner of Medicaid.

The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this contract shall be limited to the filing of a claim with the board of Adjustment for the State of Alabama. Pending a final decision of a dispute hereunder, the Contractor must proceed diligently with the performance of the contract in accordance with the disputed decision.

For any and all disputes arising under the terms of this contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation by and through private mediators.

Any litigation brought by Medicaid or Contractor regarding any provision of the contract shall be brought in either the Circuit Court of Montgomery County, Alabama, or the United States District Court for the Middle District of Alabama, Northern Division, according to the jurisdictions of these courts. This provision shall not be deemed an attempt to confer any jurisdiction on these courts which they do not by law have, but is a stipulation and agreement as to forum and venue only.

BB. Records Retention and Storage

Contractor shall maintain financial records, supporting documents, statistical records, and all other records pertinent to the Alabama Medicaid Program for a period of three years from the date of the final payment made by Medicaid to Contractor under the contract. However, if audit, litigation, or other legal action by or on behalf of the State or Federal Government has begun but is not completed at the end of the three- year period, or if audit findings, litigation, or other legal action have not been resolved at the end of the three year period, the records shall be retained until resolution.

CC. Inspection of Records

Contractor agrees that representatives of the Comptroller General, HHS, the General Accounting Office, the Alabama Department of Examiners of Public Accounts, and Medicaid and their authorized representatives shall have the right during business hours to inspect and copy Contractor’s books and records pertaining to contract performance and costs thereof. Contractor shall cooperate fully with requests from any of the agencies listed above and shall furnish free of charge copies of all requested records. Contractor may require that a receipt be given for any original record removed from Contractor’s premises.

DD. Use of Federal Cost Principles

For any terms of the contract which allow reimbursement for the cost of procuring goods, materials, supplies, equipment, or services, such procurement shall be made on a competitive basis (including the use of competitive bidding procedures) where practicable, and reimbursement for such cost under the contract shall be in accordance with 48 CFR, Chapter 1, Part 31. Further, if such reimbursement is to be made with funds derived wholly or partially from federal sources, such reimbursement shall be subject to Contractor’s compliance with applicable federal procurement requirements, and the determination of costs shall be governed by federal cost principles.

EE. Payment

Contractor shall submit to Medicaid a detailed monthly invoice for compensation for the deliverable and/or work performed. Invoices should be submitted to the Project Director. Payments are dependent upon successful completion and acceptance of described work and delivery of required documentation.

FF. Notice to Parties

Any notice to Medicaid under the contract shall be sufficient when mailed to the Project Director. Any notice to Contractor shall be sufficient when mailed to Contractor at the address given on the return receipt from this RFP or on the contract after signing. Notice shall be given by certified mail, return receipt requested.

GG. Disclosure Statement

The successful Contractor shall be required to complete a financial disclosure statement with the executed contract.

HH. Debarment

Contractor hereby certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency.

II. Not to Constitute a Debt of the State

Under no circumstances shall any commitments by Medicaid constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, Constitution of Alabama of 1901, as amended by Amendment 26. It is further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this agreement shall be limited to the filing of a claim against Medicaid with the Board of Adjustment for the State of Alabama.

JJ. Qualification to do Business in Alabama

Should a foreign corporation (a business corporation incorporated under a law other than the law of this state) be selected to provide professional services in accordance with this RFP, it must be qualified to transact business in the State of Alabama and possess a Certificate of Authority issued by the Secretary of State at the time a professional services contract is executed. To obtain forms for a Certificate of Authority, contact the Secretary of State at (334) 242-5324 or www.sos.state.al.us. The Certificate of Authority or a letter/form showing application has been made for a Certificate of Authority must be submitted with the proposal.

KK. Choice of Law

The construction, interpretation, and enforcement of this contract shall be governed by the substantive contract law of the State of Alabama without regard to its conflict of laws provisions. In the event any provision of this contract is unenforceable as a matter of law, the remaining provisions will remain in full force and effect.

LL. Alabama interChange Interface Standards

Contractor hereby certifies that any exchange of MMIS data with Medicaid's fiscal agent will be accomplished by following the Alabama interChange Interface Standards Document, which will be posted on the Medicaid website.

Appendix A: Proposal Compliance Checklist

NOTICE TO CONTRACTOR:

It is highly encouraged that the following checklist be used to verify completeness of Proposal content. It is not required to submit this checklist with your proposal.

Contractor Name

Project Director

Review Date

*Proposals for which **ALL** applicable items are marked by the Project Director are determined to be compliant for responsive proposals.*

<input checked="" type="checkbox"/> IF CORRECT	10. BASIC PROPOSAL REQUIREMENTS
<input type="checkbox"/>	1. Contractor's original proposal received on time at correct location.
<input type="checkbox"/>	2. Contractor submitted the specified copies of proposal and in electronic format.
<input type="checkbox"/>	3. The Proposal includes a completed and signed RFP Cover Sheet.
<input type="checkbox"/>	4. The Proposal is a complete and independent document, with no references to external documents or resources.
<input type="checkbox"/>	5. Contractor submitted signed acknowledgement of any and all addenda to RFP.
<input type="checkbox"/>	6. The Proposal includes written confirmation that the Contractor understands and shall comply with all of the provisions of the RFP.
<input type="checkbox"/>	7. The Proposal includes required client references (with all identifying information in specified format and order).
<input type="checkbox"/>	8. The Proposal includes a corporate background.
<input type="checkbox"/>	9. The Proposal includes a detailed description of the plan to design, implement, monitor, and address special situations related to a new Inpatient Hospital Quality Assurance program as outlined in the request for proposal regarding each element listed in the scope of work.
<input type="checkbox"/>	10. Contractor must submit a statement stating that the Contractor has an understanding of and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed. Any addition or exception to the terms and conditions are

	considered severed, null and void, and may result in the Contractor's proposal being deemed non-responsive.
<input type="checkbox"/>	11. The response includes (if applicable) a Certificate of Authority or letter/form showing application has been made with the Secretary of State for a Certificate of Authority.
<input type="checkbox"/>	12. The response must include an E-Verify Memorandum of Understanding with the Department of Homeland Security.

Appendix B: Contract and Attachments

The following are the documents that must be signed **AFTER** contract award and prior to the meeting of the Legislative Contract Oversight Committee Meeting.

Sample Contract

Attachment A: Business Associate Addendum

Attachment B: Contract Review Report for Submission to Oversight Committee

Attachment C: Immigration Status

Attachment D: Disclosure Statement

Attachment E: Letter Regarding Reporting to Ethics Commission

Attachment F: Instructions for Certification Regarding Debarment, Suspension,
Ineligibility and Voluntary Exclusion

Attachment G: Beason-Hammon Certificate of Compliance

Attachment H: Active Hospitals Instate and Out of State Bordering

Attachment I: CMS HAC Report

Attachment J: Virtual Private Network Subscriber Agreement

CONTRACT

BETWEEN
THE ALABAMA MEDICAID AGENCY
AND

KNOW ALL MEN BY THESE PRESENTS, that the Alabama Medicaid Agency, an Agency of the State of Alabama, and _____, Contractor, agree as follows:

Contractor shall furnish all labor, equipment, and materials and perform all of the work required under the Request for Proposal (RFP Number _____, dated _____, strictly in accordance with the requirements thereof and Contractor’s response thereto.

Contractor shall be compensated for performance under this contract in accordance with the provisions of the RFP and the price provided on the RFP Cover Sheet response, in an amount not to exceed _____.

Contractor and the Alabama Medicaid Agency agree that the initial term of the contract is ____to _____

This contract specifically incorporates by reference the RFP, any attachments and amendments thereto, and Contractor’s response.

CONTRACTOR

ALABAMA MEDICAID AGENCY
This contract has been reviewed for
and is approved as to content.

Contractor’s name here

Stephanie McGee Azar
Commissioner

Date signed

Date signed

Printed Name

This contract has been reviewed for legal
form and complies with all applicable laws,
rules, and regulations of the State of
Alabama governing these matters.

Tax ID: _____

APPROVED:

General Counsel

Governor, State of Alabama

**ALABAMA MEDICAID AGENCY
BUSINESS ASSOCIATE ADDENDUM**

This Business Associate Addendum (this “Agreement”) is made effective the _____ day of _____, 20____, by and between the Alabama Medicaid Agency (“Covered Entity”), an agency of the State of Alabama, and _____ (“Business Associate”) (collectively the “Parties”).

1. BACKGROUND

1.1. Covered Entity and Business Associate are parties to a contract entitled

_____ (the “Contract”), whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.

1.2. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a “business associate” within the meaning of the HIPAA Rules (as defined below).

1.3. The Parties enter into this Business Associate Addendum with the intention of complying with the HIPAA Rules allowing a covered entity to disclose protected health information to a business associate, and allowing a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

2. DEFINITIONS

2.1 General Definitions

2.1.1. The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Electronic Protected Health Information, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

2.2 Specific Definitions

2.1.2. Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 C.F.R. § 160.103

2.1.3. Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 C.F.R. § 160.103.

2.1.4. HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164.

3. OBLIGATIONS OF BUSINESS ASSOCIATE

Business Associate agrees to the following:

- 3.1** Use or disclose PHI only as permitted or required by this Agreement or as Required by Law.
- 3.2** Use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement. Further, Business Associate will implement administrative, physical and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity as required by Subpart C of 45 C.F.R. Part 164.
- 3.3** Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- 3.4** Report to Covered Entity within five (5) business days any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.
- 3.5** Ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information in accordance with 45 C.F.R. § 164.502(e)(1)(ii) and § 164.308(b)(2), if applicable.
- 3.6** Provide Covered Entity with access to PHI within thirty (30) business days of a written request from Covered Entity, in order to allow Covered Entity to meet its requirements under 45 C.F.R. § 164.524, access to PHI maintained by Business Associate in a Designated Record Set.
- 3.7** Make amendment(s) to PHI maintained by Business Associate in a Designated Record Set that Covered Entity directs or agrees to, pursuant to 45 C.F.R. § 164.526 at the written request of Covered Entity, within thirty (30) calendar days after receiving the request.
- 3.8** Make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, Covered Entity, available to Covered Entity or to the Secretary within five (5) business days after receipt of written notice or as designated by the Secretary for purposes of determining compliance with the HIPAA Rules.
- 3.9** Maintain and make available the information required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI as necessary to satisfy the Covered Entity's obligations under 45 C.F.R. § 164.528.
- 3.10** Provide to the Covered Entity, within thirty (30) days of receipt of a written request from Covered Entity, the information required for Covered Entity to respond to a request by an Individual or an authorized representative for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.
- 3.11** Maintain a comprehensive security program appropriate to the size and complexity of the Business Associate's operations and the nature and scope of its activities as defined in the Security Rule.
- 3.12** Notify the Covered Entity within five (5) business days following the discovery of a breach of unsecured PHI on the part of the Contractor or any of its sub-contractors, and

3.12.1 Provide the Covered Entity the following information:

- 3.12.1(a) The number of recipient records involved in the breach.
- 3.12.1(b) A description of what happened, including the date of the breach and the date of the discovery of the breach if known.
- 3.12.1(c) A description of the types of unsecure protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other type information were involved).
- 3.12.1(d) Any steps the individuals should take to protect themselves from potential harm resulting from the breach.
- 3.12.1(e) A description of what the Business Associate is doing to investigate the breach, to mitigate harm to individuals and to protect against any further breaches.
- 3.12.1(f) Contact procedures for individuals to ask questions or learn additional information, which shall include the Business Associate's toll-free number, email address, Web site, or postal address.
- 3.12.1(g) A proposed media release developed by the Business Associate.

3.12.2 Work with Covered Entity to ensure the necessary notices are provided to the recipient, prominent media outlet, or to report the breach to the Secretary of Health and Human Services (HHS) as required by 45 C.F.R. Part 164, Subpart D.;

3.12.3 Pay the costs of the notification for breaches that occur as a result of any act or failure to act on the part of any employee, officer, or agent of the Business Associate;

3.12.4 Pay all fines or penalties imposed by HHS under 45 C.F.R. Part 160, "HIPAA Administrative Simplification: Enforcement Rule" for breaches that occur as a result of any act or failure to act on the part of any employee, officer, or agent of the Business Associate.

3.12.5 Co-ordinate with the Covered Entity in determining additional specific actions that will be required of the Business Associate for mitigation of the breach.

4. PERMITTED USES AND DISCLOSURES

Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may

- 4.1** Use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the Subpart E of 45 C.F.R. Part 164 if done by Covered Entity;
- 4.2** Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- 4.3** Disclose PHI for the proper management and administration of the Business Associate, provided that:
 - 4.3.1** Disclosures are Required By Law; or

4.3.2 Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

4.4 Use PHI to provide data aggregation services to Covered Entity as permitted by 42 C.F.R. § 164.504(e)(2)(i)(B).

5. REPORTING IMPROPER USE OR DISCLOSURE

The Business Associate shall report to the Covered Entity within five (5) business days from the date the Business Associate becomes aware of:

5.1 Any use or disclosure of PHI not provided for by this agreement

5.2 Any Security Incident and/or breach of unsecured PHI

6. OBLIGATIONS OF COVERED ENTITY

The Covered Entity agrees to the following:

6.1 Notify the Business Associate of any limitation(s) in its notice of privacy practices in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Alabama Medicaid's use or disclosure of PHI.

6.2 Notify the Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect the Business Associate's use or disclosure of PHI.

6.3 Notify the Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.

6.4 Not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

6.5 Provide Business Associate with only that PHI which is minimally necessary for Business Associate to provide the services to which this agreement pertains.

7. TERM AND TERMINATION

7.1 Term. The Term of this Agreement shall be effective as of the effective date stated above and shall terminate when the Contract terminates.

7.2 Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:

7.2.1 Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

7.2.2 Immediately terminate this Agreement; or

7.2.3 If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.

7.3 Effect of Termination.

- 7.3.1** Except as provided in paragraph (2) of this section or in the Contract, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
- 7.3.2** In the event that Business Associate determines that the PHI is needed for its own management and administration or to carry out legal responsibilities, and returning or destroying the PHI is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall:
- 7.3.2(a) Retain only that PHI which is necessary for business associate to continue its proper management and administration or to carry out its legal responsibilities;
 - 7.3.2(b) Return to covered entity or, if agreed to by covered entity, destroy the remaining PHI that the business associate still maintains in any form;
 - 7.3.2(c) Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as business associate retains the PHI;
 - 7.3.2(d) Not use or disclose the PHI retained by business associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 4, "Permitted Uses and Disclosures" which applied prior to termination; and
 - 7.3.2(e) Return to covered entity or, if agreed to by covered entity, destroy the PHI retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

7.4 Survival

The obligations of business associate under this Section shall survive the termination of this Agreement.

8. GENERAL TERMS AND CONDITIONS

- 8.1** This Agreement amends and is part of the Contract.
- 8.2** Except as provided in this Agreement, all terms and conditions of the Contract shall remain in force and shall apply to this Agreement as if set forth fully herein.
- 8.3** In the event of a conflict in terms between this Agreement and the Contract, the interpretation that is in accordance with the HIPAA Rules shall prevail. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the HIPAA Rules.
- 8.4** A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Contract for cause.

8.5 The Parties agree to take such action as is necessary to amend this Agreement from time to time for Covered Entity to comply with the requirements of the HIPAA Rules.

IN WITNESS WHEREOF, Covered Entity and Business Associate have executed this Agreement effective on the date as stated above.

ALABAMA MEDICAID AGENCY

Signature: _____

Printed Name: Clay Gaddis

Title: Privacy Officer

Date: _____

BUSINESS ASSOCIATE

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Contract Review Permanent Legislative Oversight Committee

Alabama State House --- Montgomery, Alabama 36130

CONTRACT REVIEW REPORT

(Separate review report required for each contract)

Name of State Agency: _____

Name of Contractor: _____

Contractor's Physical Street Address (No P.O. Box Accepted) _____ City _____ ST _____

Is Contractor a Sole Source? YES _____ NO _____ (IF YES, ATTACH LETTER) Is Contractor organized as an Alabama Entity in Alabama? YES _____ NO _____ Is Contractor a minority and/or woman-owned business? YES _____ NO _____ If so, is Contractor certified as such by the State of Alabama? YES _____ NO _____ Check all that apply: ALDOT _____ ADECA _____ OTHER (Name) _____ Is Contractor Registered with Alabama Secretary of State to do Business as a Corporation in Alabama? YES _____ NO _____

IF LLC, GIVE NAMES OF MEMBERS: _____

Is Act 2001-955 Disclosure Form Included with this Contract? YES _____ NO _____

Does Contractor have current member of Legislature or family member of Legislator employed? YES _____ NO _____ Was a Lobbyist/Consultant used to secure this Contract OR affiliated with this Contractor? YES _____ NO _____ IF

YES, GIVE NAME: _____

Contract Number: C _____ (See Fiscal Policies & Procedures Manual, Page 5-8)

Contract/Amendment Amount: \$ _____ (PUT AMOUNT YOU ARE ASKING FOR TODAY ONLY)

% State Funds: _____ % Federal Funds: _____ % Other Funds: _____ **

**Please Specify Source of Other Funds (Fees, Grants, etc.) _____

Date Contract Effective: _____ Date Contract Ends: _____

Type Contract: NEW: _____ RENEWAL: _____ AMENDMENT: _____

If Renewal, was it originally Bid? YES _____ NO _____

If AMENDMENT, Complete A through C:

[A] ORIGINAL contract amount \$ _____

[B] Amended total prior to this amendment \$ _____

[C] Amended total after this amendment \$ _____

Was Contract Secured through Bid Process? YES _____ NO _____ Was lowest Bid accepted? YES _____ NO _____

Was Contract Secured through RFP Process? YES _____ NO _____ Date RFP was awarded: _____

Posted to Statewide RFP Database at http://rfp.alabama.gov/Login.aspx? YES _____ NO _____

If NO, give a brief explanation as to why not: _____

Summary of Contract Services to be Provided: _____

Why Contract Necessary AND why this service cannot be performed by merit employee: _____

I certify that the above information is correct.

Signature of Agency Head _____

Signature of Contractor _____

Printed Name of Agency Head _____

Printed Name of Contractor _____

Agency Contact: _____ Phone: _____

IMMIGRATION STATUS

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

Signature of Contractor

Witness



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama Medicaid Agency

ADDRESS

501 Dexter Avenue, Post Office Box 5624

CITY, STATE, ZIP TELEPHONE NUMBER

Montgomery, Alabama 36103-5624 (334) 242-5833

This form is provided with:

- Contract
- Proposal
- Request for Proposal
- Invitation to Bid
- Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

- Yes
- No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT RECEIVED	TYPE OF GOODS/SERVICES	AMOUNT

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

- Yes
- No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE DEPARTMENT/AGENCY	ADDRESS	STATE
---	---------	-------

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
--------------------------	---------	---	--

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
----------------------------------	---------

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature	Date
-----------	------

Notary's Signature	Date	Date Notary Expires
--------------------	------	---------------------

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.



Alabama Medicaid Agency
501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624
www.medicaid.alabama.gov
e-mail:
almedicaid@medicaid.alabama.gov



Kay Ivey
Governor

Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504

STEPHANIE MCGEE AZAR
Commissioner

MEMORANDUM

SUBJECT: Reporting to Ethics Commission by Persons Related to Agency Employees

Section 36-25-16(b) Code of Alabama (1975) provides that anyone who enters into a contract with a state agency for the sale of goods or services exceeding \$7500 shall report to the State Ethics Commission the names of any adult child, parent, spouse, brother or sister employed by the agency.

Please review your situation for applicability of this statute. The address of the Alabama Ethics Commission is:

100 North Union Street
RSA Union Bldg.
Montgomery, Alabama 36104

A copy of the statute is reproduced below for your information. If you have any questions, please feel free to contact the Agency Office of General Counsel, at 242-5741.

Section 36-25-16. Reports by persons who are related to public officials or public employees and who represent persons before regulatory body or contract with state.

- (a) When any citizen of the state or business with which he or she is associated represents for a fee any person before a regulatory body of the executive branch, he or she shall report to the commission the name of any adult child, parent, spouse, brother, or sister who is a public official or a public employee of that regulatory body of the executive branch.
- (b) When any citizen of the State or business with which the person is associated enters into a contract for the sale of goods or services to the State of Alabama or any of its agencies or any county or municipality and any of their respective agencies in amounts exceeding seven thousand five hundred dollars (\$7500) he or she shall report to the commission the names of any adult child, parent, spouse, brother, or sister who is a public official or public employee of the agency or department with whom the contract is made.
- (c) This section shall not apply to any contract for the sale of goods or services awarded through a process of public notice and competitive bidding.
- (d) Each regulatory body of the executive branch, or any agency of the State of Alabama shall be responsible for notifying citizens affected by this chapter of the requirements of this section. (Acts 1973, No. 1056, p. 1699, §15; Acts 1975, No. 130, §1; Acts 1995, No. 95-194, p. 269, §1.)

**Instructions for Certification Regarding Debarment, Suspension,
Ineligibility and Voluntary Exclusion**

(Derived from Appendix B to 45 CFR Part 76--Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions)

1. By signing and submitting this contract, the prospective lower tier participant is providing the certification set out therein.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Alabama Medicaid Agency (the Agency) may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the Agency if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, and voluntarily excluded, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this contract is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this contract that, should the contract be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this contract that it will include this certification clause without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Agency may pursue available remedies, including suspension and/or debarment.

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE Contract/Grant/Incentive (describe by number or subject): _____ by and between _____ (Contractor/Grantee) and Alabama Medicaid Agency (State Agency or Department or other Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.
 - BUSINESS ENTITY.** Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:
 - a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
 - b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

_____(a)The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

_____(b)The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20_____.

Name of Contractor/Grantee/Recipient

By: _____

Its _____

The above Certification was signed in my presence by the person whose name appears above, on this _____ day of _____ 20_____.

WITNESS: _____

Print Name of Witness

Virtual Private Network Subscriber Agreement

AGREEMENT BETWEEN

DXC TECHNOLOGY SERVICES AND

SUBSCRIBER

This Agreement, by and between DXC TECHNOLOGY SERVICES, LLC (hereafter referred to as "DXC"), and approved value added network suppliers and certain health care providers (hereafter referred to as "SUBSCRIBERS"), for the provision of a connection to the Alabama Medicaid Management Information System (AMMIS).

WHEREAS, the Alabama Medicaid Agency (the "State Agency") designated by Alabama law to administer the medical assistance program for the State of Alabama as provided for in Title XIX of the Social Security Act (Medicaid); and

WHEREAS, the Alabama Medicaid Agency operates AMMIS through its fiscal agent to allow verification of eligibility, benefits coverage and other insurance, as well as submission of claims for Medicaid recipients by Medicaid providers;

WHEREAS, DXC is the fiscal agent of the AMMIS system;

NOW THEREFORE, in consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this agreement according to the provisions set out herein:

A. TERM

This agreement shall be effective upon signature of both parties and shall remain in effect until terminated by either party upon at least thirty (30) days prior written notice to the other party. DXC may terminate this agreement immediately in the event of a violation by SUBSCRIBERS of any term of the agreement.

B. SITE TO SITE VPN CONNECTION

Connection – Connection between Subscriber and the AMMIS system is a site to site VPN over the public internet. It is the responsibility of the clearinghouse to provide their own connection to the public internet at a size and speed suitable for the traffic intended at their facility. DXC will provide the connection to the public internet for Alabama Medicaid MMIS system for the purposes of this connection.

Connection Termination – Service may be terminated by either party. A written 30 day notice is required for termination with the exception of the following circumstances:

- Should the Subscriber not pay their account within terms, the connection will be severed.
- Should DXC require the connection to be severed per the State Agency, Subscriber will comply within the cancellation terms herein.
- To restore the connection, Subscriber must cure breach or make the account current and pay the setup fee detailed in the **Charges** section of this document.

Response Time – The maximum expected response time by DXC is 30 minutes Monday through Friday (8AM to 5PM central time) and 2 hours otherwise. Actual incident recovery time will be dependent on the resolution of the incident. Subscriber should thoroughly test Subscriber owned equipment and connection before contacting DXC for testing.

Charges ("Charges") – DXC will bill Subscriber \$ 1,350.00 per quarter (3 month period) to maintain the site to site VPN connection. A setup fee of \$1,600.00 is required to establish the connection and test. Subscriber agrees to pay within 30 days of the date of the invoice. Any prorated amounts will be determined by mutual agreement. DXC shall reevaluate charges every twelve (12) months. Subscriber agrees that the acceptance of market driven increases shall be a condition of continued performance under this agreement.

C. INDEMNIFICATION

The SUBSCRIBERS agrees to indemnify, defend, save and hold harmless DXC from all claims, demands, liabilities, and suits of any breach of this agreement by the SUBSCRIBERS, its Subscribers or employees, including

but not limited to any occurrence of omission or negligence of the SUBSCRIBERS, its Subscribers or employees, and more specifically, without limitations:

1. Any claims or losses for services rendered by a subcontractor, consultant, person or firm performing or supplying services, materials or supplies in connection with the performance of the contract;
2. Any claims or losses to any person or firm injured or damaged by the erroneous or negligent acts, including disregard of Federal or State regulations or Federal statutes, of the SUBSCRIBERS, its Subscribers, consultants, officers and employees, or subcontractors in the performance of this agreement;
3. Any claims or losses resulting to any person or firm injured or damaged by the SUBSCRIBERS, its Subscribers, consultants, officers, employees, or subcontractors by the publications, translation, reproduction, delivery, performance, use or disposition of any data processed under the contract in any manner not authorized by the contract, or Federal or State regulations or statutes; and
4. Any failure of the SUBSCRIBERS, its officers, Subscribers, consultants, employees, or subcontractors to observe State or Federal laws, including but not limited to labor laws and minimum wage laws.

D. NON-EXCLUSIVITY

DXC shall not be in any way limited from entering into similar contracts with other Subscribers desiring to provide the same or similar service, nor shall DXC be in any way limited from providing the same or similar service directly to health care providers. DXC shall in no way be limited in its use of any information it obtains from the SUBSCRIBERS in connection with this Agreement, and the parties hereto agree that no such information shall be considered proprietary or trade secret information of the SUBSCRIBERS.

E. Changes and Amendment Language

Requests for changes will be submitted to the other party in writing for consideration of feasibility and the likely effect on the cost and schedule for performance of the Services. The parties will mutually agree, in writing, upon any proposed changes, including resulting equitable adjustments to costs and performance of the Services

F. ENTIRE AGREEMENT

This written Agreement constitutes the entire Agreement between the parties, and no additional representatives, writings or documents are a part hereof, unless specifically referred to herein above. The requirements in the Alabama Data Switch Agreement are hereby incorporated. This Agreement may be amended by written agreement of the parties hereto.

G. CONTACT PERSONS

DXC:
Lamar Smith
ITO Account Delivery Manager
301 Technacenter Drive
Montgomery, AL 36117

Phone: (334) 215-4201

SUBSCRIBER:
Contact: _____
E-Mail: _____
Company: _____
Address: _____
City, State and Zip: _____
Phone: _____

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

SUBSCRIBER

(sign)
BY: _____
(print)
TITLE: _____
DATE: _____

HP ENTERPRISE SERVICES, LLC

BY: _____
TITLE: _____
DATE: _____

Appendix C: Pricing Template

	Months	Task	Monthly Firm and Fixed Rate	Annual Cost (Months X Monthly Firm and Fixed Rate)
Year	12	Implementation		
Year	12	Implementation		
Year	12	Operations		
Year	12	Operations		
Year	12	Operations		
TOTAL 5 Year Firm and Fixed Price				

The Contractor must utilize this Pricing Form to provide their Total 5 Year Firm and Fixed Price by year.

Appendix D: HL7 Structure Lab Data Set

Data Element Name
Sending Application
Sending Facility
Receiving Application
Receiving Facility
Date/Time Of Message
Security
Message Type
Message Control ID
Processing ID
Version ID
Set ID
Patient ID
Patient Identifier List
Alternate Patient ID - PID
Patient Name
Mother's Maiden Name
Date/Time of Birth
Administrative Sex
Patient Alias
Race
Patient Address
County Code
Phone Number - Home
Phone Number - Business
Primary Language
Marital Status
Religion
Patient Account Number
SSN Number - Patient
Driver's License Number - Patient
Mother's Identifier
Ethnic Group
Set ID - PV1
Patient Class
Assigned Patient Location
Admission Type
Preadmit Number
Prior Patient Location

Attending Doctor
Referring Doctor
Consulting Doctor
Hospital Service
Temporary Location
Preadmit Test Indicator
Re-admission Indicator
Admit Source
Ambulatory Status
VIP Indicator
Admitting Doctor
Patient Type
Visit Number
Financial Class
Charge Price Indicator
Courtesy Code
Credit Rating
Contract Code
Contract Effective Date
Contract Amount
Contract Period
Interest Code
Transfer to Bad Debt Code
Transfer to Bad Debt Date
Bad Debt Agency Code
Bad Debt Transfer Amount
Bad Debt Recovery Amount
Delete Account Indicator
Delete Account Date
Discharge Disposition
Discharged to Location
Diet Type
Servicing Facility
Bed Status
Account Status
Pending Location
Prior Temporary Location
Admit Date/Time
Discharge Date/Time
Set ID - OBR
Placer Order Number
Filler Order Number
Universal Service Identifier
Priority - OBR
Requested Date/Time

Observation Date/Time
Observation End Date/Time
Collection Volume
Collector Identifier
Specimen Action Code
Danger Code
Relevant Clinical Information
Specimen Received Date/Time
Specimen Source
Ordering Provider
Order Callback Phone Number
Placer Field
Placer Field
Filler Field
Filler Field
Results Rpt/Status Chng – Date/Time
Charge to Practice
Diagnostic Service Section ID
Result Status
Parent Result
Quantity/Timing
Result Copies
Parent
Transportation Mode
Reason for Study
Principal Result Interpreter
Set ID - OBX
Value Type
Observation Identifier
Observation Sub-ID
Observation Value
Units
Reference Range
Abnormal Flags
Probability
Nature of Abnormal Test
Observation Result Status
Effective Date of Reference RangeValues
User Defined Access Checks
Date/Time of the Observation
Producer's Reference
Responsible Observer
Observation Method
Equipment Instance Identifier
Date/Time of the Analysis

Reserved for harmonization with v2.6
Reserved for harmonization with v2.6
Reserved for harmonization with v2.6
Performing Organization Name
Performing Organization Address
Performing Organization Medical



State of Alabama Solicitation

Solicitation RFP 062 19000000064	Document Phase Final	Document Description LAB DATA INTEGRATION RFP
Procurement Folder 805604	Creation Date 03/01/19	Print Date 03/06/19

Request for Proposals

CONTACTS

Contact	Name	E-mail	Phone
Requestor:	Info RFP	RFP@medicaid.alabama.gov	334-353-3785
Issuer:	Info RFP	RFP@medicaid.alabama.gov	334-353-3785
Buyer:	Info RFP	RFP@medicaid.alabama.gov	334-353-3785

Bids will be accepted from: 03/06/19
to: 04/01/19

All Inquiries for Information Regarding Bid Submission Requirements or Procurement Procedures Should be Directed To The Buyer Contact Listed Above.

COMMODITY INFORMATION

Group: 1	Line: 1	Line Type: Service
Commodity Code: PRF34		Quantity:
Commodity Description: OTHER		Unit:
Extended Description:		
OTHER		

SHIPPING AND BILLING

Shipping Medicaid Headquarters Shipping 501 Dexter Avenue Montgomery, AL 36104	Billing ,
Delivery Date:	Delivery Type:

COMMODITY INFORMATION

Group: 1	Line: 3	Line Type: Service
Commodity Code: PRF08000001		Quantity:
Commodity Description: CONSULTING SERVICES		Unit:
Extended Description:		

SHIPPING AND BILLING

Shipping

Medicaid Headquarters Shipping
501 Dexter Avenue
Montgomery, AL 36104

Billing

,

Delivery Date:

Delivery Type:

COMMODITY INFORMATION

Group: 1 **Line:** 4 **Line Type:** Service

Commodity Code: PRF08000002 **Quantity:**

Commodity Description: CONSULTING SERVICES **Unit:**

Extended Description:

CONSULTING SERVICES

SHIPPING AND BILLING

Shipping

Medicaid Headquarters Shipping
501 Dexter Avenue
Montgomery, AL 36104

Billing

,

Delivery Date:

Delivery Type:

COMMODITY INFORMATION

Group: 1 **Line:** 5 **Line Type:** Service

Commodity Code: PRF08000004 **Quantity:**

Commodity Description: CONSULTING SERVICES **Unit:**

Extended Description:

CONSULTING SERVICES

SHIPPING AND BILLING

Shipping

Medicaid Headquarters Shipping
501 Dexter Avenue
Montgomery, AL 36104

Billing

,

Delivery Date:

Delivery Type:

COMMODITY INFORMATION

Group: 1 **Line:** 6 **Line Type:** Service
Commodity Code: PRF08000013 **Quantity:**
Commodity Description: CONSULTANT SERVICES, COMPUTER **Unit:**
Extended Description:

CONSULTANT SERVICES, COMPUTER SYSTEMS/NETWORKING

SHIPPING AND BILLING

Shipping	Billing
Medicaid Headquarters Shipping 501 Dexter Avenue Montgomery, AL 36104	,
Delivery Date:	Delivery Type:

COMMODITY INFORMATION

Group: 1 **Line:** 7 **Line Type:** Service
Commodity Code: PRF08000015 **Quantity:**
Commodity Description: CONSULTING SERVICES RELATED TO THE **Unit:**
Extended Description:

CONSULTING SERVICES RELATED TO THE IMPLEMENTATION OF SOFTWARE

SHIPPING AND BILLING

Shipping	Billing
Medicaid Headquarters Shipping 501 Dexter Avenue Montgomery, AL 36104	,
Delivery Date:	Delivery Type:

COMMODITY INFORMATION

Group: 1 **Line:** 8 **Line Type:** Service
Commodity Code: PRF08000016 **Quantity:**
Commodity Description: CONSULTING SERVICES RELATED TO THE **Unit:**
Extended Description:

CONSULTING SERVICES RELATED TO THE IMPLEMENTATION OF SOFTWARE

SHIPPING AND BILLING

Shipping	Billing
Medicaid Headquarters Shipping	,

501 Dexter Avenue
Montgomery, AL 36104

Delivery Date:

Delivery Type:

1900000064	Document Phase Final	Document Description LAB DATA INTEGRATION RFP	Page 5 of 7
------------	--------------------------------	---	-----------------------

GENERAL TERMS AND CONDITIONS FOR RFP FOR SERVICES v 7-9-15 rhc edit 7-28-15

GENERAL TERMS AND CONDITIONS FOR THIS REQUEST FOR PROPOSALS - All proposals are subject to these Terms and Conditions.

1. PROHIBITED CONTACTS; INQUIRIES REGARDING THIS RFP – *From the Release Date of this RFP until a contract is awarded, parties that intend to submit, or have submitted, a Proposal are prohibited from communicating with any members of the Soliciting Party’s Team for this transaction who may be identified herein or subsequent to the Release Date, or other employees or representatives of the Soliciting Party regarding this RFP or the underlying transaction except the designated contact(s) identified in {insert location in RFP where contacts are identified, such as Section S or Item 2.}*

Questions relating only to the RFP process may be submitted by telephone or by mail or hand delivery to: the designated contact. Questions on other subjects, seeking additional information and clarification, must be made in writing and submitted via email to the designated contact, sufficiently in advance of the deadline for delivery of Proposals to provide time to develop and publish an answer. A question received less than two full business days prior to the deadline may not be acknowledged. Questions and answers will be published to those parties submitting responsive proposals.

2. NONRESPONSIVE PROPOSALS - Any Proposal that does not satisfy requirements of the RFP may be deemed non-responsive and may be disregarded without evaluation. Clarification or supplemental information may be required from any Proposer.

3. CHANGES TO THE RFP; CHANGES TO THE SCHEDULE - The Soliciting Party reserves the right to change or interpret the RFP prior to the Proposal Due Date. Changes will be communicated to those parties receiving the RFP who have not informed the Soliciting Party’s designated contact that a Proposal will not be submitted. Changes to the deadline or other scheduled events may be made by the Soliciting Party as it deems to be in its best interest.

4. EXPENSES - Unless otherwise specified, the reimbursable expenses incurred by the service provider in the providing the solicited services, shall be charged at actual cost without mark-up, profit or administrative fee or charge. Only customary, necessary expenses in reasonable amounts will be reimbursable, to include copying (not to exceed 15 cents per page), printing, postage in excess of first class for the first one and one-half ounces, travel and preapproved consulting services. Cost of electronic legal research, cellular phone service, fax machines, long-distance telephone tolls, courier, food or beverages are not reimbursable expenses without prior authorization, which will not be granted in the absence of compelling facts that demonstrate a negative effect on the issuance of the bonds, if not authorized.

If pre-approved, in-state travel shall be reimbursed at the rate being paid to state employees on the date incurred. Necessary lodging expenses will be paid on the same per-diem basis as state employees are paid. Any other pre-approved travel expenses will be reimbursed on conditions and in amounts that will be declared by the Issuer when granting approval to travel. Issuer may require such documentation of expenses as it deems necessary.

5. REJECTION OF PROPOSALS - The Soliciting Party reserves the right to reject any and all proposals and cancel this Request if, in the exercise its sole discretion, it deems such action to be in its best interest.

6. EXPENSES OF PROPOSAL – The Soliciting Party will not compensate a Proposer for any expenses incurred in the preparation of a Proposal.

7. DISCLOSURE STATEMENT - A Proposal must include one original Disclosure Statement as required by Code Section 41-16-82, et seq., Code of Alabama 1975. Copies of

1900000064	Document Phase Final	Document Description LAB DATA INTEGRATION RFP	Page 6 of 7
------------	-------------------------	--	----------------

the Disclosure Statement, and information, may be downloaded from the State of Alabama Attorney General's web site at <http://ago.alabama.gov/Page-Vendor-Disclosure-Statement-Information-and-Instructions>.

8. LEGISLATIVE CONTRACT REVIEW - Personal and professional services contracts with the State may be subject to review by the Contract Review Permanent Legislative Oversight Committee in accordance with Section 29-2-40, et seq., *Code of Alabama 1975*. The vendor is required to be knowledgeable of the provisions of that statute and the rules of the committee. These rules can be found at <http://www.legislature.state.al.us/aliswww/AlaLegJointIntCommContracReview.aspx>. If a

contract resulting from this RFP is to be submitted for review the service provider must provide the forms and documentation required for that process.

9. THE FINAL TERMS OF THE ENGAGEMENT - Issuance of this Request For Proposals in no way constitutes a commitment by the Soliciting Party to award a contract. The final terms of engagement for the service provider will be set out in a contract which will be effective upon its acceptance by the Soliciting Party as evidenced by the signature thereon of its authorized representative. Provisions of this Request For Proposals and the accepted Proposal may be incorporated into the terms of the engagement should the Issuer so dictate. Notice is hereby given that there are certain terms standard to commercial contracts in private sector use which the State is prevented by law or policy from accepting, including indemnification and holding harmless a party to a contract or third parties, consent to choice of law and venue other than the State of Alabama, methods of dispute resolution other than negotiation and mediation, waivers of subrogation and other rights against third parties, agreement to pay attorney's fees and expenses of litigation, and some provisions limiting damages payable by a vendor, including those limiting damages to the cost of goods or services.

10. BEASON-HAMMON ACT COMPLIANCE. A contract resulting from this RFP will include provisions for compliance with certain requirements of the *Beason-Hammon Alabama taxpayer and Citizen Protection Act* (Act 2011-535, as amended by Act 2012-491 and codified as Sections 31-13-1 through 35, Code of Alabama, 1975, as amended), as follows:

E- VERIFY ENROLLMENT DOCUMENTATION AND PARTICIPATION. As required by Section 31-13-9(b), Code of Alabama, 1975, as amended, Contractor that is a "business entity" or "employer" as defined in Code Section 31-13-3, will enroll in the E-Verify Program administered by the United States Department of Homeland Security, will provide a copy of its Memorandum of Agreement with the United States Department of Homeland Security that program and will use that program for the duration of this contract.

CONTRACT PROVISION MANDATED BY SECTION 31-13-9(k):

By signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

19000000064	Document Phase Final	Document Description LAB DATA INTEGRATION RFP	Page 7 of 7
-------------	--------------------------------	---	-----------------------

ATTENTION: Alabama Medicaid intends to post the Lab Data Integration RFP specifications document by the close of business on 03/06/2019, to the Alabama Medicaid website at:

http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.4_Procurement.aspx.

All questions concerning this RFP must be directed to:

Meaningful.use@medicaid.alabama.gov



DXC.technology

Alabama Medicaid Agency

Medicaid



AMMIS Interface Standards Document

05/24/2018

**Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, Alabama 36104**

**DXC Technology
301 Technacenter Drive
Montgomery, Alabama 36117**

Table of Contents

1. DOCUMENT CONTROL	1
1.1 Document Information Page	1
1.2 Amendment History	1
1.3 Related documentation.....	3
2. INTRODUCTION	4
2.1 Services.....	4
2.2 File Exchange Method	5
2.3 File Layout.....	5
3. NETWORK ACCESS	6
3.1 Agency Contractors	6
3.2 Value Added Network (VAN)	6
3.3 Initial Setup of VAN	7
3.4 Procedures and Timing	7
3.5 Modifications of VPN.....	8
3.6 Termination of VPN	8
4. FILE EXCHANGE	9
4.1 Initial Set-up of SFTP	9
4.2 Procedures and Timing	9
4.3 Modifications to SFTP connection	9
4.4 Termination of SFTP	10
5. FILE EXTRACTS	11

1. Document Control

The latest version of this document is stored electronically. Any printed copy has to be considered an uncontrolled copy.

1.1 Document Information Page

Required Information	Definition
Document Title	AMMIS Interface Standards Document
Version:	1.6
Location:	https://pwb.alix.slg.edcs.com/alix/QA/Developer%20Processes/
Owner:	DXC Technology
Author:	John Evans
Approved by:	
Approval Date:	

1.2 Amendment History

The following Amendment History log contains a record of changes made to this document:

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
05/13/2010	1.1	Jennifer Sluis	Changed EDS and Electronic Data Systems to HP Enterprise Services Added descriptions of extract files and removed file layouts.	Global
06/18/2012	1.2	Lamar Smith / John Evans	Updated per 2010 ITB Requirement 3.01.043.	Global
10/3/2012	1.3	Jennifer Sluis	Added new files for Recipient subsystem	Section 5
5/8/2014	1.4	John Evans	Added file hyperlinks	Section 5
5/12/2017	1.5	Melanie Haygood	Global updates to add procesisng for Safe Harbor. Updated HP to DXC.	Section 2 and Section 3

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
4/6/2018	1.6	John Evans	2018 QA Audit.	<ul style="list-style-type: none"> • Section 2.1: Replaced the website links for the Alabama Medicaid Companion Guides (HIPAA and NCPDP). • Section 3.1: Added clarification for the “Site To Site VPN Technical Specifications” document. It’s also referred to as the “VPN Subscriber Agreement for Alabama” and can be found in Section 3.2. • Section 3.2: Replaced the website link for the Alabama Medicaid HIPAA Companion Guide. • Section 3.2: Replaced the VPN Subscriber Agreement with an updated version. • Section 3.2: Replaced the AMMIS VAN Interface Specifications document with an updated version. • Section 3.2: Added a DXC Header to the NCPDP Interactive Activity Volumes .pdf. • Section 4.1: Embedded SFTP Request document replaced with a website link. • Section 4.4: Added to document the steps taken to terminate file transmits.

1.3 Related documentation

Description	URL
Companion Guide	http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.3_Companion_Guides.aspx

2. Introduction

2010 ITB Requirement 3.01.043: The Vendor shall identify a single point of contact for all external interfaces. This point of contact shall provide prior to the start of operations written procedures on the initial set-up of interfaces, modifications to interfaces and termination of interfaces. The written procedures must contain any forms required by the vendor and identify all information that must be supplied with a timeline defined for each step. The Alabama MMIS Interface List is located in the Procurement Library. Some interfaces may be defined in the requirements for the subsystems.

An outside entity (Contractor), or a provider vendor, referred to as a Value Added Network (VAN), may require access to the Alabama Medicaid Computer Network. When approved by the Alabama Medicaid Agency, this connection would allow access to some or all of the following services:

- Alabama Medicaid Management System (AMMIS)
- Decision Support System (DSS)
- Feith Document Database (FDD)
- Interactive Eligibility through ACA Safe Harbor
- Interactive Pharmacy Transaction Processing

The methods described herein are the preferred methods and file layouts of DXC and approved by the Alabama Medicaid Agency.

2.1 Services

AMMIS and FDD information is viewed and/or updated through a thin client interface displayed in a browser window. AMMIS is compatible with Microsoft's Internet Explorer, up to v 11.0.

FDD is compatible with Microsoft's Internet Explorer 11.0.

DSS has both a thin client and a fat client interface. The Contractor should discuss with the DSS team to determine which interface is best suited for the Contractor's business requirements.

Interactive Eligibility is done through the real time exchange of HIPPA compliant, X12 formatted 270/271 files. Alabama Medicaid Companion Guides are available on the Alabama Medicaid website at:

<https://www.medicaid.alabamaservices.org/documentation/HIPAA%20Companion%20Guide.pdf>

Interactive Pharmacy Transaction Processing is done through the real time exchange of NCPDP version D.0 files. Alabama Medicaid Companion Guides are available on the Alabama Medicaid website at:

http://medicaid.alabama.gov/documents/7.0_Providers/7.9_Vendor_Companion_Guides/7.9_AL_Comp_Guide_NCPDP_VD.0_1.7_Updated_10-3-14.pdf

Connectivity to any of these services is at the approval of the Alabama Medicaid Agency. Access for NCPDP processing is available through a site to site Virtual Private Network (VPN) tunnel. Access for Eligibility processing is available through URL access over the public internet. See Section 3 for detailed information.

For further assistance: Electronic Media Clams (EMC) Help Desk contact names, numbers and call center availability is located on the Alabama Medicaid website at:

http://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts.aspx

2.2 File Exchange Method

The method for file exchange is Secure File Transfer Protocol (SFTP). SFTP is an encrypted method of file exchange. See Section 4 for detailed information concerning SFTP with Alabama Medicaid.

2.3 File Layout

Common files available for exchange via SFTP are in the subsystem areas of Recipient, Provider, and Claims. Section 5 of this document provides details concerning the file layouts for these areas.

3. Network Access

Access to the Alabama Medicaid Computer Network is provided through a site to site VPN tunnel. The data center housing the Alabama Medicaid Computer Network contains redundant public Internet Service Providers (ISPs) and redundant VPN hardware to provide high reliability. Traffic is exchanged through the site to site VPN tunnel using the Triple Data Encryption Algorithm (3DES) process of encryption. The Agency Contractor or VAN is required to provide a suitably sized ISP and VPN hardware to support the contractor's network.

3.1 Agency Contractors

At the request of the Alabama Medicaid Agency, DXC will establish the VPN tunnel with an Agency Contractor. The Contractor will need to complete the Site To Site VPN Technical Specifications document furnished by DXC (also known as a "VPN Subscriber Agreement for Alabama". See Section 3.2 for access to the document) to provide the necessary technical information for the establishment of the tunnel. Using the information from this document, DXC will provide to the contractor an encryption key and IP addresses for the necessary environments. For security purposes the encryption key is provided via a telephone call directly with the Contractor and DXC.

DXC will bill the Alabama Medicaid Agency for setup fees and quarterly charges for the Contractor's VPN tunnel. It is at the State of Alabama's prerogative how these costs are to be recovered from the Contractor. The Alabama Medicaid Agency should contact the DXC Electronic Data Interface (EDI) coordinator to begin this process.

3.2 Value Added Network (VAN)

A Value Added Network is a company providing services to Alabama Medicaid providers through interactive eligibility, interactive pharmacy transactions, or both of these interactive services. Two types of connections are available based on the transaction submission type. Pharmacy (NCPDP format) interactive transactions are performed on a real-time basis across a site to site VPN tunnel. DXC assigns one unique port number to each VAN for pharmacy. Eligibility interactive transactions are performed with the Safe Harbor connection, as defined by CAQH Core, using specific URLs, as defined in Connectivity section of the Alabama Medicaid Companion Guides found on the Alabama Medicaid website at:

<https://www.medicaid.alabamaservices.org/documentation/HIPAA%20Companion%20Guide.pdf>

Upon request, DXC will provide the VAN with the following documents.

1. Vendor Trading Partner Agreement



Vendor_Trading_Pa
rtner_Agreement.pc

2. VPN Subscriber Agreement for Alabama (for Pharmacy processing only)



VPN Subscriber
Agreement for Alab:

3. VAN Interface Specifications (for Pharmacy processing only)



AMMIS_VAN_Interfa
ce_Specifications.doc

4. NCPDP Interactive Activity Volumes for Alabama Medicaid (for Pharmacy processing only)



NCPDP Interactive
Activity_.pdf

Using the information from this document, DXC will provide to the VAN an encryption key, trading partner ID, and IP addresses for the necessary environments. For security purposes the encryption key is provided via a telephone call directly with the Contractor and DXC. For Pharmacy processing the setup fee and quarterly charges for the VPN tunnel are detailed in the DXC VPN Billing Agreement. DXC bills the VAN directly.

3.3 Initial Setup of VAN

The Alabama Medicaid Agency or the VAN should contact the DXC EDI coordinator to begin this process. The requestor would need to submit the four forms listed in section 3.2.

3.4 Procedures and Timing

Step	Procedure	Timing
1	Requesting VAN submits all documents to DXC EDI coordinator.	At the discretion of the submitter.
2	Vendor Trading Partner Agreement is sent to Agency Fiscal Agent for approval routing.	At the discretion of the Agency
3	For Pharmacy processing - Upon receipt of the Agency approved Vendor Trading Partner Agreement, a request is made of the EDI subsystem team to assign appropriate ports for the VAN. For Eligibility processing – Upon receipt of the Agency approved Vendor Trading Partner Agreement, the VAN will be notified of trading partner and URL links so they can perform testing in the UAT environment using the Safe Harbor URL.	2 business days
4	For Pharmacy processing - The VAN Interface Specification document is updated with the necessary IP addresses and ports, then submitted in a ODC Request Ticket to add the necessary routes and permissions for access	1 business day
5	For Pharmacy processing -DXC ODC Network staff completes request, contacts requestor directly with encryption keys and requests confirmation from requestor of a success connection.	5 business days

Step	Procedure	Timing
6	For Pharmacy Processing - VAN sends confirmation of successful connection using the assigned port. For Eligibility Processing – VAN sends confirmation of successful submission using the Safe Harbor URL.	At the discretion of the submitter.
7	For Pharmacy processing - ODC Request ticket is closed	1 business day

3.5 Modifications of VPN

Modifications to an existing VPN connection may be made by the VAN submitting only the Site To Site VPN Technical Specifications (ODC4_B2BVPN_specs) to the EDI coordinator with a written request to change their VPN connection to match the attached specifications. Steps 3 through 7 will apply from Section 3.4.

3.6 Termination of VPN

Termination of an existing VPN connection may occur due to the written request of the VAN, the Agency, or DXC in accordance with the terms of the VPN Subscriber Agreement for Alabama. Steps 4 and 5 of the chart in Section 3.4 would apply. In cases of an emergency termination, the request may be escalated.

4. File Exchange

Agency Contractors wishing to exchange files with Alabama Medicaid may do so using a SSH File Transfer Protocol (SFTP) method only. No other FTP process is allowed. SFTP is an encrypted, point to point transfer methodology.

It is preferred to push outbound files from Alabama Medicaid to the Contractors SFTP server and to receive inbound files as a push from the Contractor to the Alabama Medicaid SFTP server. An inbound folder will be dedicated to receiving the files from the Contractor.

At the request of the Agency, DXC will establish and exchange SFTP encryption keys and folder information with the Contractor. The Agency should contact the DXC EDI Coordinator to begin this process.

4.1 Initial Set-up of SFTP

The Alabama Medicaid Agency or the Agency Contractor should provide the SFTP Request form to the business analyst or developer assigned to the change order associated with the SFTP requirement:

<https://pwb.alix.slg.eds.com/alix/Subsystem/System%20Wide/SFTP/SFTP%20Security%20Request%20Form.doc>

4.2 Procedures and Timing

Step	Procedure	Timing
1	Requesting contractor submits request to DXC staff assigned to relevant change order.	At the discretion of the submitter.
2	DXC staff member submits a Service Desk ticket with SFTP request attached.	2 business days
3	SFTP access and folders are established. Username and password is provided back to DXC staff member who made request.	3 business days
4	DXC staff member communicates username and password to requesting contractor and request confirmation of successful connection	1 business day
5	Requesting contractor confirm success connection	At the discretion of the submitter.

4.3 Modifications to SFTP connection

Modifications to an existing SFTP connection may be made by the Agency or the contractor submitting a SFTP request form to the DXC staff member associated with the relevant change order. See section 4.2 for the procedures and timing of a modification request.

4.4 Termination of SFTP

Termination of an existing SFTP connection may occur at the written request of the Agency contractor or the Agency.

Step	Procedure
1	We receive a CSR from the Agency that the entity is no longer needed (or no longer the right vender).
2	Change Order(s) (COs) are written to stop sending file(s) to the entity.
3	The CO(s) is assigned and as part of construction control files and/or programs are suspended and removed to stop sending files to the entity.
4	The developer (SE) working the CO sends notice (usually email, could be a ticket) to the System Administrator (SA) and Solution Architect that this entity should be removed. The notice will include the ID(s) to be removed.
5	The SA removes the ID(s) and access from that entity.

In cases of an emergency termination, the request maybe escalated. DXC may also terminate a SFTP connection with any outside source deemed to pose a risk to the Alabama Medicaid environments. Notification would be provided to the Agency immediately upon such action being taken.

5. File Extracts

At the request and authorization of the Medicaid Agency, DXC will provide data extracts to Contractors. The following is a partial list and description of readily available extracts.

- **Daily Recipient Extract File**: This file is produced on Agency business days (generally Monday through Friday of each week, excluding State holidays.) This file contains updates that were made since the last daily extract for data including long term care, EPSDT and Managed Care enrollments.
- **Bi-Monthly or Monthly Recipient Cross Reference File**: This file is produced after each financial cycle as well as after the monthly bit cycle. It contains a cross reference of Medicaid Recipient IDs, allowing the receiving entity to take any recipient ID and identify the current, active ID.
- **Monthly Recipient Reconciliation Extract File**: This file is produced monthly, following the State's monthly eligibility updates. This file contains all data that has its source in the State's AMAES system. This includes eligibility, patient liability, retroactive eligibility as well as demographic information.
- **Monthly Eligibility Extract File**: This file is produced monthly and contains aid category and county and date periods for all active (unlinked) recipients from 10/1/2008 forward.
- **Monthly Managed Care, Long Term Care, and Waiver Data Extract File**: This file is produced monthly and contains data for all active (unlinked) recipients from 10/1/2008 forward for Managed Care, Long Term Care, Waiver, Lockin Physician and Lockin Pharmacy data.
- **Monthly Application Data Extract**: This file contains application status and dates for all active (unlinked) recipients.
- **Monthly Provider Extract File**: This file is produced following each financial cycle and contains provider enrollment information, including NPI and Medicaid Provider IDs.
- **Biweekly Claims Extract**: These files are available after each financial cycle. Each file contains the claims of a given form type (professional, institutional, dental, pharmacy). There is a single layout for all of the claims extract formats, with a number of optional fields for each. These files are provided in an XML format.

The file layouts for these extracts are available upon request.

Amendment I to RFP 2019-LDI-01

3/27/2019

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2019-ACHN-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

I. RFP Coversheet, Page 1 change as follows:

Currently reads as:

RFP Number: 2019-LDI-01	RFP Title: Lab Data Integration RFP	
RFP Due Date and Time: April 5, 2019 by 5pm Central Time		Number of Pages: 55
PROCUREMENT INFORMATION		
Project Director: Gary Parker		Issue Date: March 6, 2019
E-mail Address: Meaningful.Use@medicaid.alabama.gov Website: http://www.medicicaid.alabama.gov		Issuing Division: Health Information Technology
INSTRUCTIONS TO CONTRACTORS		
Return Proposal to: Gary Parker Alabama Medicaid Agency Lurleen B. Wallace Building 501 Dexter Avenue PO Box 5624 Montgomery, AL 36103-5624		Mark Face of Envelope/Package: RFP Number: 2019-LDI-01 RFP Due Date: April 5, 2019 by 5pm CT Firm and Fixed Price:
CONTRACTOR INFORMATION		
<i>(Contractor must complete the following and return with RFP response)</i>		
Contractor Name/Address:		Authorized Contractor Signatory: (Please print name and sign in ink)
Contractor Phone Number:		Contractor FAX Number:
Contractor Federal I.D. Number:		Contractor E-mail Address:

Revised as:

RFP Number: 2019-LDI-01	RFP Title: Lab Data Integration RFP	
RFP Due Date and Time: April 26, 2019 by 5pm Central Time		Number of Pages: 55
PROCUREMENT INFORMATION		
Project Director: Gary Parker		Issue Date: March 6, 2019
E-mail Address: Meaningful.Use@medicaid.alabama.gov Website: http://www.medicaid.alabama.gov		Issuing Division: Health Information Technology
INSTRUCTIONS TO CONTRACTORS		
Return Proposal to: Gary Parker Alabama Medicaid Agency Lurleen B. Wallace Building 501 Dexter Avenue PO Box 5624 Montgomery, AL 36103-5624		Mark Face of Envelope/Package: RFP Number: 2019-LDI-01 RFP Due Date: April 26, 2019 by 5pm CT Firm and Fixed Price:
CONTRACTOR INFORMATION <i>(Contractor must complete the following and return with RFP response)</i>		
Contractor Name/Address:	Authorized Contractor Signatory: (Please print name and sign in ink)	
Contractor Phone Number:	Contractor FAX Number:	
Contractor Federal I.D. Number:	Contractor E-mail Address:	

II. Section B Schedule of Events, Page 3 change as follows:

Currently reads as:

EVENT	DATE
RFP Issued	March 6, 2019
RFP Questions Due	March 20, 2019
RFP Questions and Answers Posted	March 27, 2019
Proposals Due by 5 pm CT	April 5, 2019
Evaluation Period	April 10-26 , 2019
Contract Award Notification	May 1, 2019
**Contract Review Committee	June 6, 2019
Official Contract Award//Begin Work	July 1, 2019

Revised as:

EVENT	DATE
RFP Issued	March 6, 2019
RFP Questions Due	April 5, 2019
RFP Questions and Answers Posted	April 17, 2019
Proposals Due by 5 pm CT	April 26, 2019
Evaluation Period	May 2-20, 2019
Contract Award Notification	May 31, 2019
**Contract Review Committee	July 11, 2019
Official Contract Award//Begin Work	August 1, 2019

I hereby acknowledge the receipt of Addendum I to RFP 2019-LDI -01.

Authorized Contractor Signature

Date

Contractor Organization

Amendment II to RFP 2019-LDI-01

4/17/2019

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2019-ACHN-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

I. Amendment I, Page 3 change as follows:

Currently reads as:

RFP Number: 2019-LDI-01	RFP Title: Lab Data Integration	
RFP Due Date and Time: April 26, 2019 by 5pm Central Time		Number of Pages: 55
PROCUREMENT INFORMATION		
Project Director: Gary Parker		Issue Date: March 6, 2019
E-mail Address: Meaningful.Use@medicaid.alabama.gov Website: http://www.medicaid.alabama.gov		Issuing Division: Health Information Technology
INSTRUCTIONS TO CONTRACTORS		
Return Proposal to: Gary Parker Alabama Medicaid Agency Lurleen B. Wallace Building 501 Dexter Avenue PO Box 5624 Montgomery, AL 36103-5624		Mark Face of Envelope/Package: RFP Number: 2019-LDI-01 RFP Due Date: April 26, 2019 by 5pm CT
		Firm and Fixed Price from Appendix B: \$
CONTRACTOR INFORMATION <i>(Contractor must complete the following and return with RFP response)</i>		
Contractor Name/Address:		Authorized Contractor Signatory: (Please print name and sign in ink)
Contractor Phone Number:		Contractor FAX Number:
Contractor Federal I.D. Number:		Contractor E-mail Address:

Revised as:

RFP Number: 2019-LDI-01	RFP Title: Lab Data Integration
RFP Due Date and Time: May 3, 2019 by 5pm Central Time	Number of Pages: 55
PROCUREMENT INFORMATION	
Project Director: Gary Parker	Issue Date: March 6, 2019
E-mail Address: Meaningful.Use@medicaid.alabama.gov Website: http://www.medicaid.alabama.gov	Issuing Division: Health Information Technology
INSTRUCTIONS TO CONTRACTORS	
Return Proposal to: Gary Parker Alabama Medicaid Agency Lurleen B. Wallace Building 501 Dexter Avenue PO Box 5624 Montgomery, AL 36103-5624	Mark Face of Envelope/Package: RFP Number: 2019-LDI-01 RFP Due Date: May 3, 2019 by 5pm CT Firm and Fixed Price from Appendix B: \$
CONTRACTOR INFORMATION <i>(Contractor must complete the following and return with RFP response)</i>	
Contractor Name/Address:	Authorized Contractor Signatory: (Please print name and sign in ink)
Contractor Phone Number:	Contractor FAX Number:
Contractor Federal I.D. Number:	Contractor E-mail Address:

II. Amendment I, Page 4 change as follows:

Currently reads as:

EVENT	DATE
RFP Issued	March 6, 2019
RFP Questions Due	April 5, 2019
RFP Questions and Answers Posted	April 17, 2019
Proposals Due by 5 pm CT	April 26, 2019
Evaluation Period	May 2-20, 2019
Contract Award Notification	May 31, 2019
**Contract Review Committee	July 11, 2019
Official Contract Award//Begin Work	August 1, 2019

Revised as:

EVENT	DATE
RFP Issued	March 6, 2019
RFP Questions Due	April 5, 2019
RFP Questions and Answers Posted	April 19,2019
Proposals Due by 5 pm CT	May 3, 2019
Evaluation Period	May 9-31, 2019
Contract Award Notification	June 11, 2019
Contract Review Committee Meeting Date	July 11, 2019
Official Contract Award//Begin Work	August 1, 2019

I hereby acknowledge the receipt of Addendum II to RFP 2019-LDI-01.

Authorized Contractor Signature

Date

Contractor Organization

Amendment III to RFP 2019-LDI-01

4/19/2019

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2019-LDI-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

I. Section III.3.G, Page 10 change as follows:

Currently reads as:

Implementation Requirements

- A. Vendor must work with each participating lab to determine the appropriate file format(s) for lab results data to be transmitted from lab to Vendor.
- B. Vendor must work with each participating lab to determine the appropriate mapping of their data elements to the standardized data elements in the agree-upon file format.
- C. Vendor must work with each participating lab to ensure that lab results included in the data transmitted to the Vendor are limited to those for which Medicaid is the payor.
- D. Vendor must work with each participating lab to ensure that lab results included in the data transmitted to the Vendor complies with any special data restrictions (e.g., HIV results, ‘Part 2’ data, etc.).
- E. Vendor must perform sufficient testing to ensure accurate data mapping for each lab. Test results must be submitted to the Agency for final review and approval.
- F. Vendor must work with participating labs to determine and implement secure, agreed upon file transmission method(s) from the labs to the Vendor.
- G. Vendor must agree to a Medicaid-hosted solution implemented and managed by the contract awardee.

Revised as:

Implementation Requirements

- A. Vendor must work with each participating lab to determine the appropriate file format(s) for lab results data to be transmitted from lab to Vendor.
- B. Vendor must work with each participating lab to determine the appropriate mapping of their data elements to the standardized data elements in the agree-upon file format.
- C. Vendor must work with each participating lab to ensure that lab results included in the data transmitted to the Vendor are limited to those for which Medicaid is the payor.

- D. Vendor must work with each participating lab to ensure that lab results included in the data transmitted to the Vendor complies with any special data restrictions (e.g., HIV results, 'Part 2' data, etc.).
- E. Vendor must perform sufficient testing to ensure accurate data mapping for each lab. Test results must be submitted to the Agency for final review and approval.
- F. Vendor must work with participating labs to determine and implement secure, agreed upon file transmission method(s) from the labs to the Vendor.
- G. Vendor must agree to a Medicaid-hosted solution implemented and managed by the contract awardee or SaaS solution.

2. Section VI.1.D, Page 16 remove the following:

Within the last three years, describe the overall ability to perform the Retrospective Inpatient Hospital Services Review Program including the technologies, special techniques, skills or abilities of the organization necessary to accomplish the project requirements, data processing and analysis capabilities.

3. Appendix A Item # 9, Page 31 change as follows:

Currently reads as:

The Proposal includes a detailed description of the plan to design, implement, monitor, and address special situations related to a new Inpatient Hospital Quality Assurance program as outlined in the request for proposal regarding each element listed in the scope of work.

Revised as:

The Proposal includes a detailed description of the plan to design, implement, monitor, and address special situations related to a new Lab Data Integration program as outlined in the request for proposal regarding each element listed in the scope of work.

I hereby acknowledge the receipt of Addendum III to RFP 2019-LDI-01.

Authorized Contractor Signature

Date

Contractor Organization

RFP # 2019-LDI-01
State of Alabama Medicaid
Lab Data Integration
Contractor Questions and Agency Answers
4/19/2019

Question ID:	1
Date Question Asked:	3/19/2019
Question:	There is a reference to a data dictionary that must be provided with the test file. Can you elaborate further on the data dictionary and how this should be submitted to the state?
Section Number:	III.2.D
RFP Page Number:	9
Medicaid Answer:	A listing of the Data Dictionary shall be submitted as a part of the RFP Response. Please refer to Appendix D for the minimum data set required.
Question ID:	2
Date Question Asked:	3/19/2019
Question:	There is a reference to a data dictionary that must be provided with the test file. Are there specific data types and fields that would need to be present in the data dictionary?
Section Number:	III.2.D
RFP Page Number:	9
Medicaid Answer:	Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results. The test file data structure will be finalized after contract award.
Question ID:	3
Date Question Asked:	3/19/2019
Question:	There is a reference to a data dictionary that must be provided with the test file. Is there a specification that can be provided that would delineate the layout of this data dictionary?
Section Number:	III.2.D
RFP Page Number:	9
Medicaid Answer:	Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout. The test file data structure and data dictionary will be finalized after contract award.

Question ID:	4
Date Question Asked:	3/19/2019
Question:	There is a reference to a data dictionary that must be provided with the test file. Are there specific elements in the data dictionary that are required and are there specific elements that are optional?
Section Number:	III.2.D
RFP Page Number:	9
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout. The test file data structure and data dictionary will be finalized after contract award.
Question ID:	5
Date Question Asked:	3/19/2019
Question:	There is a reference to a data dictionary that must be provided with the test file. Will the values in this dictionary be provided by the state, provided by the vendor or built dynamically as messages or flowing?
Section Number:	III.2.D
RFP Page Number:	9
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout. The test file data structure and data dictionary will be finalized after contract award.
Question ID:	6
Date Question Asked:	3/19/2019
Question:	There is a reference to a data dictionary that must be provided with the test file. If dynamically, would the vendor be expected to build probabilistic matching logic to map these values in real time?
Section Number:	III.2.D
RFP Page Number:	9
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.

Question ID:	7
Date Question Asked:	3/19/2019
Question:	There is a reference to a data dictionary that must be provided with the test file. Can we assume that this data dictionary would need to be stored and treated as a “lookup table” or “translation table” for the incoming messages?
Section Number:	III.2.D
RFP Page Number:	9
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	8
Date Question Asked:	3/19/2019
Question:	There is a requirement to provide a recruitment plan to identify labs. Does the state plan to make participation in this program mandatory for labs receiving Medicaid reimbursement? If not, does the state plan to provide any incentives for the participating labs to contribute data?
Section Number:	III.2.E
RFP Page Number:	9
Medicaid Answer:	As stated in the RFP, Medicaid expects to receive lab data on all its recipient population. Medicaid can provide a list of labs to Vendor after contract award. Medicaid would expect the Vendor to prioritize those labs that would have largest Medicaid recipient populations. The State does not anticipate any incentives at this time.
Question ID:	9
Date Question Asked:	3/19/2019
Question:	There is a requirement to provide a recruitment plan to identify labs. Can the state provide a list of all labs that are being reimbursed by Medicaid?
Section Number:	III.2.E
RFP Page Number:	9
Medicaid Answer:	Yes.
Question ID:	10
Date Question Asked:	3/19/2019

Question:	There is a requirement to provide a recruitment plan to identify labs. Are there any known labs that have already agreed to participate?
Section Number:	III.2.E
RFP Page Number:	9
Medicaid Answer:	Yes.
Question ID:	11
Date Question Asked:	3/19/2019
Question:	Would Medicaid be interested in non-discrete data that is available such as in pathology or microbiology reports or does the labs need only to contribute discrete test values (a single positive/negate or a single numeric value)?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	12
Date Question Asked:	3/19/2019
Question:	What about reports that are in PDF format?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Yes, depending on the nature of the PDF report.
Question ID:	13
Date Question Asked:	3/19/2019
Question:	The RFP seems to imply that these values will be sent in HL7 format, does the state expect data in other formats, like v3 or XML?
Section Number:	IV.2.G
RFP Page Number:	13
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	14

Date Question Asked:	3/19/2019
Question:	Will Medicaid expect the vendor to accept data via any of the IHE Profiles, like XDS.b or DIRECT?
Section Number:	IV.2.G
RFP Page Number:	13
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	15
Date Question Asked:	3/19/2019
Question:	Has the state contemplated a connection to Sequoia for query/retrieve?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	The Alabama Medicaid Agency does not have a connection to Sequoia.
Question ID:	16
Date Question Asked:	3/19/2019
Question:	There is a requirement of the necessary number of labs. How would Medicaid define success in the recruitment of the necessary number of labs?
Section Number:	III.2.H
RFP Page Number:	9
Medicaid Answer:	As stated in the RFP, Medicaid expects to receive lab data on all its recipient population.
Question ID:	17
Date Question Asked:	3/19/2019
Question:	There is a requirement of the necessary number of labs. The labs could vary in number, size, complexity and this will present a tiered cost and subsequent tiered price. Medicaid has requested a firm fixed fee that is based on a varying cost matrix and the concern is that all vendors are considering and pricing this concept in their final proposal and bid. How would Medicaid like that pricing variability to be presented in the final proposal from the vendors, such that we all account for this variability using similar approved methods? What are the key success criteria for this requirement?

Section Number:	III.2.H
RFP Page Number:	9
Medicaid Answer:	As stated in the RFP, Medicaid expects to receive lab data on all its recipient population. Vendor's price should reflect their cost to achieve this objective.
Question ID:	18
Date Question Asked:	3/19/2019
Question:	There is a requirement to provide a complete environmental scan. Can there be any further details on this requirement, such that some costs for this requirement is represented in the final bid?
Section Number:	III.2.H
RFP Page Number:	9
Medicaid Answer:	No further details on this requirement can be provided.
Question ID:	19
Date Question Asked:	3/19/2019
Question:	There is a requirement for the solution to be hosted by Medicaid. As CMS has indicated in its letter to the State Medicaid Directors (SMD #18-005) that one of the Design Alternatives is SaaS modules or systems and it was our understanding that the cloud option was specifically provided in the "paths to reuse" requirement by CMS, is the state open to reconsidering a cloud-based SaaS solution if it substantially reduces costs?
Section Number:	III.3.G
RFP Page Number:	10
Medicaid Answer:	Please refer to Amendment III on the Medicaid website.
Question ID:	20
Date Question Asked:	3/19/2019
Question:	There is a requirement for the solution to be hosted by Medicaid. If Medicaid cannot reconsider on a cloud-based option, then are there hosting fees that must be paid to the hosting company or other associated hardware costs, other than the cost for the VPN?
Section Number:	III.3.G
RFP Page Number:	10
Medicaid Answer:	Please refer to Amendment III on the Medicaid website.
Question ID:	21

Date Question Asked:	3/19/2019
Question:	The requirements are for the vendor to provide costs for the identification of additional labs, are there criteria that have been defined by Medicaid for these additional labs and can be shared, such that any additional costs of identifying these labs can be accounted for in the final bid?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	None can be provided at this time.
Question ID:	22
Date Question Asked:	3/19/2019
Question:	There is a requirement for the retention of lab results for a minimum number of months. Can it be assumed that the minimum number of months for this requirement would be twelve, since in sentence L of this Sub-Section there is a requirement for the vendor to produce annual reports? Or, are these two requirements unrelated?
Section Number:	III.4.H
RFP Page Number:	11
Medicaid Answer:	Yes, the minimum number of months to retain lab results is 12 months. All other records and supporting documents are retained in accordance with the requirements stated in Section XI.BB of the RFP.
Question ID:	23
Date Question Asked:	3/19/2019
Question:	There is a requirement to provide reports on participating labs. Besides the number of records parsed and the number of records parsed successfully, what other metrics does the state require on a periodic basis?
Section Number:	III.4.L
RFP Page Number:	11
Medicaid Answer:	Additional metrics are undetermined at this time. Medicaid expects reporting requirements to change over time.
Question ID:	24
Date Question Asked:	3/19/2019
Question:	There is a staffing requirement. Is it the intention of Medicaid that each of the roles in the provided list be staffed (CEO, CFO, CIO/CTO, IT Director) with these named titles? If so, then does the state permit a small business to outsource these

	functions to a designated contractor, whose resume and qualifications can be provided as described in the RFP?
Section Number:	III.5.A
RFP Page Number:	11
Medicaid Answer:	Yes, Yes.
Question ID:	25
Date Question Asked:	3/19/2019
Question:	There is a staffing requirement to submit approval for all hiring or designating any individual to key staff positions. Does this include staff that are assigned to other projects and not directly involved with the Medicaid project?
Section Number:	III.5.B
RFP Page Number:	11
Medicaid Answer:	Medicaid expects the Vendor to list any and all Key Staff who will be engaged on this contract, either directly or indirectly.
Question ID:	26
Date Question Asked:	3/19/2019
Question:	Pricing is contingent on the number of labs that will be participating; has the state considered the variability of many of these requirements dependent upon the number of participating labs? Any specific comments on how that this should be presented in the Pricing Template?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	As stated in the RFP, Medicaid expects to receive lab data on all its recipient population. Vendor's price should reflect their cost to achieve this objective.
Question ID:	27
Date Question Asked:	3/19/2019
Question:	There is a requirement for the retention of various records for a period of three years and in Section III, Sub-Section 4 there is a requirement for the retention of lab results for a period to be defined. But, in this same Sub-Section 4, there is a requirement for statistics to be produced annually. Can Medicaid please provide some additionally clarity on the period to retain records and the types of records that will be required by the state to retain in those periods?
Section Number:	XI.BB
RFP Page Number:	29

Medicaid Answer:	Yes, the minimum number of months to retain lab results is 12 months. All other records and supporting documents are retained in accordance with the requirements stated in Section XI.BB of the RFP.
Question ID:	28
Date Question Asked:	3/19/2019
Question:	Is consent of the patient to send this data to Medicaid implied, with the population of known results only to be sent from Medicaid patients?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Yes, consent is both implied and expressed in accordance under HIPAA for TPO activities.
Question ID:	29
Date Question Asked:	3/19/2019
Question:	The specification is for a structured Lab Data Set. Has the state contemplated the possibility of a separate need for demographics data? What about the transmission of a consent record?
Section Number:	Appendix D
RFP Page Number:	52-55
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	30
Date Question Asked:	3/19/2019
Question:	The specification is for a structured Lab Data Set. In this specification, there is no mention of insurance type and assuming that only Medicaid records will be transmitted, has Medicaid considered the need for some type of insurance identifier to be added to this data set as a requirement?
Section Number:	Appendix D
RFP Page Number:	52-55
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.

Question ID:	31
Date Question Asked:	3/19/2019
Question:	The specification is for a structured Lab Data Set. Are all of the fields listed in Appendix D required by the state?
Section Number:	Appendix D
RFP Page Number:	52-55
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	32
Date Question Asked:	4/2/2019
Question:	How many Alabama clinical laboratories will ultimately need to be connected?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	As stated in the RFP, Medicaid expects to receive lab data on all its recipient population.
Question ID:	33
Date Question Asked:	3/28/2019
Question:	Are you currently performing the services outlined in this RFP? If so, what is the current technical infrastructure platform? If so, what are your current volume of results inbound? If so, do you have an existing data normalization process in place?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	No.
Question ID:	34
Date Question Asked:	3/28/2019
Question:	In the identification of labs to target, is it wholly the responsibility of the vendor to identify and submit a list of labs for approval for interoperability or does the Alabama Medicaid Agency (AMA) have an engagement team that performs the outreach tasks. (9-G)
Section Number:	III.2.G
RFP Page Number:	9

Medicaid Answer:	At this time, Medicaid does not have an engagement team for this project. As stated in the RFP, Medicaid expects to receive lab data on all its recipient population.
Question ID:	35
Date Question Asked:	3/28/2019
Question:	What metric is assigned for the prioritization of the lab outreach effort?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	As stated in the RFP, Medicaid expects to receive lab data on all its recipient population.
Question ID:	36
Date Question Asked:	3/28/2019
Question:	Do you have an approved recruitment plan template? (9-E) If not, what information do you require in the recruitment plan? What is the required quantity of targeted labs required for submission?
Section Number:	III.4
RFP Page Number:	9-11
Medicaid Answer:	No. Medicaid expects to receive lab data on all its recipient population.
Question ID:	37
Date Question Asked:	3/28/2019
Question:	Does the AMA have any quantitative analysis as to the number of Live Labs they expect per month, per year?
Section Number:	III.4
RFP Page Number:	10-11
Medicaid Answer:	No, Medicaid has over 1 million recipients in the various programs. Medicaid may provide an estimated number of labs results per month to the Vendor after the contract has been awarded.
Question ID:	38
Date Question Asked:	3/28/2019
Question:	Does the AMA have a criteria worklist that will be used for lab approval?
Section Number:	III.4
RFP Page Number:	10-11

Medicaid Answer:	No, Medicaid would expect the Vendor to prioritize those labs that would have largest Medicaid recipient populations.
Question ID:	39
Date Question Asked:	3/28/2019
Question:	Does the AMA have a minimum data set template?
Section Number:	Appendix D
RFP Page Number:	52
Medicaid Answer:	Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	40
Date Question Asked:	3/28/2019
Question:	What is the Medicaid acceptance recipient population threshold in relation to recruitment? Also, are there any current, live labs that are included in this calculation? (9-H)
Section Number:	III.2.H
RFP Page Number:	9
Medicaid Answer:	Medicaid has over 1 million recipients in the various programs. Medicaid may provide an estimated number of labs results per month to the Vendor after the contract has been awarded.
Question ID:	41
Date Question Asked:	3/28/2019
Question:	Please explain your request for an environmental scan providing additional detail? (10-I)
Section Number:	III.2.I
RFP Page Number:	10
Medicaid Answer:	The environmental scan is a requirement by CMS.
Question ID:	42
Date Question Asked:	3/28/2019
Question:	Do you envision the Vendor will provide data warehousing for data storage? (11-H;11-I; 13-C)
Section Number:	III.3.H, III.3.I, IV.2.C
RFP Page Number:	11 & 13
Medicaid Answer:	No. However, the minimum number of months to retain lab results is 12 months. All other records and supporting documents are retained in accordance with the requirements stated in Section XI.BB of the RFP.

Question ID:	43
Date Question Asked:	3/28/2019
Question:	At what level of operation support do you want the Vendor to engage in? Is it limited to connectivity? (11-J)
Section Number:	III.4.J
RFP Page Number:	11
Medicaid Answer:	As stated in the RFP, Medicaid expects to receive lab data on all its recipient population. Vendor's operational support should reflect their commitment to achieve this objective.
Question ID:	44
Date Question Asked:	3/28/2019
Question:	Does the AMA have a disaster recovery approval of tasks document that details what is required for acceptance of a disaster recovery plan? (11-K)
Section Number:	III.4.K
RFP Page Number:	11
Medicaid Answer:	Yes.
Question ID:	45
Date Question Asked:	3/28/2019
Question:	What data does the AMA require in their annual performance report from the Vendor? (11-L)
Section Number:	III.4.L
RFP Page Number:	11
Medicaid Answer:	Please refer to the RFP for a list reported metrics.
Question ID:	46
Date Question Asked:	3/28/2019
Question:	What result types will be included in the delivery package? Laboratory, Pathology, Microbiology, Blood Bank, etc.?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	47

Date Question Asked:	3/28/2019
Question:	Will Radiology results be required in the future for delivery purposes?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	48
Date Question Asked:	3/28/2019
Question:	Can you provide your existing result specification document upon request?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	49
Date Question Asked:	3/28/2019
Question:	What are the AMA metrics to determine the health of the project?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of file transmission from the Vendor.
Question ID:	50
Date Question Asked:	3/28/2019
Question:	What are the AMA milestones that will be assigned to this project?
Section Number:	IV.2.B
RFP Page Number:	13
Medicaid Answer:	Medicaid expects these milestones to be determined once the contract is awarded and a specific project plan is developed.
Question ID:	51

Date Question Asked:	3/28/2019
Question:	Please explain in detail 13-F. It is our approach that we leverage quality resources required to meet a deadline on a project?
Section Number:	IV.2.B
RFP Page Number:	13
Medicaid Answer:	Medicaid is asking for the Vendor to provide metrics regarding their operation process in creating and submitting the required data files.
Question ID:	52
Date Question Asked:	3/28/2019
Question:	Are you envisioning the Vendor will house all software/hardware for this project in a vendor own or leased facility?
Section Number:	III.3.G
RFP Page Number:	10
Medicaid Answer:	Please refer to Amendment III on the Medicaid website.
Question ID:	53
Date Question Asked:	3/28/2019
Question:	Will interoperability-built interfaces and code be housed on the AMA network?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Please refer to Amendment III on the Medicaid website.
Question ID:	54
Date Question Asked:	3/28/2019
Question:	What file format are you currently using to transmit lab results?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	At this time, Medicaid is not transmitting lab results. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	55
Date Question Asked:	3/28/2019

Question:	We believe you are using InterSystems (ISC) HealthShare Health Connect as an integration engine. Can you please confirm?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Alabama One Health Record, the State HIE, uses ISC HealthShare as the HIE platform. Medicaid does not intend to use Alabama OneHealth Record for lab results integration at this time.
Question ID:	56
Date Question Asked:	3/28/2019
Question:	Are you using any other ISC products? IRIS, HSPI, HIE?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	No.
Question ID:	57
Date Question Asked:	3/28/2019
Question:	Please list all IT systems (including versions), tools, data warehouses, etc. owned/leased by the State and available for use by the vendor.
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	There are not any systems for the Vendor to use.
Question ID:	58
Date Question Asked:	3/28/2019
Question:	What labs are already connected to the Alabama State HIE, One Health Record?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	There are currently no labs connected.
Question ID:	59
Date Question Asked:	3/28/2019
Question:	Does Alabama have an outreach team that has been reaching out to labs? Or is this a brand-new initiative?
Section Number:	General
RFP Page Number:	General

Medicaid Answer:	No. Yes, this is a new initiative for Medicaid.
Question ID:	60
Date Question Asked:	3/28/2019
Question:	If Alabama has an outreach team, will the team continue its efforts, or will those efforts be discontinued when a vendor is identified?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Medicaid does not have a lab outreach team.
Question ID:	61
Date Question Asked:	3/28/2019
Question:	Are the potential labs already identified? Can you please share if yes? There are no participants currently listed on onehealthrecord.alabama.gov even though the website indicates 342 connected facilities and 23 connected hospitals.
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Medicaid can provide a listing of labs to the Vendor after the contract is awarded. Medicaid does not intend to use Alabama One Health Record for lab results integration at this time.
Question ID:	62
Date Question Asked:	3/28/2019
Question:	Can you please provide any documentation on the extent of outreach already conducted?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Medicaid does not have a lab outreach team. Medicaid can provide a listing of labs to the Vendor after the contract is awarded.
Question ID:	63
Date Question Asked:	3/28/2019
Question:	As this is a flat fee contract, we would need to understand what the environmental scan may potentially include. Please advise?
Section Number:	III.2.1
RFP Page Number:	10

Medicaid Answer:	Medicaid will provide details after contract has been awarded, and is open to discuss this environmental scan with the Vendor who is awarded the contract.
Question ID:	64
Date Question Asked:	3/28/2019
Question:	Section III (2) Planning Requirements and III (3) Implementation Requirements suggest a services contract for lab outreach and for integration and file transmission. But Section III (4) suggests the Vendor is also storing the data on Vendor data repository. Is that correct? Is this contract also for the purchase and maintenance of a data warehouse for all lab results?
Section Number:	III.2., III.3, III.4
RFP Page Number:	9, 10, 11
Medicaid Answer:	No. This contract is not for a data warehouse.
Question ID:	65
Date Question Asked:	3/28/2019
Question:	If the contract is for services, does the State already have a location for data storage? If yes, please provide technical specifications of that repository and any analytics tools that would be available to the Vendor. Is this repository currently being used for lab results from participants?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Yes. Please refer to Amendment III on the Medicaid website. Currently, there is not a lab results repository.
Question ID:	66
Date Question Asked:	3/28/2019
Question:	III (4) details that Vendor must provide performance statistics. Are you looking for custom reports or dashboards? Is the State providing the reporting/dashboarding tools?
Section Number:	III.4
RFP Page Number:	10-11
Medicaid Answer:	Medicaid is asking for the Vendor to provide metrics regarding their operation process in creating and submitting the required data files. No, Medicaid is not providing the Vendor reporting tools.
Question ID:	67
Date Question Asked:	3/26/2019

Question:	Please confirm the Vendor will issue HIPAA Business Associate Agreements (BAA) and Data Use and Reciprocal Support Agreements (DURSA) on behalf of the State Medicaid Agency, who is the covered entity.
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Yes. Vendor will be required to sign all required Medicaid documents as a condition of performance.
Question ID:	68
Date Question Asked:	3/26/2019
Question:	The RFP states “Within the last three years, describe the overall ability to perform the Retrospective Inpatient Hospital Services Review Program including the technologies, special techniques, skills or abilities of the organization necessary to accomplish the project requirements, data processing and analysis capabilities.” Please clarify expectations for responding to this requirement and how it will support this contract.
Section Number:	VI.1.D
RFP Page Number:	16
Medicaid Answer:	Please refer to Amendment III posted on the Medicaid website.
Question ID:	69
Date Question Asked:	3/26/2019
Question:	This RFP requirement states “Provide a detailed plan to manage Medicaid data sources, including acquisition, storage, maintenance, and reporting of the following of milestones.” Please explain the reference to these milestones.
Section Number:	IV.2.B
RFP Page Number:	13
Medicaid Answer:	Medicaid expects these milestones to be determined once the contract is awarded and project plan is developed.
Question ID:	70
Date Question Asked:	3/26/2019
Question:	Please clarify the entity described as “contract awardee” in requirement III.3.G. Is the “contract awardee” a separate entity from the “Vendor” defined in this RFP?

Section Number:	III.3.G
RFP Page Number:	10
Medicaid Answer:	The contract awardee is defined as the contractor that is awarded the RFP. Yes, the Vendor is defined as a person or entity that provides goods and/or services and not the awarded Vendor.
Question ID:	71
Date Question Asked:	3/26/2019
Question:	The RFP Schedule indicates that RFP question responses will be posted on March 27, 2019 and a proposal due date of April 5, 2019. This time frame may not allow time to adjust proposal content based on RFP question responses. Will the State consider extending the proposal response due date?
Section Number:	Section B
RFP Page Number:	3
Medicaid Answer:	Please refer to Amendment II posted on the Medicaid website.
Question ID:	72
Date Question Asked:	3/26/2019
Question:	To ensure the State can fairly evaluate pricing proposals, please level set the following: <ul style="list-style-type: none"> a. The number of labs expected to be connected at the end of the 2-year implementation period. b. The number of labs expected to be connected at the end of each subsequent option year.
Section Number:	III.2.E
RFP Page Number:	9
Medicaid Answer:	Question ID 72 does not ask a question.
Question ID:	73
Date Question Asked:	3/26/2019
Question:	There appears to be a requirement in this checklist that is not reflected in the RFP Scope of Work. <p>“The Proposal includes a detailed description of the plan to design, implement, monitor, and address special situations related to a new Inpatient Hospital Quality Assurance program as outlined in the request for proposal regarding each element listed in the scope of work.”</p> Please clarify.

Section Number:	Appendix A – Proposal Compliance Checklist, Item 9
RFP Page Number:	31-32
Medicaid Answer:	Please refer to Amendment III on the Medicaid website.
Question ID:	74
Date Question Asked:	3/25/2019
Question:	I am reviewing the RFP and noticed on the Procurement System (STAARS), it states that the due date for this RFP is April 1st and in the actual RFP it states that the due date is April 5th. Can you please clarify the due date for this RFP response?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Please refer to Amendment II posted on the Medicaid website.
Question ID:	75
Date Question Asked:	3/27/2019
Question:	Are toxicology labs included in the scope?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	As stated in the RFP, Medicaid expects to receive lab data on all its recipient population.
Question ID:	76
Date Question Asked:	3/27/2019
Question:	What is the approximate number of individual labs currently within the state?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Medicaid estimates the number of independent labs in Alabama to be at least 110.
Question ID:	77
Date Question Asked:	3/27/2019
Question:	Does the awarded vendor have access to the state lab licensing database?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	No.

Question ID:	78
Date Question Asked:	3/27/2019
Question:	Are the fixed costs calculated per lab?
Section Number:	Appendix C
RFP Page Number:	51
Medicaid Answer:	The Vendor has to determine their own fixed cost calculation.
Question ID:	79
Date Question Asked:	3/27/2019
Question:	How can the vendor account for the individual charges from the LIMS vendor for each integration?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	As stated in the RFP, Medicaid expects to receive lab data on all its recipient population. Medicaid would expect the Vendor to prioritize those labs that would have the largest Medicaid recipient populations.
Question ID:	80
Date Question Asked:	3/27/2019
Question:	The STAARS site states the closing date is 4/1/2019, which conflicts with the PDF RFP which states 4/5/2019. Which one is correct?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Please refer to Amendment II posted on the Medicaid website.
Question ID:	81
Date Question Asked:	3/27/2019
Question:	Is there an incumbent vendor?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	No.
Question ID:	82
Date Question Asked:	3/27/2019
Question:	What is the anticipated ramp up time (e.g. from award to first lab data transmission)?
Section Number:	General
RFP Page Number:	General

Medicaid Answer:	Medicaid expects these milestones to be determined once the contract is awarded and project plan is developed.
Question ID:	83
Date Question Asked:	3/27/2019
Question:	What process is being used currently to satisfy this need?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	There is not a current process being used.
Question ID:	84
Date Question Asked:	3/27/2019
Question:	Can you clarify the requirement regarding the ability to perform the Retrospective Inpatient Hospital Services Review Program?
Section Number:	VI.1.D
RFP Page Number:	16
Medicaid Answer:	Please refer to Amendment III posted on the Medicaid website.
Question ID:	85
Date Question Asked:	4/2/2019
Question:	Though lab data is a sub-set of an inpatient record, can you please clarify the correlation of the Retrospective Inpatient Hospital Services Review Program with this RFP? What specific tasks within the RFP are related to the Review Program and what part of the Review Program is necessary in order to perform the work outlined within the RFP?
Section Number:	VI.1.D
RFP Page Number:	16
Medicaid Answer:	Please refer to Amendment III posted on the Medicaid website.
Question ID:	86
Date Question Asked:	4/5/2019
Question:	Section IV.2.I asks for the same information as Sections IV.2.N, IV.2.O, IV.2.Q, IV.2.P, and IV.2.J. Please confirm that we should we place the detailed plans in Section IV.2.I and reference it in the remaining sections.
Section Number:	IV.2.I and IV.2.N, IV.2.O, IV.2.Q, IV.2.P, and IV.2.J
RFP Page Number:	13,14

Medicaid Answer:	Confirmed.
Question ID:	87
Date Question Asked:	4/5/2019
Question:	The RFP states “Respond to all items presented in this section. Alternate solutions will be reviewed and may be considered.” If a bidder elects to propose alternative solutions can they respond to each requirement for the first solution and list the differences for the alternatives?
Section Number:	IV.2
RFP Page Number:	12-13
Medicaid Answer:	The Vendor must submit a separate proposal for the alternate solutions.
Question ID:	88
Date Question Asked:	4/5/2019
Question:	Will the State please consider providing answers to questions earlier than April 17, either in part or in their entirety, to allow bidders enough time to make proposal adjustments if necessary based on the answers received and the impact to the response?
Section Number:	Amendment I, II Schedule B, revised Schedule of Events
RFP Page Number:	4
Medicaid Answer:	No, Medicaid will post answers to questions in accordance with the Schedule of Events.
Question ID:	89
Date Question Asked:	4/5/2019
Question:	We understand that Alabama currently has approximately 110 independent clinical labs. How many clinical labs are currently feeding into Medicaid in AL? How many of these labs are “LOINCed”? What types of interfaces do these labs currently have? Can AL Medicaid Agency provide this information now, or is type of information intended to be gathered during the Environmental Scan performed in the first 6 months of the project)?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Alabama Medicaid is not currently receiving lab results data. Please refer to Appendix D for the minimum data set required

	and HL7 2.0 version or higher message standard for Structured Lab Results layout.
Question ID:	90
Date Question Asked:	4/5/2019
Question:	Is the vendor required to build interfaces to each of the participating labs or is that included in the current HIE platform?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Yes, please refer to Amendment III on the Medicaid website.
Question ID:	91
Date Question Asked:	4/5/2019
Question:	Is it a requirement to integrate with the current MPI?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	No. Alabama Medicaid does not intend to use the HIE for lab results integration at this time.
Question ID:	92
Date Question Asked:	4/5/2019
Question:	Under Scope of Work – Requirements: ‘Implementation’ G. Vendor must agree to a Medicaid-hosted solution implted and managed by the contract awardee. Please clarify what is meant by Medicaid-hosted solution. Will the Vendor deploy the solution on environments (and servers) hosted by Medicaid? Or should our price include the cost of servers?
Section Number:	III.3.G
RFP Page Number:	10
Medicaid Answer:	Please refer to Amendment III on the Medicaid website.
Question ID:	93
Date Question Asked:	4/5/2019
Question:	Under Scope of Work – Requirements: ‘Ongoing’ I. Vendor must have the capability to provide historical data to the Agency within a reasonable time frame upon request. Please clarify. Does this refer to our capability to capture information from labs or source systems?
Section Number:	III.4.I
RFP Page Number:	11

Medicaid Answer:	Yes. The minimum number of months to retain lab results is 12 months. All other records and supporting documents are retained in accordance with the requirements stated in Section XI.BB of the RFP.
Question ID:	94
Date Question Asked:	4/5/2019
Question:	Under “Proposed Solution” B. Provide a detailed Plan to manage Medicaid data sources, including acquisition, storage, maintenance, and reporting of the following milestones. There appears to be an error in the RFP here –as the milestones are not listed. What are the milestones?
Section Number:	I
RFP Page Number:	11
Medicaid Answer:	Medicaid expects these milestones to be determined once the contract is awarded and a specific project plan is developed.
Question ID:	95
Date Question Asked:	4/5/2019
Question:	Provide the organization’s average performance level in meeting processing deadlines. Please clarify. Do you have a specific performance measure(s) or benchmarks you are referring to? (For example, In another part of the RFP, performance statistics examples include: error rate per lab, each lab’s percentage of the total number of records received, etc.)
Section Number:	IV.2.F
RFP Page Number:	Page 13
Medicaid Answer:	Additional metrics are undetermined at this time. Medicaid expects reporting requirements to change over time and is open to discussion with Vendor after contract award.
Question ID:	96
Date Question Asked:	4/3/2019
Question:	Can the State provide an updated RFP document—in Addendum 3, a portion of the RFP pages has been cut off in the PDF?
Section Number:	General
RFP Page Number:	General
Medicaid Answer:	Yes, please refer to the Medicaid website.
Question ID:	97
Date Question Asked:	3/19/2019

Question:	Implementation Requirements, Bullet G states “Vendor must agree to a Medicaid hosted solution implemented and managed by the contract awardee”. Can the state clarify what “Medicaid hosted solution” means? Please confirm that remote access to the infrastructure will be provided as needed to manage the solution.
Section Number:	III.3.G
RFP Page Number:	10
Medicaid Answer:	Yes, please refer to Amendment III on the Medicaid website.
Question ID:	98
Date Question Asked:	3/19/2019
Question:	Evaluation Criteria, Subsection 2 Proposed Solution, Bullet J states “Provide a detailed plan for data migration involving distributed (e.g., multi-lab) data sources to a central solution platform”. Can the State elaborate on the expectation for data migration? Is there existing data which will have to be converted? Does this include data migration from existing state systems to the propose data integration tool?
Section Number:	IV.2.J
RFP Page Number:	13
Medicaid Answer:	Medicaid expects the required and appropriate data values to be populated at the time of data file transmission from the Vendor. Please refer to Appendix D for the minimum data set required and HL7 2.0 version or higher message standard for Structured Lab Results layout. No, data migration from other state systems are expected under the contract.
Question ID:	99
Date Question Asked:	3/19/2019
Question:	There is a quarterly connection charge for this connection. As the solution will be hosted at the state, please clarify the need for the DXC SITE-TO-SITE VPN? Are there alternative means for exchange such as using the bidder’s or DXC’s SFTP site?
Section Number:	Attachment J DXC SITE-TO-SITE VPN AGREEMENT
RFP Page Number:	49-50
Medicaid Answer:	The need for a DXC VPN is not planned for this effort. Please refer to Amendment III on the Medicaid website.
Question ID:	100
Date Question Asked:	3/19/2019

Question:	Evaluation Criteria, Part 1. Vendor Experience, Bullet C states “Describe any existing expertise with any independent labs in Alabama including clinical data services provided.” Can the State consider changing the requirement to allow the ability for proposed staff’s experience working with independent labs around the country?
Section Number:	IV.1.C
RFP Page Number:	12
Medicaid Answer:	No, Medicaid will not change the requirement. Vendor may submit proposed Staff’s experience or whomever the Vendor feels is appropriate to address the requirement.
Question ID:	101
Date Question Asked:	3/19/2019
Question:	Scope of Work outlines the items included in the proposed scope of work. Please confirm that in our written response, the vendor is required to outline the planning process that they would undertake to complete the requirements listed in A-J.
Section Number:	III.2.A-J
RFP Page Number:	9-10
Medicaid Answer:	Confirmed
Question ID:	102
Date Question Asked:	3/19/2019
Question:	“Provide a detailed plan to manage Medicaid data sources, including acquisition, storage, maintenance, and reporting of the following milestones.” Is there a missing list of milestones? If so, can the state provide the listing of milestones?
Section Number:	III.2.B
RFP Page Number:	13
Medicaid Answer:	Medicaid expects these milestones to be determined once the contract is awarded and a specific project plan is developed.
Question ID:	103
Date Question Asked:	3/19/2019
Question:	Does the solution integrate with Medicaid systems? If so, which systems is the solution required to exchange data and integrate with?
Section Number:	General
RFP Page Number:	General

Medicaid Answer:	No, no data exchange or integration from other state systems are expected under the contract.