

# **CONNECTICUT HEALTH INSURANCE EXCHANGE DBA ACCESS HEALTH CT**

## **REQUEST FOR PROPOSAL (RFP)**

Connecticut All Payer Claims Database:

Data Management Contractor

RFP Issued:	January 27, 2014
Written Questions due to [Access Health Analytics]:	February 09, 2014
Notice of Intention to Propose (non-binding):	February 14, 2014
Contract Type:	Firm Fixed Price
Proposals Due:	February 28, 2014

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# 1 INFORMATION

## 1.1 Definitions

For purposes of this RFP, the terms below shall have the following meanings:

**Access Health Analytics:** Refers to the Connecticut Health Insurance Exchange, doing business as Access Health CT, and the division of the Exchange, Access Health Analytics. The Connecticut Health Insurance Exchange, dba Access Health CT is the solicitor of this Request for Proposals.

**Amendment (RFP):** An amendment is used when information in the RFP has been changed since the original posting.

**Contract:** The fully executed, written agreement between the Connecticut Health Insurance Exchange dba Access Health CT and the Contractor selected as a result of this RFP, which will include the scope of services, cost and terms and conditions governing this agreement. The terms of such Contract are to be negotiated between the Parties upon Responder's selection; provided, however, that Contractor acknowledges and agrees that the specific terms and conditions identified in this RFP, along with the Notice of Special Terms attached hereto as Appendix H, shall apply.

**Contractor:** Individual or company selected by Access Health Analytics as a result of this RFP and awarded a Contract.

**Proposal:** A formal offer submitted in response to this RFP solicitation.

**Prospective Responder:** Individual or company considering submitting a Proposal in order to enter into a Contract with Access Health Analytics for this project.

**Request for Proposals:** Formal procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the vendor community to suggest various approaches and pricing to meet the stated requirements.

**Responder:** Individual or company that is submitting a Proposal with the desire of being awarded a Contract with Access Health Analytics for this project.

**Subcontractor:** A person or business that will carry out a portion of the work for the Responder, as part of the project.

**System:** Any and all processes, applications, software, hardware and parts thereof that produce the desired product.

## 1.2 Authorized Contact Person

The Authorized Contact Person for all matters concerning this RFP is:

Name:	Tamim Ahmed
Title:	Executive Director
Mailing Address:	280 Trumbull Street, 15 <sup>th</sup> Floor, Hartford, CT 06103
E-Mail Address:	<a href="mailto:ctapcd.analytics@ct.gov">ctapcd.analytics@ct.gov</a>
Phone:	(860) 241-8440

All questions, and requests for information from Access Health Analytics concerning this RFP by a Prospective Responder or a representative or agent of a Prospective Responder, must be directed only to the Authorized Contact person.

## 1.3 Questions Regarding this RFP

Questions from Prospective Responders are due to Access Health Analytics by close of business (5:00PM ET) on the date specified in the *RFP Schedule of Events, Section 1.8*. Answers to questions will be posted on the same page as the RFP, and will be posted by the date specified in *Section 1.8*.

## 1.4 Notice of Intention to Propose

Each Prospective Responder must indicate its intention to submit a Proposal by signing and returning a copy of the Intent to Propose form (see *Appendix B – Intent to Propose Form*) by the close of business (5:00PM ET) on the date specified in the *RFP Schedule of Events, Section 1.8*. The form must be scanned and emailed to the Authorized Contact Person, as identified in *Section 1.2* Authorized Contact Person. Submitting this form does not imply an obligation to submit a Proposal. Access Health Analytics will confirm receipt of the Notice to Propose.

## 1.5 Proposal Due Date, Time, and Location

Date:	February 28, 2014
Time:	5:00 PM ET

Location:	Access Health CT 280 Trumbull Street, 15 <sup>th</sup> Floor, Hartford, CT 06103
Attn:	Tamim Ahmed

Proposals in the format required by this RFP must be received by Access Health Analytics at the above location, by the date and time prescribed above. Access Health Analytics will consider written requests made to the Authorized Contact Person to extend the Proposal due date and time specified above. However, unless Access Health Analytics issues a written Amendment to this RFP which extends the Proposal due date and time for all Responders, the Proposal due date and time specified above shall remain in effect. Emailed or faxed Proposals will not be accepted by Access Health Analytics. Prospective Responders must monitor the Access Health website for any updates to the status of the RFP.

Access Health Analytics bears no responsibility for the cost of preparing a response to this solicitation. Proposals received at this location after the Proposal due date and time are considered late and may not be accepted by Access Health Analytics.

### **1.6 Oral Presentations/Interviews and Discussion**

Access Health Analytics reserves the right to require Responders to make oral presentations of their Proposals and demonstrate their technology onsite at their offices in Hartford, CT. The purpose of these presentations, if scheduled, solely at Access Health Analytics' discretion, will be to clarify Proposals and provide Responders with an opportunity to expound upon information provided in their written Proposals. Information gleaned from oral presentations may be used to refine evaluation scores from the initial review. All costs associated with oral presentations/interviews shall be borne entirely by the Responder.

### **1.7 Confidentiality**

Should Responders wish for certain information contained in their Proposal to be considered confidential, this information must be marked "CONFIDENTIAL," and this information will not be made viewable to the public and will only be reviewed by the evaluation committee; provided, however, that all materials associated with this procurement process are subject to the terms of State laws defining Freedom of Information and privacy and all rules, regulations and interpretations resulting from those laws. The Connecticut Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of Access Health Analytics upon request of any citizen, unless the content of the document falls within certain categories of exemptions. An example of an exemption is a "trade secret," as defined by Connecticut

General Statutes Section 1-210(b) (5) (A). If the Responder indicates that certain documentation, as required by this RFP, is submitted in confidence by specifically and clearly marking said documentation as CONFIDENTIAL, Access Health Analytics will endeavor to keep said information confidential to the extent permitted by law. Access Health Analytics, however, has no obligation to initiate, prosecute or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The Responder has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall Access Health Analytics or any of its staff have any liability for disclosure of documents or information in the possession of Access Health Analytics which Access Health Analytics or such staff believes to be required pursuant to the FOIA or other state or federal laws or regulations. A contract entered into with Access Health Analytics, and any documentation within the control of Access Health Analytics is also subject to disclosure pursuant to FOIA as set forth above.

### 1.8 RFP Schedule of Events

RFP Release Date	January 27, 2014
Due Date for Receipt of Responder Questions	February 09, 2014
Final Written Responses Posted	February 14, 2014
Notice of Intention to Propose Due	February 14, 2014
Proposal Deadline	February 28, 2014
Anticipated Oral Presentation Schedule	Week of March 10, 2014
Notification of Selected Contractor	March 21, 2014
Anticipated Contract Start Date	April 07, 2014

Access Health Analytics reserves the right, at its sole discretion, to adjust the RFP Schedule of Events as it deems necessary. Any adjustment of the schedule of events shall constitute an RFP Amendment, and will be published on Access Health Analytics website, at [www.ct.gov/hix](http://www.ct.gov/hix) on the same page where the RFP is posted. Access Health Analytics will also communicate any Amendments to the RFP to Potential Responders from whom Access Health Analytics has received and confirmed a Notice of Intention to Propose (*Section 1.4*).

## 1.9 Responder Eligibility

Public agencies, private for-profit companies, and non-profit companies and institutions that have successfully worked with health care claims data and built and managed large databases are invited to submit bids in response to this RFP.

## 1.10 Contract Term

The initial term of the Contract shall be from the date specified in the executed Contract for three (3) years with the option to extend services for an additional two (2) years. Access Health Analytics shall, at its sole discretion, possess the option to extend the Contract for additional periods of time. The executed contract between the parties will discuss the procedure for extensions. In the event that the Contract, if any, resulting from award of this RFP shall terminate prior to the making of an award for a new Contract for the identified products and/or services, Access Health Analytics may, with the written consent of the Contractor, extend the Contract for such period of time as may be necessary to permit an uninterrupted transition of services. The Contract may also be amended in writing from time to time by mutual consent of the parties. Access Health Analytics reserves the right to adjust the initial Contract term prior to Contract execution based on availability of funds and other factors relevant to Access Health Analytics. The Contract will also include the following provisions:

### Termination

- a) Notwithstanding any other provision of this Agreement, the Exchange may terminate this Agreement at any time for any reason. The Exchange shall notify the Contractor in writing, specifying the effective date of the termination and the extent to which the Contractor must complete performance of the Services prior to such date.
- b) Upon receipt of written notification of termination from the Exchange, the Contractor shall immediately cease to perform the Services (unless otherwise directed by the Exchange in the notice). Upon written request from the Exchange, the Contractor shall assemble and deliver to the Exchange all Records (as defined in Section 5.7) in its possession or custody; with the exception of one copy being retained to keep record of obligations, as soon as possible and no later than thirty (30<sup>th</sup>) days following the receipt of a written termination notice, together with a final invoice for Services performed to date.

Sections of the RFP and the selected Responder's Proposal, including appendices or attachments, may be incorporated into the Contract as necessary.

## 1.11 Subcontractors

Access Health Analytics will prefer to enter into a single Contract as a result of the selection process for this RFP. However, Access Health Analytics reserves the right to award multiple

contracts to vendors for the different services outlined in the RFP Section 2.2.3 – Requested Services. In such scenarios, Access Health Analytics will be responsible for managing the multiple awards.

Responders wishing to bid for a single contract and partner with a Subcontractor for a portion of the work must clearly identify all Subcontractors, delineate who will serve as the prime Contractor, and designate a single point of contact for all Contractual matters, including payment of any and all charges resulting from the Contract. The prime Contractor shall remain wholly responsible for performance of the entire Contract regardless of whether a Subcontractor is used, and will ensure a seamless integration of all partners. Only one Proposal is allowed for each Responder. A company may not submit multiple Proposals in different forms (e.g. as a prime and also as a Subcontractor). Subcontractors may not submit separate Proposals as a prime Contractor. All Subcontractors must perform all services in the United States.

## 2 Background

### 2.1 Introduction

Access Health Analytics, is issuing this Request for Proposals (RFP) from qualified Responders, to provide All Payer Claims Database (APCD) data management services, described herein.

The All-Payer Claims Database (APCD) is a large-scale database that systematically collects and aggregates medical, dental, provider, and pharmacy claims data from private payers (e.g. commercial insurers) and public payers such as Medicare and Medicaid. To date, over a dozen states have enacted legislation and/or have started to implement an APCD. The Contractor solicited via this Proposal will provide professional services for the planning, data collection, data consolidation, data warehousing, quality assurance, secure storage, and access, via development of analytic-ready datasets and consumer-facing reports, of the CT APCD.

In the 2013 legislative session, the Connecticut General Assembly enacted Public Act No. 13-247 which directs Access Health Analytics to establish and operate the CT APCD for the purpose of collecting, assessing and reporting health care information relating to safety, quality, cost effectiveness, access and efficiency for all levels of health care in Connecticut. Funding for the CT APCD was provided by the U.S. Department of Health and Human Services CMS/CCIIO through the Connecticut Health Insurance Exchange's Level 2 Establishment Grant.

Under Public Act 13-247, all major health care payers in CT must submit member eligibility, medical claims, pharmacy claims, and provider information, for all of their members, pursuant to Policies and Procedures issued by the Connecticut Health Insurance Exchange. Policies and Procedures are available at: <http://www.ct.gov/hix/cwp/view.asp?a=4299&q=523252>. The claims information collected will include those enrolled in individual, small group, fully-insured and self-insured commercial Plans, as well as Medicare and Medicaid beneficiaries. The Policies and Procedures also establish regulations regarding data collection, management and release, and outline potential monetary penalties for non-compliant carriers. The APCD Policies and Procedures, and the accompanying Data Submission Guide, were approved by the Connecticut Health Insurance Exchange Board of Directors on December 5, 2013.

### 2.2 Project Overview & Scope of Solicitation

Access Health Analytics plans to establish an APCD as a new healthcare claims data warehouse and analytical solution in CT and is issuing this RFP to competitively procure the services outlined in the RFP Section 2.2.3 – Requested Services of a qualified Contractor(s) with the experience, capacity, and technical infrastructure necessary to collect and secure data from various submitters, including proven track record for performing consumer price transparency and other consumer-oriented information as a product. Contractor with prior experiences

working with other APCDs or multi-payer data submitters with reporting solutions as products may be given preference.

As a part of this procurement, Access Health Analytics also requires the Contractor to procure, implement, host, and maintain a secured managed environment for the Access Health Analytics team per the Statistical Analysis System (“SAS”) solution requirements. This environment will be used by the Access Health Analytics team as a dedicated sandbox for conducting analytics as a complement to the Contractor’s existing analytics/product solution / implementation.

For this RFP, Access Health Analytics is particularly interested in Responders that demonstrate the experience and ability to implement a secured solution; ensure strict privacy and security safeguards; and provide options and partnering arrangements for the ongoing financial sustainability of the CT APCD.

The vision for this solution is to provide web-based reports and custom datasets to a variety of users, including researchers, policy makers, and the general public. The database must be able to accept test data from submitters beginning June 01, 2014, followed by acceptance of historic data by July 5, 2014, and YTD data submissions beginning August 20, 2014. Access Health Analytics expects the solution implementation to be complete and the first CT APCD reports to be available on or before October 01, 2014 including the launch of a consumer-facing web module, which will be developed by the contractor and hosted with the hosting web services provider.

### *2.2.1 Current Environment in Connecticut*

While there have been various efforts to aggregate health care data in the past, data aggregation in the magnitude and scale of the CT APCD provides an unprecedented opportunity for Connecticut. For the first time, CT has the inter-agency and community support, funding, and leadership to standardize, collect, analyze, report, and benchmark data necessary to improve patient safety, reduce healthcare spending, and significantly reduce health disparities.

Many health plans, third party administrators and pharmaceutical benefit managers do business in Connecticut. Per the Policies and Procedures, carriers that have less than a total of 3,000 members enrolled across all of their business lines on October 1 of any given year will be exempt from the data submission requirements for the following year. For purposes of this RFP, please assume that approximately:

- Ten comprehensive medical insurance entities will submit four file types (Eligibility, Medical, Pharmacy, and Provider).
- Four pharmacy benefit manager entities will submit two monthly file types (Eligibility and Pharmacy).
- Three Third Party Administrators will submit between two and four monthly file types

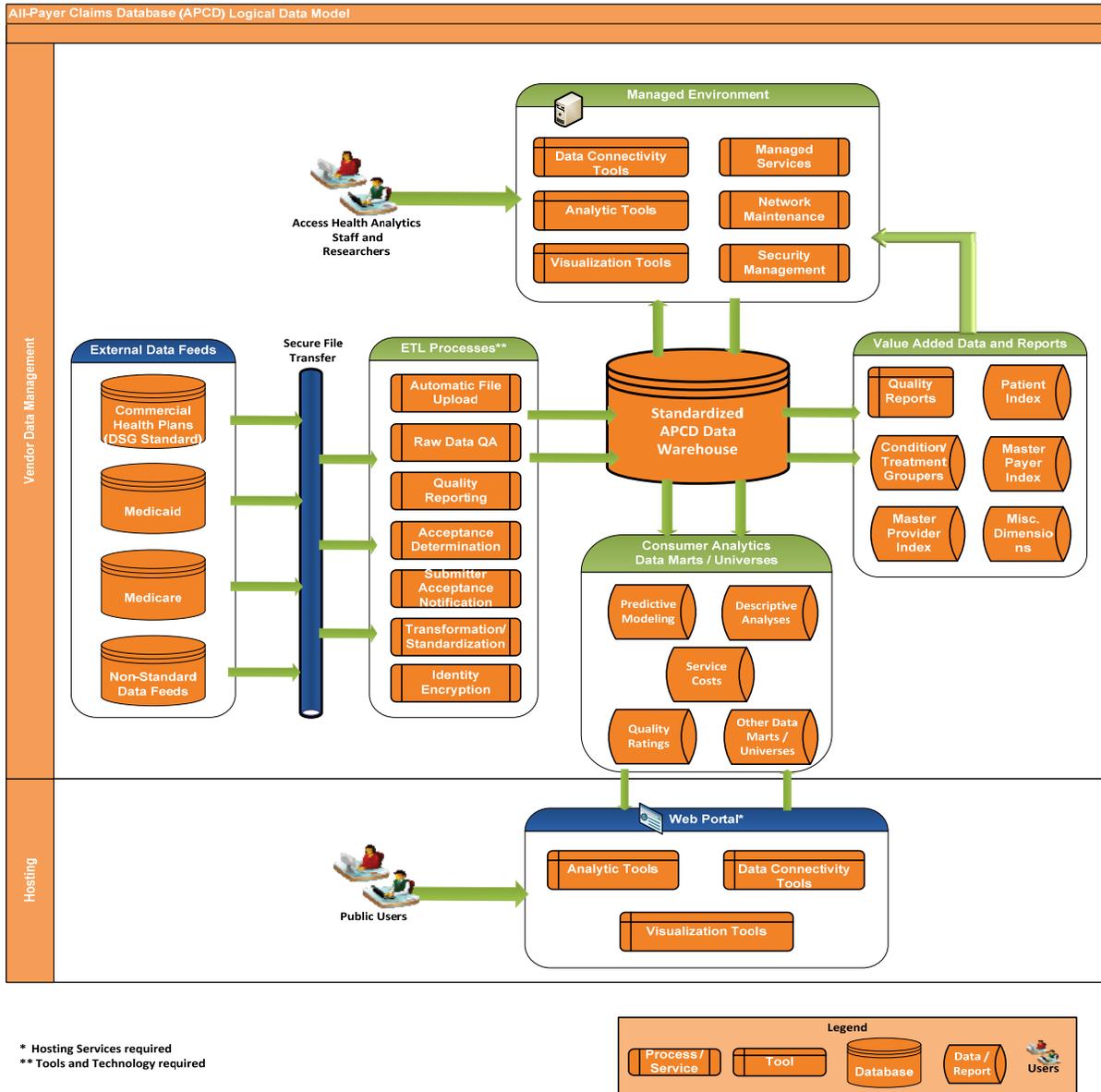
\*NOTE - A single entity may submit separate files for each line of business, for .e.g. a large health insurer may have three separate entities under its umbrella.

In addition, the CT APCD will be receiving data from Medicaid, Medicare Part C and Medicare FFS programs. In total there may be 3-3.5 million member lives' data per year that will need to be hosted in contractor's data warehouse.

The specific elements required in monthly data submissions to the Data Management Contractor are outlined in *Appendix I – Data Submission Guide*

## 2.2.2 Project Logical Model

The diagram below outlines the high level logical architectural model envisioned by Access Health Analytics for this solution's implementation.



The above model segregates the logical high level architecture into two high level components – Vendor Data Management & Hosting:

- **Vendor Data Management:** This outlines the flow of information from the source (External Data Feeds) all the way through the web hosting environment. As a part of this implementation, Access Health Analytics envisions the following components:

- External Data Feeds – This component collects the various data feeds such as medical, dental, provider, and pharmacy claims data from private payers (e.g. commercial insurers) and public payers such as Medicare and Medicaid
  - ETL Processes – This component receives, extracts, transforms, and loads the various external data feeds received via a secure & encrypted data transfer mechanism based on the information reporting strategy.
  - APCD Data warehouse – The ETL processes load the transformed data into this secure APCD data warehouse component.
  - Data Marts / Universes – These components store the various forms of data into data marts / universes per the overall data warehouse and information reporting strategy / design. Derived aggregated tables from these data marts / universes will be accessed using a secure connection by the external public facing portal for the external users to view and analyze the data.
  - Managed Environment – Access Health Analytics expects the Contractor to provide a secure and locked down Statistical Analysis System (“SAS”) environment in consultation with the SAS consultants for hardware and software requirements. This environment is expected to be hosted at the same site as the implemented solution. This environment will be used only by Access Health Analytics team members for their reporting needs. Access Health Analytics team members expect to produce their own internal reports using this environment with a direct connection into the APCD Datawarehouse. See Appendix J for some high level specifications for this environment.
- **Hosting:** This outlines the public facing components of the APCD solution including the website and the tools used to interface with the vendor data management components. The external users will have access to this public facing website to query the data per the reports and analysis defined within the APCD solution.

### 2.2.3 – Requested Services

Access Health Analytics intends to secure the following services of a qualified Contractor. The Contractor can bid on one or more or all of the following three service requirements

- 1 **Hosting services** for a public web portal that will support at least 1,000 concurrent public users. The hosting services provider must be able to host & support:
  - A public facing dynamic web portal, that interacts with the various analytical tools, data connectivity tools, and visualization tools designed and developed by the implementation vendor. This web portal will be used by novice and power users to interact with the Data warehouse and the hosted analytical tools to access data and reports presented by the aggregated tables from APCD's data marts.
- 2 **Tools and Technology**, to support the implementation and hosting of the overall solution. Outlined below are some areas where Access Health Analytics is expecting the Contractor to provide a tool set to support the overall solution including but not limited to:
  - Managed Environment solution – The contractor shall propose for the procurement of the hardware and software and hosting of a SAS based managed environment for Access Health Analytics internal team. See RFP Section 2.2.2 - Project Logical Model for a high level overview and purpose of the Managed Environment
  - Overall solution for APCD Implementation – The contractor shall propose on the hardware, software, tools, and technology required for the overall APCD implementation per the high level logical architectural model outlined in RFP Section 2.2.2 – Project Logical Model
- 3 **Implementation Services** – The contractor shall propose on the implementation of the overall solution. Access Health expects the Contractor to provide at a minimum the below as a part of this implementation:
  - Installation, configuration, system administration, and maintenance services for the facilities, equipment, and software required to operate and ensure access to the Public Web Services, APCD Data warehouse, and the Managed Environment. Contractor or its approved subcontractor also shall perform standard system and database administration functions to maintain efficient and secure operation of the hosted databases;
  - Provision and support of a minimum of four system instances – production, system test, user acceptance test, and development instances;
  - Vendor Data Management Services for a single master data repository (APCD Data Warehouse) with multiple external data feeds to state and federal Medicaid and Medicare databases, Commercial Health Plan databases and other Non-Standard Data Feeds. Such master data repository shall receive encrypted data from external data

feeds via the appropriate secure file transfer protocols and ensure the accuracy and integrity of the data.

- There may also be non-traditional data feeds from some state agencies, hospitals, census bureau and other sources that may have to be linked to the APCD data warehouse. Access Health Analytics expects the Contractor to design the solution to have such expandable interfacing and data feed receiving capabilities.
- Extract, Transform and Load (ETL) Services from external data feeds to the APCD Data Warehouse, including but not limited to Automatic File Transfers, Raw Data Quality Assurance, Quality Reporting, Acceptance Determination, Submitter Acceptance Notification, Data Transformation and Standardization, and Data Identity Encryption.
- Support for Value Added Data and Reports, accessible through the Managed Environment, and allowing authorized Managed Environment users to maintain and modify various reports and data elements
- In addition, Access Health Analytics is expecting the implementation contractor to host a separate Managed Environment at the Contractor's site that will support up to 10-15 concurrent authorized users. Access Health Analytics requires the Contractor to provide secure access via VPN for Access Health Analytics researchers to the Managed Environment based on SAS analytics and applications (e.g., SAS Base/Statistics). This will be an additional environment which will allow internal Access Health Analytics team to create research capabilities and additional information
- Managed Services, potentially including collocation with Access Health Analytics staff, cloud computing, managed servers, managed backup servers, managed data center services, load balancing, firewalls, and virtualized server environments, Security Management, including but not limited to services and infrastructure to protect against various security attacks such as Spoofing, Tampering, Repudiation, Distributed Denial of Service, and Elevation of Privilege, and Firewalls.

### 2.3 Project Dependencies and Critical Success Factors

Access Health Analytics believes the following to be the critical success factors for this solution

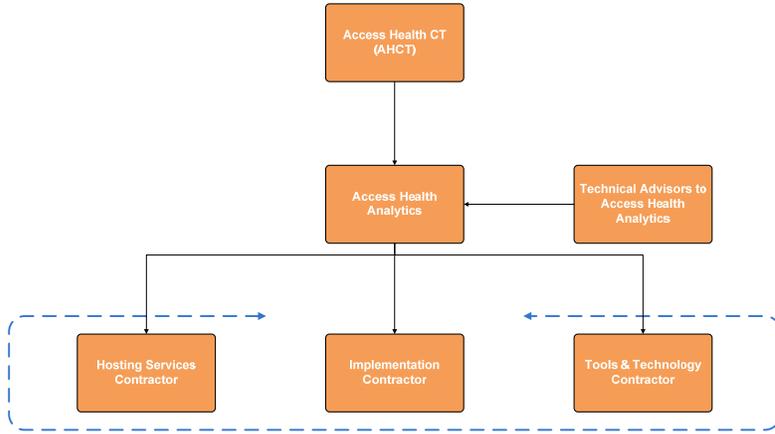
- ETL & Security – Security and protection of PII and PHI data, considering the volume and the sensitivity of the data hosted within the APCD data warehouse.
- Functionality – The ability for all users to easily navigate and use the data and reports developed within the implementation.
- Data – The ability to provide analytical tools and access to the end users to research data
- Schedule –The project has a very aggressive timeline to be operational and the first reports (as agreed upon with Access Health Analytics team) by October 01, 2014.
- Ability of contractor to build-up quickly a long term solution as a part of the implementation but maintain low long-term operations costs; Contractor must have a robust data encryption and member anonymization capability meeting the HIPAA standards.

### 2.4 Assumptions

- Access Health Analytics assumes that the Responder shall propose on one or more, or all of the three services outlined in the RFP Section 2.2.3 - Requested Services
- Access Health Analytics assumes that the Responders have read through the Connecticut Health Insurance Exchange’s Policies and Procedures available at its website.
- Access Health Analytics assumes that the Responders understand that the Connecticut Health Insurance Exchange’s APCD initiative is funded by federal grant money.
- Access Health Analytics assumes that the Managed Hosting Environment described above in Section 2.2.2 would be optimized with appropriate guidance from SAS.

### 2.5 Project Organization

See project organization diagram below that outlines the project structure for each of the services requested under this RFP.



### 3 Scope of Work

#### 3.1 Project Timeline

All Proposals must conform to the following high level Timeline, and must reference this table in their proposed solutions. For any deviations, the Contractors shall indicate their proposed dates and reasoning on the deviations in their proposals.

Activity	Date
<b>Anticipated Contract Effective Date</b>	April 07, 2014
<b>Final Project Plan for Implementation</b>	May 01, 2014
<b>Managed Environment Availability &amp; Data Warehouse Operational</b>	June 01, 2014
<b>Test Data Submitted by Carriers</b>	June 01, 2014
<b>Historical Data (past 3 years) Submitted by Carriers</b>	July 05, 2014
<b>YTD Data submitted by Carriers</b>	August 20, 2014
<b>APCD Solution (including external web facing portal) operational with agreed upon reports</b>	October 01, 2014

#### 3.2 Approach to Design, Development and Implementation

Access Health Analytics requires the Contractor to provide a detailed approach to design, development, testing, and implementation of the APCD solution. Access Health Analytics expects the Implementation Services Contractor to provide a detailed methodology to support their approach for this implementation

Access Health Analytics requires the Contractor to provide a detailed explanation of how the Contractor plans to meet the expectations and requirements described in Section 3.3, 3.4 and Appendix E of this RFP and the deliverables described in Section 3.5 of this RFP.

In their proposals, Access Health Analytics requires the Contractor to provide information on industry best practices and standards that will be used throughout solution implementation

#### 3.3 High Level Expectations

Access Health Analytics intends to secure a Contract to obtain the services of a Contractor with expertise in the design, development, testing, and project management of a large claims database.

Specifically, Access Health Analytics requires the Contractor to demonstrate in their proposal how their approach will meet and exceed the following high level expectations.

- 3.3.1 The development of a comprehensive project plan that addresses all features, functions, and required deliverables of the CT APCD; the proposed methods to be employed to ensure project success and the proposed timeline for achieving all milestones;
- 3.3.2 The infrastructure and capability for the secure management, storage, and release of data from a secure data warehouse. The data warehouse must have the capacity to store three years of historic data, and archive data that is older;
- 3.3.3 Ongoing interaction and communication with all data submitters. Validation and quality assurance of all data submitted;
- 3.3.4 Implementation of methodologies and tools to accurately link disparate data, utilize industry risk groupers, and provide sound data to facilitate reporting on health inequities, cost variation, and health status;
- 3.3.5 A managed hosted environment that provides Access Health Analytics' analysts controlled access for its staff for member identifier decrypted data in a SAS environment. Contractor will coordinate with Access Health Analytics to enable and ensure that necessary security protocols are maintained;
- 3.3.6 The development and maintenance of a secure consumer-facing web module with high-level public reports and public use datasets, to be created by both Contractor (or sub-contractor) and Access Health Analytics;
- 3.3.7 Sophisticated, fully integrated data security and privacy protections consistent with all applicable laws, including, without limitation, HIPAA, best practices and industry standards; In addition, Access Health Analytics expects the prime contractor to provide detailed information within the proposal on their data security, encryption, and protection standards.
- 3.3.8 Effective project management to ensure Access Health Analytics efficient and effective progress toward Access Health Analytics goals.
- 3.3.9 All services must be provided and the data stored within the United States

The minimum technical requirements described here and in Appendix E are not comprehensive. Additional technical requirements may be required in the final Contract between the Parties.

#### **3.4 Overview of Minimum Technical Requirements**

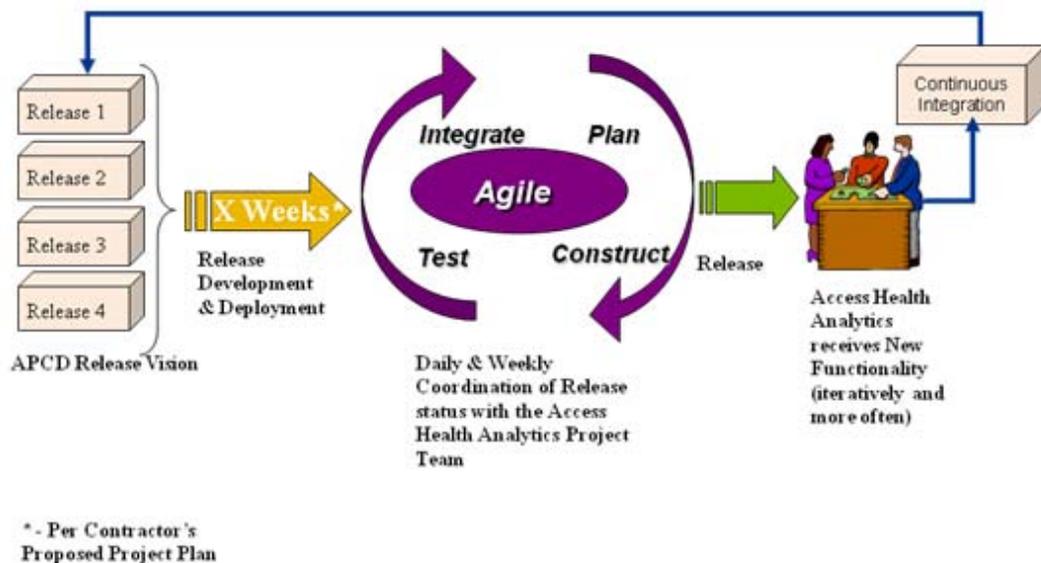
Outlined below is a high level overview of the key minimum technical requirements that Access Health Analytics expects the contractor to meet:

### 3.4.1 Project Plan and Methodology

Contractor shall create a project plan that describes the proposed methods/protocol for all features, functions, and milestone deadlines as related to the CT APCD. The expectations of this plan and methodology are outlined in Deliverable Expectations in Section 3.5.

Outlined below is a high level vision of the releases that Access Health Analytics expects the Contractor to support in an iterative and / or parallel manner.

## Access Health Analytics – Agile Project Vision



Access Health Analytics expects the project plan to follow an “Agile” development methodology using the above high level vision and provide a detailed plan for the following key Releases before the deployment of the overall solution by October 01, 2014:

- **Release 1 – Overall APCD Infrastructure**
  - Within Release 1, Access Health Analytics requires the Contractor to setup / develop and deploy the overall APCD infrastructure, the Managed Hosting Environment, the Data Warehouse, and the infrastructure required to host a public portal.
  - This Release would also include the Planning phase for the overall implementation i.e. the documentation provided within this release should be comprehensive enough to

plan for all the remaining releases. Please see Section 3.5 for more details on the expected documentation.

- **Release 2 –Interfaces and ETLs**
  - Within Release 2, Access Health Analytics requires the Contractor to develop and deploy the interfaces for all the data files and the ETLs that will transform the data from these files into the data warehouse
  - This release will require integration with Release 1 components
- **Release 3 –Datamarts & Reports**
  - Within Release 3, Access Health Analytics requires the Contractor to develop and deploy the Datamarts and Reports identified during the planning phase of Release 1.
  - This release will require integration with Release 1 and 2 components.
- **Release 4 – Public Web Portal**
  - Within Release 4, Access Health Analytics requires the Contractor to develop and deploy a public facing application / portal for the APCD implementation.
  - This release will require integration with components from all the previous releases (Release 1, 2, and 3)

Overall, Access Health Analytics requires the Contractor to provide a comprehensive Project Plan (as a part of the Project Management Plan and Work Plan deliverables identified within Section 3.5) to plan the overall APCD Implementation.

In addition, please see the pricing schedule in Appendix G that outlines the payment for each of the above mentioned releases.

#### *3.4.2 Data Management Infrastructure*

Contractor shall provide scalable data warehouse services to Access Health Analytics throughout the duration of the Contract. The initial data warehouse will contain three (3) years of historic data, but will soon grow to 4 years of data by the end of 2014. Data older than four (4) or more years (TBD) may be archived and retained during the term of this Contract or as mutually agreed to by both parties.

It is estimated that the four (4) years of historic data will require approximately 4-8 TBs ('terabyte') of space. Servers that manage this data will likely require 20-25 TBs at minimum, for proper data transformation, attribution, analytics and reporting activity, even if we limit 4 years of historical data active. Data older than 4 years will need to be archived with quick dearchiving capability.

Contractor must demonstrate superior ability to ETL data from data submitters; validate data quality via various numeric and visual methods; demonstrate robust data encryption both at transmission and at receiving end; demonstrate robust member anonymization and deanonymization capability; identify analytic processes to address data issues; provide methods to resolve data quality or gaps with data submitters; create normative tables to compare data

quality across data submitters; provide clean usable data for creating consumer transparency report for their own downstream process as well as data analysts at Access Health Analytics.

The data warehouse needs to be highly and robust and secure including:

- An efficient extract, transformation, load (ETL) architecture that can support high-volume imports of multiple data files in multiple formats and at rapid speed;
- A set of common data structures that are used across data streams and externally available to third parties;
- A self-service architecture to support web access to raw data sets, generated queries, and high-level standard reports based on the data held in the data warehouse , via web services, etc.

### ETL

Access Health Analytics seeks a uniform ETL platform across its various data streams. The ETL platform should be an online portal allowing for uploaded, properly formatted and identified files from authenticated users. The ETL platform should provide immediate and detailed response to submitters regarding formatting and data integrity issues. The ETL platform should be a configurable data validation and upload mechanism.

The platform must allow Access Health Analytics to define file validation routines (“edits”) per file type across multiple levels, such as:

- Formatting: edits to ensure each data element is syntactically correct (e.g. data appear as YYYYMMDD if so defined, integers do not include decimals, numeric fields do not include alphas, not nulls are not null, etc.) and that all required data elements are present and in the correct position.
- Content legitimacy: edits to ensure that data contained in elements meets the content definition of the field (e.g. a CPT code is actually a valid CPT code, date is date, zip codes are valid, etc.).
- Business logic and quality validation: edits to ensure data elements are sensible from a defined business perspective (e.g. inpatient records have ICD-9 codes, outpatient have CPT codes, etc.)

The platform should allow Access Health Analytics to characterize edits as binary (either correct or wrong) or as threshold values (exceed/not reach a value) and as a failure or a warning. These edits should be configurable by non-technical staff (i.e. not require coding changes). Data submitters should be able to override warnings but not failures. When warnings are overridden, the ETL should record the override information as part of the metadata held in the warehouse about specific uploads

It is essential that Access Health Analytics have direct control over these edits and their parameters, and that bidders not consider options where file validations are in any way “hard coded” into the system.

### **Manual/ Ad Hoc Uploads**

Access Health Analytics staff must be able to map and upload files containing appropriate data elements but which do not necessarily meet the specifications defined in the rule Chapters. This functionality is a specific requirement for Medicare data which comes in a federally defined format. In addition, this functionality should be available to staff in cases where data sets become available to the organization from unanticipated sources.

### **Relational Database**

The warehouse should be a relational database built in one of the industry standard software platforms (e.g. SQL Server, Oracle, MySQL, etc.) that follows best practices in terms of referential integrity, constraints, index structure, normalization, etc.

### **Ad Hoc Reporting**

Access Health Analytics staff must direct table access to the warehouse in order to directly run ad hoc queries against the data set (would be acceptable for this to be accommodated through a separate data store). The warehouse should include a migration path for historical data to be archived in a separate data store to allow for performance improvements in the live warehouse.

Data in the archive store should be available for query and extract through standard database tools.

### **Backups**

The warehouse must maintain, for a 12-month period, back-up copies of all source data uploaded by data submitters. Additional retention policies should be defined as part of data governance.

Vendors must commit to a 24-hour downtime policy (i.e. in case of system disaster, fully functional contingency system can be brought online within 24 hours).

### **Security**

Any data elements that could be used to identify an individual (e.g. SSN, name, DOB, etc) must be encrypted both in the transit and at rest in the warehouse. The ETL platform must “hash” direct subscriber/member identifier data elements prior to transmission and upon receipt, must encrypt elements that were “hashed” prior to transmission. For the data submitter, this process should be part of the file upload.

The warehouse must meet specific state and Federal security standards, as some Medicare data contained are governed under Data Use Agreements between Access Health Analytics and CMS. The successful bidder must adhere to the provisions of Access Health Analytics' DUA with CMS.

### **Dashboard**

The warehouse must provide high order analytics in real time to Access Health Analytics' staff, including the number of authorized submitters, number of authorized consumers, weekly statistics on uploads and downloads, overall server load, total storage used, etc.

### **Change Management**

The vendor must establish a defined change management process for the development, testing, and deployment of changes to the warehouse. The change management process should be based on the developed data governance model

### **Documentation**

The vendor must create and maintain documentation that allows Access Health Analytics' staff to operate and support the system and allows for the potential transfer of operations to another vendor in the future. This would include:

- User Guide – Meant for Access Health Analytics' staff responsible for developing and implementing edits and business rules governing the ETL process and for creating reports and queries underlying self-service access to the warehouse. Documentation should include but not be limited to screenshots of GUI tools, workflow descriptions, business case walk-throughs, etc.
- Technical Documentation – Meant for Access Health Analytics' staff responsible for system support. Should include but not be limited to descriptions of warehouse technologies, ERD diagrams of underlying data structures, table and index descriptions, network topology, source code, etc.

### ***3.4.3 Data Collection Services***

Contractor shall coordinate with the data submitters, conforming to the Project Timeline in Section 3.1, and data files defined in *Appendix I – Data Submission Guide*, from all required data submitters identified in the Policies and Procedures.

Contractor shall provide an end-to-end data encryption methodology for transmission, reception, and data at rest. In addition members' identifications must be anonymized in the data warehouse for avoiding any possibility of re-identification. However, the contractor must maintain the capability for re-identification, if required.

Contractor shall also develop and maintain an efficient extract, transform, and load (ETL) process that can support high-volume imports of multiple data files, in multiple formats, and at rapid speeds.

Contractor may be required to receive non-traditional data feeds from some state agencies, hospitals, census bureau and other sources

The extraction process must have the ability to use flat-file source formats as defined in Appendix H– Data Submission Guide as well as a load-on-the-fly ability to comply with the various reporting schedules. Extraction must maintain a stringent parsing process to insure that all subsequent processes occur correctly.

Successful vendors will also be required to demonstrate ability to work with payer-specific administrative data formats as opposed to the standard data guide included as a reference for CT’s APCD. This ability is very important for data quality validation and other potential problems encountered in any standardization effort.

The transformation process must select all data columns for compliance reporting, translate any and all coded values, encode values when/where necessary, maintain external codes source values when required, calculate industry standard values, sort and join data, de-duplicate data, and perform various types of aggregation in addition to creating and maintaining surrogate keys. It must also have the ability to remediate data reporting issues through supplemental files that may necessitate transposition of data, column splitting and/or disaggregation of columns. The final step of the transformation process would be to apply a series of data validation rules that can be applied across the data as it transforms.

The load process must be scheduled, at minimum, as a monthly process, maintain the history of data for three (3) or more consecutive years, archive files older than the current three (3) or more years, have a well-defined rule-set for overwriting data and be able to provide systems quality assurance reports. Data will be collected via a secured web portal using SFTP process with file encryption.

#### *3.4.4 Data Management and Analytics*

Responders must have appropriate content knowledge, ability to transform data for strategic purposes, analytic aptitude, and capability to transform big data into maps, tables, graphics and related explanations for web-based delivery. “Data Management” refers to all transformation and standardization of data by the Contractor to ensure proper data integrity is upheld. “Analytics” therefore refer to all methodologies and outputs of the CT APCD other than the data referenced in *Section 3.4.6*.

Valid data and sound methodology are crucial data management components to any successful reporting initiative. Responders must demonstrate ability and experience working with large

disparate databases derived from healthcare payer administrative systems. Emphasis will be placed on contractor's experience working with other state APCDs, ability and experience with entity resolution across insured and provider populations, creation of master provider and patient indexes, geo-coding, and the formation of medical condition flags, healthcare episodes, and risk groupers.

Responders should have tools or analytic experience providing cost transparency reports for recipients of healthcare services. Cost transparency solutions should provide users with the ability to view regional and provider disparities in cost, quality, and access across Connecticut based geographic areas for a variety of healthcare services. Furthermore, responders should utilize their master provider databases and the statistical methods to provide an indication of accuracy for cost transparency solutions.

#### *3.4.5 Managed Hosting*

Access Health Analytics would like to provide analysts a secured environment to access and analyze standardized and non-standardized APCD data. The Contractor shall create a managed analytic processing environment that will enable analysts to access, analyze, and create residual APCD data from remote locations through a secured thin client. To achieve this, the contractor will be expected to provide Access Health Analytics access to a data center with managed networking, security, hardware, software, and recovery services. An example of desired specs can be found Appendix J.

The Contractor's infrastructure should allow Access Health Analytics' analysts varying levels of access to the data as part of the overall proposed solution. It is expected that between 10-15 users will have access in the first two years. Server performance, bandwidth, and storage must be monitored to ensure users are allowed fast and responsive access to their analytic tools and software. Contractor must make standardized APCD datasets available in an Access Health Analytics specified format such as SAS or SQL file type. Contractor will have sophisticated, fully integrated data security and privacy protections meeting or exceeding all applicable laws, including, without limitation, HIPAA, best practices, and Access Health Analytics standards. The Contractor will enable Access Health Analytics to assign an administrator to manage creation of user groups and user roles within the environment.

#### *3.4.6 Web Access*

Contractor shall provide the infrastructure necessary to allow varying levels of access to the data as part of the overall proposed solution.

The Contractor (or their subcontractor) will be responsible for creating, hosting, updating, and maintaining a secure web-based module (including optimization for mobile devices, i.e. at a

minimum the website should be usable from smart phones and tablet computers) for members of the public with moderate health literacy levels. This web-based application will contain all consumer-facing reports created by Contractor and/or Health Access Analytics group beginning in October 1 of 2014. The web-based module should be flexible in nature and provide the ability for integration with third party products in the future. Format and content of the consumer-facing module shall be consistent with applicable laws, including, without limitation, HIPAA privacy rules for limited data sets or de-identified data, as appropriate.

#### *3.4.7 Data Security*

Contractor shall designate a single point of contact from the Contractor's Security team to support Access Health's Security and Privacy Control Officer for this project, and assist the officer to be accountable for the implementation of all privacy and security measures, and for auditing security and encryption processes. Included in this section must be a description of the specific secure technology proposed for claims submission and processing; including payer data submission, and requirements for data handling. Included in data security is the Contractor's capability for data encryption and member identification masking applying HIPAA compliant applications or methodology.

#### *3.4.8 Project Management*

The Contractor shall manage the implementation of all tasks using formal project methodologies submitted as part of their approach and methodology response to this RFP.

A more detailed description of all minimum technical requirements can be found in *Appendix E – Minimum Technical Requirements* described as the Requirements Traceability Matrix (RTM). Access Health Analytics requires the Implementation Services Contractor or the prime Contractor to provide a completed RTM demonstrating, how their proposed solution meets Access Health Analytics' minimum technical requirements.

### 3.5 Deliverables

Throughout the duration of the implementation, Access Health Analytics requires the Implementation Contractor or the Prime Contractor to provide the following deliverables documenting the solution’s implementation, processes, business, and technology components. Access Health Analytics expects the Contractor to provide details on when each of these deliverables will be delivered as a part of their project management plan and the project schedule.

These deliverables should include details on all the components for the overall APCD solution including the Implemented Solution, Managed Environment, and the Web Hosting component, wherever applicable. Access Health Analytics will be providing a final approval on each of these deliverables required before finalizing the payment for that release.

Considering the Access Health Analytics is requesting an Agile based development model (See Section 3.4.1 for Release information), Access Health Analytics expects the deliverables to be updated based on the following matrix for each of the releases. Access Health Analytics will leverage the below matrix and the phase status to determine the completion percentage of the Release.

#	Deliverable	Release 1 – Overall APCD Infrastructure	Release 2 – Interfaces & ETLs	Release 3 – Datamarts & Reports	Release 4 – Public Web Portal
1	Project Management Plan	Required	Not Expected	Not Expected	Not Expected
2	Work Plan	Required	Expected	Expected	Expected
3	Biweekly Status Report	Required	Required	Required	Required
4	Release Plan	Required	Expected	Expected	Expected
5	Configuration Management Plan	Required	Not Expected	Not Expected	Not Expected
6	Application Development Plan	Required	Not Expected	Not Expected	Not Expected
7	Data Management Plan	Not Expected	Required	Not Expected	Not Expected
8	Security Plan	Required	Not Expected	Not Expected	Not Expected
9	Integrated Requirements Plan	Required	Not Expected	Not Expected	Not Expected
10	System Architecture Design Document	Required	Expected	Expected	Expected
11	Business Systems Design	Required	Expected	Expected	Expected
12	Technical Design	Required	Expected	Expected	Expected
13	Interface Control Document	Not Expected	Required	Expected	Expected
14	Physical Data Model	Not Expected	Required	Expected	Expected
15	Conceptual Data Model	Not Expected	Required	Expected	Expected
16	Logical Data Model	Not Expected	Required	Expected	Expected
17	Data Dictionary	Not Expected	Required	Expected	Expected
18	Test Strategy & Plan	Required	Expected	Expected	Expected
19	Implementation Plan	Required	Expected	Expected	Expected
20	Deployment Plan	Required	Expected	Expected	Expected
21	Transition & Knowledge Transfer Plan	Required	Expected	Expected	Expected
22	Operations & Maintenance Manual	Required	Expected	Expected	Expected
23	Operational Support Plan	Required	Expected	Expected	Expected
24	Contingency/Recovery Plan	Required	Not Expected	Not Expected	Not Expected

Please Note the following definitions for the above requirements:

- Required – Indicates that the first version of that deliverable is required during that Release
- Expected – Indicates that updates to the original version of that deliverable is required during that Release
- Not Expected – Indicates that the updates to the original version of that deliverable is not required during that Release

Please Note - Once the Contractor is on board, if formally request, the below table could be revised based on the work plan submitted by the Contractor

**a. Project Management Plan**

Prior to the start of project activities, the Contractor will present to Access Health Analytics the Project Management Plan that will be utilized to manage the various activities and deliverables that are part of the project. This plan should describe in detail the proposed approach and methodology that the Contractor plans to employ to control all project activities and deliverables. The Project Management Plan would provide a detailed description of the management and technical approach provided in the proposal response.

Vendors should submit their project plan based on Agile method. Agile development calls for rapid development and prototyping based on a series of short time intervals and includes the following core concepts:

- Individuals and interactions over processes and tools
- Working software over documentation
- Customer collaboration over contract negotiation
- Responding to change over following a plan

Agile calls for significant business user engagement throughout the development cycle. It is incremental and iterative. Access Health Analytics anticipates the vendor will have to keep five key documents throughout the project lifecycle:

- Stories – Captures use cases and specific business requirements for the warehouse. Typically presented as “user stories,” they are less formal presentations of user requirements. The Stories document forms the basis for project development efforts.
- Design Reference (Standards) – Captures the standards (naming conventions, data types, entity modeling) developers will use while deploying specific user stories. It is a description of common attributes to all developed code.
- Project Management Plan – Captures the prioritization of stories, estimated iteration for deploying the story, deployment resources, and project timing.
- Risk Identification and Mitigation – Details potential risks during development and deployment of the warehouse and steps Access Health Analytics and vendor may take to reduce risk.

- Deployment and Contingency Plan – Describes steps required to move the working software into a production environment. Must clearly identify fallback positions Access Health Analytics can take in the event of production migration failure.

At a minimum, the Project Management Plan deliverable must contain the following:

Deliverable	
<b>Project Management Plan</b>	• Project charter including goals, objectives, milestones, and needed resources
	• Key stakeholders
	• Integration Management approach
	• Risk Management approach
	• Scope Management approach
	• Schedule Management approach
	• Cost Management approach
	• Communication Management approach
	• Human Resource Management approach
	• Quality Management approach
	• Procurement Management approach
	• Document Management, Control, and Storage process

b. Work Plan

At a minimum, the Work Plan deliverable must contain the following:

Deliverable	
<b>Work Plan (in MS Project Format)</b>	• Work Breakdown Structure (WBS), which explicitly aligns with the project scope
	• Major project phases, including software releases
	• Start and end dates
	• Task dependencies
	• Task durations must be divided into components of a manageable size (i.e., generally no less than 20 hours and no more than 80 hours of effort)
	• Identification of critical path tasks
	• Identification of deliverables
	• Key milestones, including expectations of Access Health Analytics' participation, approval points, and deliverable reviews by Access Health Analytics
	• Resource allocation by project phase that represents a realistic and achievable work-resource allocation, including Access

Deliverable	
	Health Analytics' resource participation requirements
	<ul style="list-style-type: none"> <li>• Assumption of full-time equivalency</li> <li>• Schedule constraints</li> </ul>

c. Bi-weekly Status Report

The Contractor is required to submit status reports every two weeks throughout the duration of the contract. Within the report, the Contractor should document project risks and issues encountered for Access Health Analytics' review.

At a minimum, the Bi-weekly Status Report must contain the following:

Deliverable	
<b>Biweekly Status Report</b>	<ul style="list-style-type: none"> <li>• Biweekly status report describing project progress as of date and including project risks and issues and any remediation tactics</li> </ul>

d. Release Plan

The Contractor is required to document all of the activities, resources and responsibilities related to a particular software release, including the scheduling of that release.

At a minimum, the Release Plan must contain the following:

Deliverable	
<b>Release Plan</b>	<ul style="list-style-type: none"> <li>• Description of the system functionality that will be developed and implemented in each release</li> <li>• Rationale for each release</li> <li>• Detailed Release Management Principles</li> </ul>

e. Configuration Management Plan

The Contractor will provide a Configuration Management Plan (CMP) to document the approach and processes for managing and versioning configuration items created during development, implementation, and maintenance phases of the system.

The code management and migration procedures within this plan shall describe the tools and techniques that will be used for managing the various environments and controlling the migration of code through proper approvals and authorizations, as well as defining those approvals and authorizations.

At a minimum, the Configuration Management Plan deliverable would contain the following:

Deliverable	
<b>Configuration</b>	<ul style="list-style-type: none"> <li>• Scope and Approach</li> </ul>

Deliverable	
<b>Management Plan</b>	• Roles and Responsibilities
	• Description of Configuration Items
	• Configuration Naming Standards
	• Configuration Management Tool
	• Access controls established within the tool
	• Processes and procedures for creating development work streams, check-in, check-out procedures
	• Procedures for integrating with the Integrated Development Environment (IDE)
	• Migration procedures and checklists
	• Source code backup and recovery procedures
	• Process for periodic configuration reviews
	• Configuration reporting requirements

f. Application Development Plan

The Contractor will provide an Application Development Plan (ADP) that documents the System Development Lifecycle (SDLC) phases to be leveraged on the project, the necessary application development process tasks and activities, work products, functional and technical design standards, coding standards, and tools to be used to effectively build and test the system.

As noted above, Access Health Analytics is expecting the Contractor’s life cycle development approach to leverage the CMS Life Cycle (ELC) as per CMS Guidance as a basis for System Development Life Cycle (SDLC). This model includes life-cycle phases and transition stage gate reviews for such items as business service descriptions/definitions, requirements, system design specifications, data models, interface control documents, and integration test cases.

At a minimum, the Application Development Plan deliverable needs to contain the following:

Deliverable	
<b>Application Development Plan (ADP)</b>	• Development Standards and Guidelines
	• System Development Lifecycle (SDLC) approach including: <ul style="list-style-type: none"> <li>○ Requirements Validation</li> <li>○ Design</li> <li>○ Development</li> <li>○ Testing</li> <li>○ Implementation</li> <li>○ Maintenance</li> <li>○ Establishment Reviews</li> <li>○ Exchange Certification</li> </ul>
	• Roles and Responsibilities
	• Tools, Environment, and Infrastructure

Deliverable	
	<ul style="list-style-type: none"> <li>• Baseline Deliverables and Work Products</li> </ul>

g. Data Management Plan

The Contractor is required to outline how the data will be handled during the Contractor’s research, and after the project is completed.

At a minimum, the Data Management Plan deliverable would contain the following:

Deliverable	
Data Management Plan	<ul style="list-style-type: none"> <li>• Strategy for managing data during and after project execution</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify data archiving/data retention plans</li> </ul>
	<ul style="list-style-type: none"> <li>• Prioritization strategy and data load schedule for data submitters</li> </ul>

h. Security Plan

The Contractor would assist Access Health Analytics in identifying all relevant standards (including Federal, State, and Local laws and regulations) based on the functionality being deployed and would be responsible for developing a security plan. The plan would describe how the Contractor will comply with Enterprise Security Standards, industry standards, and specific Access Health Analytics requirements.

At a minimum, the Security Plan deliverable would contain the following:

Deliverable	
Security Plan	<ul style="list-style-type: none"> <li>• Security approach</li> </ul>
	<ul style="list-style-type: none"> <li>• Roles and responsibilities: Contractor, State, User’s, and shared</li> </ul>
	<ul style="list-style-type: none"> <li>• Data Classification</li> </ul>
	<ul style="list-style-type: none"> <li>• Integration with centralized Identity Management applications</li> </ul>
	<ul style="list-style-type: none"> <li>• Integration with centralized Access Management applications</li> </ul>
	<ul style="list-style-type: none"> <li>• Security controls framework</li> </ul>
	<ul style="list-style-type: none"> <li>• Data encryption</li> </ul>
	<ul style="list-style-type: none"> <li>• Security operations</li> </ul>
	<ul style="list-style-type: none"> <li>• Compliance with applicable regulations</li> </ul>
	<ul style="list-style-type: none"> <li>• Period security auditing: <ul style="list-style-type: none"> <li>○ Monitoring and vulnerability test procedures</li> <li>○ Internal and external threats; risk analysis</li> <li>○ Business continuity and incident response plans</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Data anonymization and privacy assurance plan</li> </ul>

i. Integrated Requirements Plan

Within fourteen (14) days of the contract award, the Contractor shall review and finalize the requirements traceability matrix and elaborate the requirements at a more detailed level to facilitate design activities. The Contractor would review the contents of the requirements documentation with the key stakeholders to review and elaborate as necessary.

At a minimum, the Integrated Requirements Plan deliverable would contain the following

Deliverable	
Integrated Requirements Plan	<ul style="list-style-type: none"> <li>Elaborated/updated requirements documentation</li> </ul>
	<ul style="list-style-type: none"> <li>Description of the approach for establishing traceability through design, development and testing mapped back to the baseline requirements</li> </ul>

j. System Architecture Design Document

As an output of the requirements validation and business design activities, the Contractor would document the proposed system architecture. The architecture documentation would include both graphical and narrative depiction of the end state Integrated Eligibility and HIX solutions and all ancillary interfaces, etc. This deliverable would also describe the security model utilized for the system.

At a minimum, the System Architecture Design Document deliverable would contain the following:

Deliverable	
System Architecture Design Document	<ul style="list-style-type: none"> <li>Application Architecture:                             <ul style="list-style-type: none"> <li>Technology used and patterns utilized</li> <li>Existing capabilities leveraged vs. built</li> <li>Frameworks utilized</li> <li>Business layer, User Interface layer, Integration layer, and Interface layer architecture details</li> <li>Logical software architecture</li> <li>Data architecture</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Hardware and Execution Architecture:                             <ul style="list-style-type: none"> <li>Runtime architecture:                                     <ul style="list-style-type: none"> <li>Runtime environment</li> <li>Deployment model</li> <li>Runtime software</li> </ul> </li> <li>Network architecture:                                     <ul style="list-style-type: none"> <li>Network layout for deployment and execution</li> </ul> </li> <li>Security architecture:                                     <ul style="list-style-type: none"> <li>Network security</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Identification/description of links with the database structure diagram</li> </ul>

Deliverable	
	<ul style="list-style-type: none"> <li>• Identification/description of the identified interfaces including interfaces with the State of CT network, the State of CT's new Open Data Platform, etc.</li> </ul>

k. Business Systems Design

Once a finalized requirements plan is in place, the Contractor shall undertake a design process in-line with its SDLC as described within its contract and elaborated and confirmed in the Application Development Plan.

At a minimum, the Business Systems Design deliverable would contain the following:

Deliverable	
<b>Business Systems Design</b>	<ul style="list-style-type: none"> <li>• Approach used for the completion of Joint Application Design (JAD) sessions:               <ul style="list-style-type: none"> <li>○ Identification of stakeholders</li> <li>○ Approach for carrying out JAD sessions</li> <li>○ Walkthroughs conducted</li> <li>○ Meeting notes from JAD sessions</li> <li>○ Outcome of JAD sessions</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Proposed screen layout/design prototypes</li> </ul>
	<ul style="list-style-type: none"> <li>• Business rules/exceptions</li> </ul>
	<ul style="list-style-type: none"> <li>• Required fields/data elements</li> </ul>
	<ul style="list-style-type: none"> <li>• Workflow</li> </ul>
	<ul style="list-style-type: none"> <li>• Identification of reports</li> </ul>
	<ul style="list-style-type: none"> <li>• Description of the source and the target systems</li> </ul>
	<ul style="list-style-type: none"> <li>• Design considerations for interfaces, conversion, testing, training, and implementation</li> </ul>
	<ul style="list-style-type: none"> <li>• Design considerations for user groups, roles, and security</li> </ul>

l. Technical Design

At a minimum, the Technical Design deliverable shall contain the following:

Deliverable	
<b>Technical Design</b>	<ul style="list-style-type: none"> <li>• Detailed description of the processing logic involved in each component of the process flow</li> </ul>
	<ul style="list-style-type: none"> <li>• Unified Modeling Language (UML) documentation for technical design, including Class and Sequence Diagrams</li> </ul>
	<ul style="list-style-type: none"> <li>• Business Object Layer implementation details including Java</li> </ul>

Deliverable	
	Classes and methods
	<ul style="list-style-type: none"> <li>• Data Object Layer implementation details including an Entity Relationship Diagram (ERD)</li> </ul>
	<ul style="list-style-type: none"> <li>• Presentation Layer implementation details including: <ul style="list-style-type: none"> <li>○ User Interface Meta-Data (UIMs)</li> <li>○ VIMs (UIM View)</li> <li>○ JavaScript</li> <li>○ CSS</li> <li>○ System Actions/Server Interfaces</li> <li>○ HTML 5</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Security Groups and Customization of “Out of the Box” (OOTB) functionality</li> </ul>
	<ul style="list-style-type: none"> <li>• Details on required changes in system code and/or database</li> </ul>
	<ul style="list-style-type: none"> <li>• Default users and groups</li> </ul>
	<ul style="list-style-type: none"> <li>• Necessary configuration</li> </ul>
	<ul style="list-style-type: none"> <li>• Create a “Create, Retrieve, Update, Delete (CRUD) matrix” for tables affected as a part of the current design</li> </ul>
	<ul style="list-style-type: none"> <li>• Confirm data integrity controls, security controls, and document controls are met</li> </ul>
	<ul style="list-style-type: none"> <li>• Create a document which describes the steps needed to completely convert and migrate data to the production environment</li> </ul>

m. Interface Control Document

The Contractor is responsible to describe the interface or interfaces to the system being implemented.

At a minimum, the Interface Control Document deliverable would contain the following:

Deliverable	
<b>Interface Control Document</b>	<ul style="list-style-type: none"> <li>• Inputs and outputs of a single system/services</li> </ul>
	<ul style="list-style-type: none"> <li>• Interface between any two systems/services, or the interface protocol between physical components</li> </ul>
	<ul style="list-style-type: none"> <li>• Security around interface files and data</li> </ul>

n. Conceptual Data Model

The Contractor shall create a Conceptual Data Model which describes the high-level data entities, relationships, key attributes, and appropriate subject areas.

At a minimum, the Conceptual Data Model deliverable must contain the following:

Deliverable	
<b>Conceptual Data Model</b>	• General conceptual data entity definition
	• Pictorial depiction of conceptual data entities and relationships between entities
	• Mapping between subject area and conceptual data entities
	• Data classification of conceptual data entities

o. Logical Data Model

The Contractor is required to provide a representation of the organization's data, organized in terms of entities and relationships and is independent of any particular data management technology.

At a minimum, the Logical Data Model deliverable must contain the following:

Deliverable	
<b>Logical Data Model</b>	• Definition of a common understanding of business data elements and inter-relations to form the basis for physical database design

p. Physical Data Model

The Contractor is required to provide a representation of a data design which takes into account the facilities and constraints of the proposed database management system.

At a minimum, the Physical Data Model deliverable would contain the following:

Deliverable	
<b>Physical Data Model</b>	• Database entities/tables/views/attributes/columns/fields
	• Relationship between entities influenced by database performance, indexing, storage, and denormalization

q. Data Dictionary

The Contractor shall create a Data Dictionary which would include descriptions of the data objects, its origins, and relationships to other data in a data model which could help the development of the system and others who may need this information.

At a minimum, the Data Dictionary deliverable would contain the following:

Deliverable	
<b>Data Dictionary</b>	• Create relationship diagrams of all data elements
	• Document details of data elements (business description, structure, length, etc.)

r. Test Strategy & Plan

The Contractor is responsible for the planning and execution of unit, system, performance (both stress and volume), security, regression, and integration testing. The Contractor would also provide user testing and training environments and provide required support such as error logging, bug fixing, and troubleshooting. The test plan will include the test cycle, test scripts, conditions, a plan for test data creation, and expected results definition for each test phase. The scope of the testing would address all detailed requirements developed and follow the test cases developed by the Contractor for the system.

At a minimum, the Test Plan deliverable would contain the following:

Deliverable	
Test Strategy & Plan	<ul style="list-style-type: none"> <li>• Details on testing approach</li> </ul>
	<ul style="list-style-type: none"> <li>• Details of pretest preparations, including use of federal test data (IRS, etc.)</li> </ul>
	<ul style="list-style-type: none"> <li>• Descriptions of tests to be performed</li> </ul>
	<ul style="list-style-type: none"> <li>• Test scripts:               <ul style="list-style-type: none"> <li>○ Tester action</li> <li>○ Expected results</li> <li>○ System response</li> <li>○ Total steps passed</li> <li>○ Total steps failed</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Tools planned for testing, including a description of the automated software testing approach</li> </ul>
	<ul style="list-style-type: none"> <li>• Descriptions of the standards and reviews used during testing, including procedures for retesting</li> </ul>
	<ul style="list-style-type: none"> <li>• Roles and responsibilities of testing team</li> </ul>
	<ul style="list-style-type: none"> <li>• Metrics to evaluate progress and success of the testing</li> </ul>
	<ul style="list-style-type: none"> <li>• Acceptance criteria for the completion of each phase of testing</li> </ul>
	<ul style="list-style-type: none"> <li>• Procedure for reporting and resolving defects including performance metrics and trend analysis, to track the progress of software testing and defect resolution</li> </ul>
	<ul style="list-style-type: none"> <li>• Plans for infrastructure testing (including backups, failure, and other system and hardware)</li> </ul>
	<ul style="list-style-type: none"> <li>• Testing environment plans and specifications</li> </ul>

s. Implementation Plan

The Contractor shall present a detailed implementation plan for the completion of activities for Access Health Analytics.

At a minimum, the Implementation Plan deliverable shall contain the following:

Deliverable	
<b>Implementation Plan</b>	<ul style="list-style-type: none"> <li>Implementation impacts to Access Health Analytics as well as risks and opportunities</li> </ul>
	<ul style="list-style-type: none"> <li>User groups considered for implementation</li> </ul>
	<ul style="list-style-type: none"> <li>Proposed scope, approach, schedule, and team</li> </ul>
	<ul style="list-style-type: none"> <li>Proposed implementation activities:               <ul style="list-style-type: none"> <li>On-site support and Remote Support approach</li> <li>Implementation governance and organizational structure</li> <li>Implementation communication activities</li> <li>Change and stakeholder alignment activities</li> <li>Problem resolution and escalation procedures</li> <li>Help desk and reporting procedures</li> <li>Conversion readiness activities</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Define agency dependencies</li> </ul>
	<ul style="list-style-type: none"> <li>Implementation phase exit criteria</li> </ul>
	<ul style="list-style-type: none"> <li>Implementation readiness approach (go/no-go criteria and checklist)</li> </ul>

t. Deployment Plan

The Contractor shall create a Deployment Plan document which details activities that need to be performed in order to deploy the application to the production environment for Access Health Analytics.

At a minimum, the Deployment Plan deliverable would contain the following:

Deliverable	
<b>Deployment Plan</b>	<ul style="list-style-type: none"> <li>Go/No-go checklists</li> </ul>
	<ul style="list-style-type: none"> <li>Software installation procedures</li> </ul>
	<ul style="list-style-type: none"> <li>Deployment strategy and approach</li> </ul>
	<ul style="list-style-type: none"> <li>Deployment/Conversion implementation detailed plan</li> </ul>
	<ul style="list-style-type: none"> <li>Post deployment activities</li> </ul>

u. Transition and Knowledge Transfer Plan

As part of implementation acceptance, a Transition and Knowledge Transfer Plan shall be established. This document would address the specific objectives, scope, approach, deliverables, roles and responsibilities, and time frames for completing knowledge transfer. The strategy would be developed to provide for knowledge transfer prior to go-live and during the launch support period. This plan would be based on an assessment of the skills of Access Health Analytics staff.

At a minimum, the Transition and Knowledge Transfer Plan deliverable shall contain the following:

Deliverable	
<b>Transition and Knowledge Transfer Plan</b>	<ul style="list-style-type: none"> <li>• Completion of Transition Planning Analysis</li> </ul>
	<ul style="list-style-type: none"> <li>• Develop Transition Planning Approach</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify criteria to indicate when knowledge transfer is complete</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify stakeholders and appropriately involve in the launch support policies, processes, and procedures</li> </ul>
	<ul style="list-style-type: none"> <li>• Summary of performance metrics related to knowledge transfer are prepared</li> </ul>
	<ul style="list-style-type: none"> <li>• Finalize maintenance of all documentation</li> <li>• Develop time line and methodology for knowledge transfer related of designated key tasks, roles, and responsibilities to Access Health Analytics staff</li> </ul>

v. Operations and Maintenance Manual

The Contractor shall create an Operations and Maintenance Manual (e.g., Run book) to capture procedures and technical infrastructure to maintain the APCD system. The manual shall also contain descriptions for handling exception scenarios/conditions, and incidents. The run book shall be written in a manner to allow experienced operators to effectively manage, troubleshoot, and restore a system.

At a minimum, the Operations and Maintenance Manual deliverable shall contain the following:

Deliverable	
<b>Operations and Maintenance Manual</b>	<ul style="list-style-type: none"> <li>• Description of technical infrastructure</li> </ul>
	<ul style="list-style-type: none"> <li>• Procedures for Startup/Shutdown</li> </ul>
	<ul style="list-style-type: none"> <li>• Procedures for Batch execution (nightly, weekly, monthly)</li> </ul>
	<ul style="list-style-type: none"> <li>• System maintenance procedures</li> </ul>
	<ul style="list-style-type: none"> <li>• Procedures for accessing servers/backups</li> </ul>
	<ul style="list-style-type: none"> <li>• Procedures for restoring system configuration settings</li> </ul>
	<ul style="list-style-type: none"> <li>• Procedures for system troubleshooting</li> </ul>
	<ul style="list-style-type: none"> <li>• Procedures for exception handling</li> </ul>

w. Operational Support Plan

The scope of the launch support phase addresses the objectives, scope, approach, deliverables, technology/tools to be used, roles and responsibilities of the staff providing launch support (including Responsible-Accountable-Consult-Inform (RACI) responsibility matrix), resources needed, time frames, dependencies, assumptions, and risks and issues related to launch support.

At a minimum, the Operational Support Plan deliverable shall contain the following:

Deliverable	
<b>Operational Support Plan</b>	<ul style="list-style-type: none"> <li>Define and document all support activities related to production operations (Batch, back-up, print, interface, report schedules are in place, emergency change control, operational support, configuration management, generate status report of operational support, and recommendations for improving operations)</li> </ul>
	<ul style="list-style-type: none"> <li>Resources and responsibilities for operational support</li> </ul>
	<ul style="list-style-type: none"> <li>Help desk incident support (troubleshooting and coding activities), and functional support to end-users</li> </ul>
	<ul style="list-style-type: none"> <li>Application, database, server, storage, storage area network (SAN), and network performance tuning procedures</li> </ul>
	<ul style="list-style-type: none"> <li>Security administration procedures</li> </ul>
	<ul style="list-style-type: none"> <li>Technology support for infrastructure and software (i.e., server, storage, database, etc.)</li> </ul>
	<ul style="list-style-type: none"> <li>Establish change management procedure</li> </ul>

x. Contingency/Recovery Plan

The Contractor is required to create a Contingency/Recovery Plan document explaining how the design mitigates the risk of system and service unavailability by focusing effective and efficient recovery solutions.

At a minimum, the Contingency/Recovery Plan deliverable shall contain the following:

Deliverable	
<b>Contingency/ Recovery Plan</b>	<ul style="list-style-type: none"> <li>Management policies and procedures to maintain or restore business and technical operations in the event of emergency, system failure, or disaster</li> </ul>

### 3.6 Software and Hardware Requirements

The Contractor shall provide a solution with specific software and hardware requirements to fully support the required functionality listed in *Appendix E – Minimum Technical Requirements*. In determining the requirements listing, the Contractor shall ensure compliance with the applicable industry standards for the information technology industry such as HIPAA, etc.

In addition, the Contractor will procure, implement, host, and maintain all the technical requirements for the Managed Environment as in *Appendix J – High Level Technical Specifications for Managed Environment (SAS Based Data Hosting Environment)*.

Before conclusion of the contract or in the event that the contract is terminated and/or the follow-on service contract is awarded to another vendor, Contractor shall develop a transition

plan for continued operations to assist Access Health Analytics in maintaining timely collection of the data upon expiration of the contract. Contractor shall cooperate with the complete and timely transfer of data files, code, analyses, reports, state owned hardware and software, and necessary technical documentation. At the conclusion of the contract, Contractor shall also turn over to Access Health Analytics (or destroy at Access Health Analytic’s direction) all data provided by reporters or the State under data use agreements related to the contract, all data storage areas, all data backup areas, and all data conversion/transformation intermediary areas as specified by Access Health Analytics.

### 3.7 Service Level Specifications

Access Health Analytics expects the Contractor to meet or exceed the following Service Level Specification Criteria for the duration of this project.

#	Criteria	Implementation Environment	Managed Hosting Environment	Hosting Services / Public Portal	Penalty*
1	Availability	Vendor data submission infrastructure shall be available to data submitters 99 percent of the time, 24 hours per day, 7 days per week (whether such downtime is scheduled or unscheduled).	Managed environment solution shall be available to Access Health Analytics’ analysts 97.5 percent of the time, 24 hours per day, 7 days per week (whether such downtime is scheduled or unscheduled).	The public facing dynamic web portal shall be available to public users 99 percent of the time, 24 hours per day, 7 days per week (whether such downtime is scheduled or unscheduled).	To be proposed by the Responder
2	Response Time	N/A	See Capacity Criteria	90 <sup>th</sup> percentile response time for site access shall be under 5 seconds, 24 hours per day, 7 days per week	To be proposed by the Responder
3	Disaster Recovery	Contractor must commit to a maximum of a 24 hour downtime / RTO policy (i.e. in case of system disaster fully functional contingency systems can be brought online within 24 hours); In addition, the contractor must commit to a maximum of 48 hours of RPO	Contractor must commit to a maximum of a 48 hour downtime / RTO policy (i.e. in case of system disaster fully functional contingency systems can be brought online within 48 hours); In addition, the contractor must commit to a maximum of 48 hours of RPO	Contractor must commit to a maximum of a 48 hour downtime / RTO policy (i.e. in case of system disaster fully functional contingency systems can be brought online within 48 hours); In addition, the contractor must commit to a maximum of 48 hours of RPO	To be proposed by the Responder
4	System and Data Backup	Contractor must perform redundancy backup at a regular interval. Time span between backups not to exceed 48 hours.	Contractor must perform redundancy backup at a regular interval. Time span between backups not	Contractor must perform redundancy backup at a regular interval. Time span between backups not	To be proposed by the Responder

#	Criteria	Implementation Environment	Managed Hosting Environment	Hosting Services / Public Portal	Penalty*
			to exceed 48 hours.	to exceed 48	
5	<p>Response Time for Issues</p> <p><i>Note: the clock for time to respond and time to resolution always starts from the time the ticket gets opened in the Incident Management System</i></p> <p><b>MTTR – Minimum Time To Response</b></p>	<p><b>Severity 1 MTTR (Critical):</b> within 4 hours to resolution; 1 hour to respond via email and every 1 hour email executive updates or as required. This severity will be primarily used for sensitive data leaks type of issues</p> <p><b>Severity 2 MTTR (High):</b> within 24 hours to resolution; 2 hour to respond via email and every 8 hour email executive updates or as required</p> <p><b>Severity 3 MTTR (Major):</b> within 48 hours to resolution; and within 4 hours to respond via email and every 16 hours email executive updates or as required</p> <p><b>Severity 4 MTTR (Minor):</b> within 96 hours to resolution; and within 8 hours to respond via email and every 24 hours email executive updates or as required</p>	<p><b>Severity 1 MTTR (Critical):</b> within 4 hours to resolution; 1 hour to respond via email and every 1 hour email executive updates or as required. This severity will be primarily used for sensitive data leaks type of issues</p> <p><b>Severity 2 MTTR (High):</b> within 8 hours to resolution; 1 hour to respond via email and every 4 hour email executive updates or as required</p> <p><b>Severity 3 MTTR (Major):</b> within 24 hours to resolution; and within 2 hours to respond via email and every 8 hours email executive updates or as required</p> <p><b>Severity 4 MTTR (Minor):</b> within 96 hours to resolution; and within 8 hours to respond via email and every 24 hours email executive updates or as required</p>	<p><b>Severity 1 MTTR (Critical):</b> within 1 hours to resolution; ½ hour to respond via email. This severity will be primarily used for sensitive data leaks type of issues</p> <p><b>Severity 2 MTTR (High):</b> within 8 hours to resolution; 2 hours to respond via email and every 2 hour email executive updates or as required</p> <p><b>Severity 3 MTTR (Major):</b> within 24 hours to resolution; and within 2 hours to respond via email and every 2 hours email executive updates or as required</p> <p><b>Severity 4 MTTR (Minor):</b> within 48 hours to resolution; and within 8 hours to respond via email and every 24 hours email executive updates or as required</p>	To be proposed by the Responder
6	User Capacity	N/A	15 concurrent users with seamless connection to the Managed Hosting Environment.	1000 concurrent users accessing various reports on the website;  Approximately 100 concurrent users accessing the same report at the same time.	To be proposed by the Responder

\* - Access Health Analytics requires that the Responders provide recommendations for the assessment of industry standard monetary penalties for each of the SLAs that are not met on a monthly basis.

## 4 Contractor Qualification Reference Requirements

Access Health Analytics requires the Contractor to provide detailed qualifications of implementations and services provided to other clients (preferably State governments) similar to the implementation of Access Health Analytics' APCD solution.

Access Health Analytics also requires the Contractor to provide three (3) customer references for services provided by the Contractor in similar size and scope to the requirements in this RFP. Customers should be similar in size and preferably associated with other State entities if possible.

## 5 Proposal Content Requirements

### 5.1 Proposal Format

*5.1.1 The Responder's CT APCD Proposal must follow the following submission format:*

- Proposals must be provided in a three-ring binder.
- Paper Size: 8.5 x 11 inches
- Minimum font size: 11 point (except for footnotes, headers, or footers)
- Each page of the Proposal must include a page number and the number of total pages.
- Each proposal must identify the Responder name in the page footer.
- Tabs must separate each section of the Proposal.

*5.1.2 Responders are required to submit:*

- Six (6) hard copies in binders organized in the order as specified below. Documents must be separated by tabbed dividers within the binder.
- Three (3) soft copies on CD-ROM which will contain all documents (this is in addition to submission of hard copies of the proposal).

### 5.2 Proposal Organization

Proposals must adhere to the following outline and page limits and must not include items not identified below.

<b>Proposal Section</b>	<b>Page Limit</b>
<b>Cover Page</b> ( <i>Appendix C – Proposal Cover Sheet</i> )	2 Pages
<b>Table of Contents</b>	N/A
<b>Glossary of Terms and Abbreviations</b>	2 Pages
<b>Insurance and Indemnification Requirements</b>	2 Pages
<b>Executive Summary</b> – outlines the areas the Contractor is bidding for	3 pages
<b>Assumptions</b>	1 page
<b>Narrative Response</b>	3 pages
<b>Partnership Opportunities for CT APCD Sustainability</b>	4 pages
<p><b>Technical Solution, Approach &amp; Methodology</b></p> <p>Detailed Technical Solution, Approach, and Methodology on how the proposed solution meets the minimum technical requirements outlined in Appendix E and deliver the Deliverables required as described in Section 3.5.</p> <p>Please Note: Access Health Analytics requires the Proposers to propose how their approach and methodology will specifically meet Access Health Analytics’ requirements and vision. Access Health Analytics requires that Proposers do not use marketing materials for this section.</p>	8 pages
<p><b>Qualifications</b></p> <p>Access Health Analytics requires the Proposer to describe their experience and qualifications on five or more successful projects implemented by the Proposer that were similar to the scope, schedule, and size of this implementation.</p>	4 Pages
<p><b>Project Team &amp; Organizational Capability</b></p> <p>Access Health Analytics requires the Proposer to describe the team organization and the key team members, their role, their experience, and their qualifications that will be supporting this implementation.</p>	4 Pages
<b>References</b>	2 Pages
<b>Key Deliverables and Project Implementation Schedule</b>	6 Pages

Proposal Section	Page Limit
Response to the Requirements Traceability Matrix	Excel
Response to Service Level Specifications	2 pages
Price Proposal	4 Pages
Appendices – for other requirements	No Limitation

### 5.3 Cover Page

The first page of the Responder’s Proposal must be a completed cover page. The required form can be found in *Appendix C – Proposal Cover Sheet*.

### 5.4 Table of Contents

The Responder must provide a table of contents with corresponding page numbers related to its Proposal. The table of contents must conform to the outline provided in Section 5.2.

### 5.5 Glossary of Terms and Abbreviations

The Responder must provide a glossary of all terms, acronyms, and abbreviations used in its Proposal.

### 5.6 Insurance and Indemnification Requirements

The Responder must describe their current insurance coverage for the following types of insurance: General Liability, Professional Liability, Business Interruption, Worker’s Compensation; Automobile, and Network Liability. Any Contract resulting from this RFP will require that the Contractor obtain and maintain: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$ \$30,000,000 per claim and per occurrence; professional liability insurance against all claims of error, omission, or negligent acts related to professional services to be provided, in amounts not less than \$30,000,000 per each occurrence and in aggregate; business interruption insurance in amounts not less than \$10,000,000 per occurrence and in the aggregate; worker’s compensation insurance with minimum limits as required by law; automobile insurance in amounts not less than \$1,000,000; fire and extended coverage insurance covering all data and property which has been received from CT APCD data submitters, Access Health Analytics, or purchased with funds provided for those purposes as part of this RFP, in an amount not less than 80% of the whole replacement value of the property; network liability insurance, which shall include cyber liability, breach notification cost coverage, network security and privacy liability coverage, in amounts not less than \$15,000,000 per occurrence and in aggregate. The

applicable insurance policies must name Connecticut Health Insurance Exchange dba Access Health CT, and The State of Connecticut as additional insured under such policies and Access Health Analytics must receive a certificate evidencing such insurance.

If Responder does not currently possess insurance adequate to the coverage required under this RFP, Responder will be required to secure insurance as described above to be effective on the first day of the Contract term.

The Contract will include the following indemnification from Contractor (and any Subcontractor) for the benefit of the Exchange and the State:

The Contractor shall indemnify, defend and hold harmless the Connecticut Health Insurance Exchange dba Access Health CT, the State of Connecticut and their respective officers, directors, representatives, agents, servants, employees, successors and assigns from and against any and all (a) Claims (as defined below) arising, directly or indirectly, in connection with the Contractor's performance of this Agreement, including any acts of commission and/or any omissions (collectively the "Acts"), of the Contractor or Contractor Agents (as defined below); and (b) liabilities, damages, losses, costs and expenses, including, but not limited to, fines/penalties, attorneys' fees and other professionals' fees, arising, directly or indirectly, in connection with the Claims, Acts or Agreement. The term "Claims" means all actions, suits, claims, demands, investigations and proceedings of any kind, pending or threatened, whether mature, unmatured, contingent, known or unknown, at law or in equity, in any form. The term "Contractor Agents" means the Contractor's members, directors, officers, shareholders, partners, managers, representatives, agents, servants, consultants, employees, or any other person or entity whom the Contractor retains to perform under this Agreement in any capacity.

## **5.7 Records/Intellectual Property Requirements**

The Contract will include the following provisions regarding records and intellectual property:

- a) The term "Records" means all working papers and such other information and materials as may have been accumulated or generated by the Contractor or Contractor Agents in performing under this Agreement, including, but not limited to, documents, data, plans, books, computations, drawings, specifications, notes, reports, records, estimates, summaries and correspondence, kept or stored in any form, including by magnetic or electronic means.
- b) The parties, upon written request from the other party, shall provide to the other within a reasonable time, all original Records, or, in the sole discretion of the requesting party, copies thereof. The parties shall otherwise maintain all original Records, or copies thereof, for a period of five (5) years after the termination of this Agreement. Unless the parties agree otherwise in writing, all intellectual property rights existing prior to the

Effective Date, will belong to the party that owned such rights prior to. Neither party will gain by virtue of this Agreement any rights of ownership of copyrights, patents, trade secrets, trademarks or any other intellectual property rights owned by the other.

- c) The Exchange shall own all work products and the copyright therein, resulting from the Services rendered by Contractor under this Agreement. The Contractor represents that the Services and any products of the Services (except the accurate reproduction of information or materials supplied by the Exchange) shall not infringe any third-party copyright, patent, trademark, trade secret or other proprietary right, including the rights of publicity and privacy.
- d) Federal Requirements. In addition to the foregoing subsections of this Section, and without limiting any rights granted to the Exchange thereunder, the Contractor explicitly agrees to the following: This Agreement is in support of Connecticut's implementation of the Patient Protection and Affordable Care Act of 2010, and is subject to the certain property rights provisions of the Code of Federal Regulations and a Grant from the Department of Health and Human Services, Centers for Medicare and Medicaid Services. This Agreement is subject to, and incorporates by reference, 45 CFR 74.36 and 45 CFR 92.34 governing rights to intangible property. Intangible property includes but is not limited to: computer software; patents, inventions, formulae, processes, designs, patterns, trade secrets, or know-how; copyrights and literary, musical, or artistic compositions; trademarks, trade names, or brand names; franchises, licenses, or contracts; methods, programs, systems, procedures, campaigns, surveys, studies, forecasts, estimates, customer lists, or technical data; and other similar items. The Exchange shall own the copyright in any work product that is subject to copyright and was developed, or for which ownership was purchased, under this Agreement. The Contractor must deliver all intangible property, including but not limited to, intellectual property, to the Exchange in a manner that ensures the Centers for Medicare & Medicaid Services, an agency of the Department of Health and Human Services, obtains a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the Work Product for Federal purposes, and to authorize others to do so. Federal purposes include the purpose of administering Connecticut's Exchange under the Affordable Care Act of 2010. The Contractor is further subject to applicable regulations governing patents and inventions, including those issued by the Department of Commerce at 37 CFR Part 401. To the extent that the rights granted to the Exchange pursuant to this paragraph are greater than the rights granted to the Exchange elsewhere in this Agreement, the provisions of this paragraph shall control. No other provision of this Agreement shall limit the rights granted under this provision, and in the event of such a conflict, this provision shall control.

## 5.8 Executive Summary

The Responder shall provide, as a separate document, an executive summary of its Proposal. This section must not exceed three (3) pages and must provide an overview of the Responders proposed solution and services, its commitment to serving the interests of the CT APCD, and an understanding of the possible challenges in executing the project. The executive summary must contain:

- A clear and concise summary of the proposed approach.
- A demonstrated understanding of the key objectives of the project (including the data submission process, security and privacy issues, and the environment in which the CT APCD will operate), and compliance with RFP requirements.
- An overview of the Responder’s depth and breadth of similar experience; including, prior successes, examples of issues which the Responder has encountered with engagements of similar scope and size, and how these issues were resolved;
- A clear and concise understanding of the challenges of successfully implementing and operating an APCD.
- A description of the overall value that the Responder brings to the CT APCD; highlighting those factors that the Responder believes distinguishes its Proposal. . In essence, what are the competitive advantages of the bidding vendor?
- A clear understanding of the vendor’s experience with consumer use of APCD, and its “lessons learned” from the experience.
- Concisely define your “product” for consumer use and how it best benefits and engages consumers as a resource for care management.

## 5.9 Assumptions

The Responder must provide a list of all assumptions upon which the proposed solution and Project Implementation Schedule (*Section 5.15*) are based.

## 5.10 Narrative Response

Using the outline provided in *Section 5.2*, Responder must demonstrate that it meets the minimum qualifications for Proposal consideration. This section must include a narrative response detailing the items found in *Appendix D – Minimum Standards for Proposal Consideration*.

In addition to the narrative response, Responder must provide one of the following to document the long-term financial strength and stability of the company:

- The firm’s two most recent audited financial statements; and the firm’s most recent un-audited, quarterly financial statements (except to the extent that the Responder is a publicly traded company, in which case Responder may provide its most recent Form 10-K, and two most recent Form 10-Q filings); or
- The firm’s most recent income tax return. For example, either a copy of the IRS Form 1065, U.S. Return of Partnership Income of Schedule E (IRS form 1040) Supplemental Income and Loss, or IRS Form 1120, U.S. Corporation Income Return. These forms are typically submitted when a Data Manager does not have audited financial statements.

If Proposal is selected for further consideration, the Responder must provide an additional financial reference letter from its bank; that speaks to the financial reputation and history of the company.

### **5.11 Partnership Opportunities for CT APCD Sustainability**

The CT APCD is a critical tool in improving healthcare costs and quality for CT residents, yet the ability of the CT APCD to serve as an ongoing source of information depends on its long-term financial sustainability. Considering that governmental budgets and private foundation grants can be unreliable sources of funding, Access Health Analytics recognizes the urgent need to identify a viable business model and create diverse, income-generating products.

Health care data is sought after by a number of researchers, consumers, organizations and stakeholders interested in evaluating health outcomes, utilization patterns, healthcare costs, and a myriad of other output and performance measures. Responding to this demand, the CT APCD will contain member eligibility, provider demographics, and medical and pharmacy claims data. The combination of these powerful datasets will enable Access Health Analytics to develop longitudinal analyses of individuals, episodes of care, and disease trajectories which will be eagerly sought after by agencies and stakeholders. Moreover, the capabilities and technology which Access Health Analytics is soliciting as part of this RFP will have the ability to generate a number of sophisticated analyses and data products including: customized reports designed to answer specific questions and/or focus on specific populations; datasets that can be utilized by third parties for further analysis; and, longitudinally-aggregated risk-adjusted claims. This type of information is in high demand by researchers, stakeholders and market participants.

Access Health Analytics is looking for a Contractor interested in entering into an ongoing partnership and leveraging the expertise of both companies to create a platform for financial sustainability. As part of this Proposal section, Responder should describe:

- Willingness of Responder to have a long-term (3 years) contract with fixed development costs and a low operating cost model. Fixed costs include infrastructure equipment, development costs, hiring and training right resources in building up a data center and reporting entity. All fixed development costs should be realized in the earlier year(s) of the contract. Subsequently the operating costs per year should be maintained at very low level.
- Part of the infrastructure and application will be paid by Access Health Analytics as shown on Appendix J. Annual renewal licensing fees for SAS will also be paid by Access Health Analytics.
- The willingness and interest of the Responder to share resources, technology, and risk with Access Health Analytics, in the pursuit of CT APCD's self-sustainability.
- The products and services that the CT APCD can offer to address the existing market opportunities (e.g. different types of datasets, licensing agreements, memberships, etc.).

- Which of these products and services the Responder would be able to provide.
- The estimated time and cost to produce each product or service.
- The proposed selling price and profit-sharing arrangements between the Responder and Access Health Analytics.
- The ability and approach of the Responder to assist with marketing and distribution as related to the proposed data products and services.
- Any challenges that the Responder foresees in the creation and dissemination of data products.
- The ability to provide a longer term solution to reduce long term operational and support costs while increasing the sustainability of the solution.

Responders' response to this section may take the form of a financial model or business plan.

## 5.12 Technical Solution, Approach & Methodology

Detailed Technical Solution, Approach, and Methodology on how the proposed solution meets the minimum technical requirements outlined in Appendix E and deliver the Deliverables required as described in Section 3.5.

Please Note: Access Health Analytics requires the Proposers to propose how their approach and methodology will specifically meet Access Health Analytics' requirements and vision. Access Health Analytics requires that Proposers do not use marketing materials for this section

In addition, Proposers must provide responses describing how their proposed solution will meet the requirements outlined in Appendix E.

Responder must document their ability, plans, and proposed processes for meeting the minimum requirements, deliverables, and timeline of this RFP.

**Data Architecture** - Within the approach section, Responders must also provide a description of the data architecture that they will develop and implement for the data mart. Access Health Analytics is specifically looking for a modeling style and functionality which is flexible, scalable, suitable for APCD reporting, appropriate for business intelligence user tools, and maximizes capacity at the best cost.

Responders must provide existing data models to show a conceptual model for high level stakeholders and decision makers that will provide the major components and players of the system;

Responders must present their own version of the logical data model, optimized for reporting and analysis, based on *Appendix I – Data Submission* Guide. The model should include all necessary components and layers; beginning from raw data submission, moving through the data cleansing process, into the final target schema, and ultimately into the reporting layer (if this layer is separate from the target schema). Responders must explain their approach and how

this approach best supports the delivery of the end product. Responders must also explain how the model and the data submission process would be impacted if new data elements were added, and any limitations which may exist.

Overall, Access Health Analytics requires the Responders to provide detailed approach, and methodology for the following key areas:

- Overall System Architecture and Solution – for Managed & Vendor Environments,
- Master Provider Index ,
- Master Patient Index,
- Data Security and Anonymization,
- ETL Processes,
- Data Quality and Management,
- Data Accessibility Models,
- Reporting Capabilities
- Interfacing Capabilities
- Hosting Capabilities

For Detailed minimum technical requirements around the overall solution, please refer to Appendix E of this RFP.

**5.13 Qualifications - Relevant Experience and Expertise**

Responder must describe their experience with at least three or more prior (within the past 5 years) or current projects with comparable scope, size, schedule, and complexity to this RFP. Each of the projects should provide information on the below three criteria:

- Demonstrate the Responder’s experience maintaining All-Payer Claims Databases or a database of similar size and scope;
- Demonstrate the Responder’s experience in collecting data from multiple sources into a single warehouse;
- Demonstrate the Responder’s particular strengths that distinguish its capabilities from other vendors. Please indicate the strength/capacity highlighted, in your description.

Responders must document their experience using the structure below:

Client Name/Organization	
Example Type (A, B, or C from above)	
Client Size, Geographic Location, Industry	
Consumer Assistance Services Provided	

Technical Solution Provided	
Consumer Population Served	
Total Project Cost	
Project Start and End Dates	
Project Team Size	
Description of Project (250 words or less)	

#### 5.14 Project Team & Organizational Capacity

This section must detail the Responder’s organizational capability to provide the scope of services described in this RFP (including the narrative, relevant experience, client references, and staffing plan). Responder must use the subheadings below to organize this section.

##### 5.13.1 Narrative Response to Organizational Capacity

To demonstrate corporate and technical qualifications, provide the following answers in narrative form:

- 5.14.1.1 A description of the Responder, including when it was established, number of employees, locations of corporate offices, and which offices the staff that will be assigned to this project are affiliated with. Responders must also include a high-level description of the firm’s organization, commitment to the public sector, and experience with similar types of project implementation.
- 5.14.1.2 State whether parts of the services proposed are to be provided by a Subcontractor and if so, describe the relationship with the proposed Subcontractor and the proposed Subcontractor’s role during this engagement. In this section, Responders must provide a strong justification for choosing each particular Subcontractor, as well as provide examples of prior collaborations. Responders must also provide copies of any and all confidentiality agreements between them and the Subcontractor, pursuant to *Section 1.7* of this RFP. If more than one Subcontractor is used as part of the proposed solution, please provide information listed above (i.e. role during engagement, justification, examples of prior collaborations, confidentiality agreements) for all.
- 5.14.1.3 Provide detailed information on the hardware, software, communications, etc. infrastructure the Responder will utilize for the project (refer to the software/hardware requirements outlined in *Section 3.6* of this RFP). Include a description of servers, computers, software, programming capability, and other

equipment and technical resources which will be used to design, develop, implement, and maintain the solution.

5.14.1.4 The Responder shall demonstrate proficiency in data warehousing and hosting. If a separate hosting Subcontractor will be used, a detailed description of annual audits and reports regarding data center controls and operations, including Service Organization Control (SOC) Reports, Type 1 and Type 2, must be provided. If a separate hosting facility Subcontractor will not be used, Contractors must, at their cost, conduct an annual security assessment, performed by an independent third-party security provider, to verify that the environment containing the CT APCD data is secure. All test results, as well as remediation plans and a summary of how any remediation plans have been implemented, must be submitted to Access Health Analytics.

### *5.13.2 Staffing Plan*

The proposed project team must include individuals with substantial experience in the use of electronic health care claims data; working with integration and management of large data sets; quality assurance; data encryption; health care data privacy; data security; management of complex projects involving data collection from multiple organizations; web-based, public facing health data reporting; measurement calculations (NQF, HEDIS measures, etc.); and collaborative relationships with external data submitters.

In this section, Responders must provide a summary of the proposed staffing plan, which identifies the number of staff, and key roles which will be required to support this project. Access Health Analytics requires the Proposers to provide detailed resumes of those key individuals in an Appendix.

In this section, please include:

- An organizational chart for this project, showing the Responder's proposed team and how it will interact with Access Health Analytics.
- Identification of a full-time Project Manager and his/her resume, which is to include: educational background; work history; project management experience, including project type, project role, and duration of assignment; and, at least three (3) references, with contact information, who can address the candidate's performance on past projects.
- Identification and resume of a Security and Privacy Control Manager (to support Access Health Analytics' Security Officer), which is to include: project experience and any relevant professional certifications (such as CISSP, CIPP, or CISM). The Security and Privacy Control Officer will be responsible for establishing and maintaining Access Health Analytics' directive to ensure that all CT APCD data is protected, and will direct the Contractor in identifying, developing, implementing, and maintaining the security plan and updating it based on the agreed upon schedule

- A list of all additional key staff members proposed for this project and their resumes. Additional staff members (other than Project Manager and Security and Privacy Officer) must include:
  - Business Lead
  - Technical Lead
  - Testing Lead
  - Interface Lead
  - Data intake lead
  - Dataset development lead
  - Analytics and methods lead
  - Reporting delivery lead

For each proposed staff member, Responder shall clearly identify the level of effort that will be dedicated to this project (on a full-time equivalency basis), who will be designated as key personnel, and what each person’s subject matter expertise is.

**5.15 References**

Responder must provide contact information for three (3) client references drawn from the projects summarized in *Section 5.12*. The Responder must ensure that Access Health Analytics is able to have appropriate access to the reference contact listed, and should expect that all reference contacts will be contacted.

The three (3) references must be documented using the structure below:

Client Name/Organization	
Contact Name	
Contact Title and Project Role	
Phone Number	
Email	

**5.16 Key Deliverables and Project Implementation Schedule**

*5.15.1 Key Deliverables and Milestones*

Using the Key Deliverables (Per Section 3.5 Deliverables) and Technical Requirements (found in *Appendix E – Minimum Technical Requirements*), Responders must briefly explain how their proposed solution meets the requirements and milestones listed, and the page number of the Proposal where this part of the solution is detailed.

### 5.15.2 Project Implementation Schedule

This section must provide a high-level description of the key activities that will be employed to successfully administer the project on schedule, and the Responders' envisioned timeline for this project. The timeline must be based on the Project Timeline in Section 3.1 and the *Key Deliverables and Milestones in Section 3.5 & Appendix F*. Responder must identify critical dependencies and key risk factors in the work plan, and a plan for mitigating potential risks to the timeline. In addition, the Responder is asked to provide a Data Flow diagram, detailing the data collection and production process which they will implement as a part of their proposed solution.

This section must be organized in the following way:

1. Project Schedule Narrative including proposed schedule for updates to the plan
2. Project Schedule Risk Identification and Mitigation Strategies
3. Detailed Proposed Project Schedule

## 5.17 Response to the Requirements Traceability Matrix

In this section, Responder must provide a completed Requirements Traceability Matrix how their proposed solution meets the minimum technical requirements outlined in the Appendix E – Minimum Technical Requirements

## 5.18 Response to Service Level Specifications

In this section, Responder must provide a description of the capabilities, redundancies, disaster recovery plans, and safeguards for the CT APCD data, of their proposed solution. Responders must refer to the Baseline Service Level Specifications outlined in the matrix found in *Section 3.7, Service Level Specifications*, for the minimum requirements.

## 5.19 Price Proposal

This section describes the Price Proposal submission requirement. Pricing data will only be evaluated after the Evaluation Committee has determined that the Responder's Proposal is fully compliant with the format and mandatory technical requirements of the RFP.

The Responder shall provide a detailed Price Proposal using the template in Appendix G as a point of reference. Price Proposals shall:

- Differentiate system development and implementation costs and the maintenance and operational (M&O) costs for 2 years after the implementation.
- Include Optional Pricing of M&O costs for 2 more years after the initial 2 years of M&O.

- Provide a rate card for System Enhancements at fixed hourly rates during the M&O period
- Include a breakdown of specific hardware and software charges that will be incurred for the overall solution including the Managed Environment; Include amounts to be charged for work relating to additional licensing, optional services, and dataset products, if any;
- Be based on service levels specified in *Section 3.7 of this RFP*
- Include a list of all assumptions upon which the Price Proposal is based.
- Provide a detailed list of distributed pricing per the templates in Appendix G

## 5.20 Appendices

The proposer may include relevant appendices to include information on other aspects of the Proposal that were not covered and are required to demonstrate their approach, team, or methodology.

## APPENDICES

### Appendix A: Evaluation and selection process

#### General Information

All Proposals received by the deadline that meet the Minimum Standards for Proposal Consideration will be reviewed in a formal evaluation process by the Access Health Analytics RFP Evaluation Committee comprised of select individuals from Access Health Analytics' Senior Leadership Team and Staff, one member from the Advisory Group and one member from the Board. The Evaluation Committee may request on-site oral presentations at its discretion.

Each Proposal will be evaluated and considered with regard to demonstrated competence, experience, and on professional qualifications, including:

- Responsiveness to the RFP's requirements, deliverables, and instructions;
- Demonstrated understanding of the key objectives of the RFP, the data submission process, security and privacy issues, and the environment in which the CT APCD will operate;
- Corporate experience with and capacity to deliver the data protections and accurate analytic reports as informed by best practices, state and federal regulation, and state specifications;
- Experience providing effective consumer decision support tools and analytics;
- Qualifications of the proposed project team, including evidence of expertise and success with meeting the needs of current and previous clients;
- Substance and experience in developing a financial sustainability plan for the CT APCD;
- Depth and breadth of similar experience;
- Overall value to the state.

The following represents the major process steps for Proposal evaluation:

#### Initial Review

- Compliance with Minimum Standards for Proposal Consideration (*Section 3.4* and Appendix D)
- Understanding of High-Level Expectations (*Section 3.3*)
- Compliance with Access Health Analytics' Terms and Conditions

#### Proposal Review

- Detailed review of all Proposal sections and references
- Detailed review of all company and staffing qualifications
- Detailed review and scoring of Cost Proposal

#### Oral Presentations

- Oral Presentations

Final Evaluation

- Aggregate scores from oral presentations to facilitate final discussion and selection
- Final Recommendation to Executive Director

**Scoring Criteria**

Each Proposal will be reviewed by the Evaluation Committee, which will use the following allocation of points to assess the strengths of each Proposal.

Category	Possible Points
<b>Response to Minimum Technical Requirements</b>	20 points
<b>Approach, Methodology, Key Deliverables and Project Implementation Schedule</b>	25 points
<b>Organizational Capacity (company, staffing, effort)</b>	10 points
<b>Relevant Experience and References</b>	15 points
<b>Partnership Opportunities for Sustainability</b>	10 points
<b>Price Proposal</b>	15 points
<b>Compliance with Contractual terms and conditions</b>	05 points
<b>TOTAL POSSIBLE POINTS</b>	100 PTS

**Rights of Access Health Analytics in Evaluating Proposals**

Issuance of this RFP does not guarantee that Access Health Analytics will award a Contract to any Responder. Access Health Analytics reserves the right to withdraw, re-bid, extend or otherwise modify the RFP or the related schedule and process, in any manner, solely at its discretion.

Access Health Analytics also reserves the right to:

- Consider any source of information in evaluating Proposals;
- Omit any planned evaluation step if, in Access Health Analytics’ view, the step is not needed;
- At its sole discretion, reject any and all Proposals at any time; and
- Open Contract discussions with the second highest scoring Responder, if Access Health Analytics is unable to reach an agreement on Contract terms with the highest scoring Responder.

## **Disqualification**

Any attempt by a Responder to influence a member of the evaluation committee during the Proposal review and evaluation process will result in the elimination of that Responder's Proposal from consideration.

## **Notification of Award**

The evaluation committee will provide a final, written Contractor recommendation to Access Health Analytics Executive Director, including the scored results of the evaluations. Upon approval by the Executive Director, the selected Contractor will be notified in writing or by email, on or around March 21, 2014 of their selection. Proposals that have not been selected for further negotiation or award will be notified via email by the Authorized Contact Person in *Section 1.2*.

## Appendix B – Intent to Propose Form

### Intent to Propose

Please return this completed form by email followed by signed copy to the Authorized Contact Person listed in *Section 1.2: Authorized Contact Person*, by no later than close of business on February 14, 2014.

I, \_\_\_\_\_, an authorized representative of \_\_\_\_\_, Service Provider, have read the Connecticut Health Insurance Access Health Analytics CT APCD Request for Proposal, and Service Provider has decided to submit its intention to propose for such services on the terms and conditions stated in the RFP and by the due date stated therein.

Service Provider hereby agrees to be bound by and comply with all of the conditions, requirements and protocols set forth in the RFP Instructions.

Agreed and Accepted by:

Name:	
Title:	
Company:	
Telephone:	
Date:	
Signed:	

## Appendix C – Proposal Cover Sheet

Access Health Analytics

RESPONSE TO REQUEST FOR PROPOSAL

CT APCD Data Management Services

Responder Information

Organization Name: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name and title of the person(s) authorized to represent the Responder in any negotiations and sign any Contract that may result:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

By signing this page and submitting a Proposal, the official certifies that the following statements are true:

No attempt has been made or will be made by the Responder to induce any other person or organization to submit or not submit a Proposal.

Responder does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has/will Responder discriminate against a Subcontractor in the awarding of a Subcontract because the Subcontractor is a minority, women or emerging small business enterprise. Information and costs included in this Proposal shall remain valid for 90 days after the Proposal due date or until a Contract is approved, whichever comes first.

The statements contained in this Proposal are true and complete to the best of the Responder's knowledge, and Responder accepts as a condition of the Contract, the obligation to comply with the applicable state and federal laws, requirements, policies, standards, and regulations.

The Responder acknowledges receipt of all addenda issued under this Procurement.

If the Responder is awarded a Contract as a result of this RFP, the Contractor will be required to complete, and will be bound by, a Master Services Contract. At the time of signing the Contract with Access Health Analytics, the Contractor will be required to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable to Access Health Analytics.

The Responder agrees to meet the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services as stated in the scope of work.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Official Authorized to Bind Responder)

\*\*\* THIS PAGE MUST BE THE TOP PAGE OF THE PROPOSAL \*\*\*

## Appendix D – Minimum Standards for Proposal Consideration

	Mandatory Requirement
1.1	<p>The Proposal must comply with all submission requirements, including:</p> <ul style="list-style-type: none"> <li>Delivery to Access Health Analytics no later than the Proposal Deadline specified in the RFP Schedule of Events, Section 1.8</li> <li>A Responder must NOT submit alternate Proposals</li> <li>A Responder must NOT submit multiple Proposals in different forms (e.g. as a prime and a Subcontractor)</li> <li>Proposals must include ALL mandatory sections (including cover letter)</li> </ul>
1.2	Description of the Responder’s form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and business location (physical location or domicile).
1.3	Description of the number of years the Responder has been in business.
1.4	Statement, based upon reasonable inquiry, of whether the Responder or any individual who shall perform work under the Contract has a possible conflict of interest and, if so, the nature of that conflict.
1.5	Brief description of how long the Responder has been performing the services required by this RFP.
1.6	Brief, descriptive statement detailing evidence of the Responder’s ability to deliver the services sought under this RFP (e.g., prior experience, training, certifications, resources, program and quality management systems, etc.).
1.7	Statement of whether, in the last ten years, the Responder has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, include an explanation providing relevant details.
1.8	Statement of whether the Responder or any proposed Subcontractor, in the last ten years, has experienced a data breach. If so, include an explanation providing relevant details.
1.9	Documents pertaining to Company Financial Strength

## **Appendix E – Minimum Technical Requirements**

Access Health Analytics expects the contractor to provide a mapping of their solution for all the requirements identified with the Requirements Traceability Matrix (see attached excel file).

## Appendix F – Key Milestones

Using the table of key project milestones below as a reference, Responders must briefly explain how their proposed solution will meet each requirement, citing the page of their proposal that elaborates on each particular task. This section is meant to be brief.

Activity	Date
<b>Anticipated Contract Effective Date</b>	April 07, 2014
<b>Final Project Plan for Implementation</b>	May 01, 2014
<b>Managed Environment Availability &amp; Data Warehouse Operational</b>	June 01, 2014
<b>Test Data Submitted by Carriers</b>	June 01, 2014
<b>Historical Data (past 3 years) Submitted by Carriers</b>	July 05, 2014
<b>Year to Date Files Submitted by Carriers</b>	August 20, 2014
<b>APCD Solution (including external web facing portal) operational with agreed upon reports</b>	October 01, 2014

## Appendix G – Price Proposal Template

In accordance with its vision to maintain a lean operating model, Access Health Analytics will focus on responder’s ability to develop efficient processes which minimize resource usage in future years. Consequently, pricing is partitioned into two categories, first year development and yearly operational pricing, to facilitate evaluation of responders ability to align with this vision.

Access Health Analytics expects the Contractor to provide the below mentioned costs for each of the services being proposed. Please use N/A where a particular item is not applicable. In addition to the above table, Access Health Analytics expects the contractor to provide a cost breakdown of the implementation costs by the deliverables outlined in Section 3.5 of this RFP.

### Implementation Phase Pricing\*

#### *i. Phase Based Pricing*

Access Health Analytics expects the Contractor to use the below template to demonstrate the cost for Year 1 – Implementation / Development Phase. Please Refer to Section 3.4.1 and Section 3.5 for more information on the Releases and the deliverables expected within each of the releases.

For this phase, Access Health Analytics plans to make payments by Release on a “Percentage of Completion” basis, where applicable. Payment shall be invoiced by the contractor upon 50% completion (confirmed in writing with the Access Health Analytics Project Manager) and 100% completion (confirmed in writing with the Access Health Analytics Project Manager) for each identified task. For Hardware and Software costs, the contractor may invoice as items are purchased and installed, and invoice should reflect actual costs of hardware/software with no additional mark-up. Hardware/Software costs shall not exceed the estimated pricing per proposed pricing schedule without approval by Access Health Analytics via written contract amendment.

<b>Release</b>	<b>Proposed Completion Date (N/A where not applicable)</b>	<b>Proposed Hardware Cost** (N/A where not applicable)</b>	<b>Proposed Software Cost** (N/A where not applicable)</b>	<b>Proposed Implementation Cost (N/A where not applicable)</b>	<b>Proposed Hosting Services Cost (N/A where not applicable)</b>
<b>Implementation / Development Phase – Year 1</b>					
Release 1 – Overall APCD Infrastructure					
Release 2 – Interfaces and ETLs					
Release 3 – Datamarts and Reports					
Release 4 – Public Web Portal					
<b>Subtotal</b>					

\* Please refer to comprehensive list of tasks in Appendix D for more information on operational and implementation expectations. For Implementation Phase pricing, prospective responders should provide pricing at the overall SDLC phase level within the template. For operational pricing, prospective responders should provide pricing at the year and type of service level.

In addition, Access Health Analytics requires that the Contractor provide a one year warranty for the implemented solution starting from the day the functionality is deployed in production and available for public use (per the current plan – October 01, 2014).

\*\*Access Health Analytics requires that the Contractor procure all costs for hardware, software, and licensing contained within the SAS Managed environment. Please include these costs from the spreadsheet above. Only include those that may be pertinent in integrating this SAS-based development environment within the Contractor’s own data infrastructure and Contractor’s own infrastructure to support data in-take, ETL, and various pre-packaged analytics/reporting.

**Maintenance & Operations Phase Pricing**

For the Maintenance & Operational Phase, Access Health Analytics will pay a fixed price on a monthly basis for each operational phase and any enhancement costs agreed upon in writing with the Project Stakeholders. Payments shall be invoiced monthly in arrears.

***i. Monthly Pricing Template***

Access Health Analytics expects the Implementation Services Contractor or the Prime Contractor to provide the Fixed Monthly Price for the below mentioned Maintenance & Operations years.

Phase	Required / Optional	Monthly Pricing***
<b>Maintenance &amp; Operations Phase</b>		
Year 2 – M&O	Required	
Year 3 – M&O	Required	
Year 4 – M&O	Optional	
Year 5 – M&O	Optional	
<b>Subtotal</b>		

\*\*\*Access Health Analytics expects this price to include the overall monthly charge for the solution including hosting, maintenance and operational costs. Please refer to the Service Level Specifications outlined in Section 3.7 as required by Access Health Analytics

***ii. Enhancement Pricing***

Access Health Analytics requires the Implementation Services Contractor or the Prime Contractor to provide a rate card based pricing and/or pricing methodology (hourly rate(s), by task, etc. or discount off attached price list). This rate card will be used for any future enhancements on the solution beyond the warranty

#	RESOURCE / COMMODITY / SERVICES	QUANTITY	UNIT OF MEASURE	UNIT PRICE

## Appendix H—Notice of Special Compliance Requirements

The Responder is required to comply with the requirements below. Any exceptions taken to this section may deem the Responder ineligible for contract award. Any exceptions taken to the contract terms will be evaluated in accordance with the Proposal Scoring Criteria identified in this Request For Proposal.

### A. Nondiscrimination and Affirmative Action

- a) For purposes of this Section A of this Appendix H, the following terms are defined as follows:
- i. “Commission” means the Commission on Human Rights and Opportunities;
  - ii. “Contract” and “contract” include any extension or modification of this Agreement;
  - iii. “Contractor” and “contractor” include any successors or assigns of the Contractor or contractor;
  - iv. “Gender identity or expression” means a person’s gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person’s physiology or assigned sex at birth, which gender-related identity can be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held, part of a person’s core identity or not being asserted for an improper purpose;
  - v. “good faith” means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations;
  - vi. “good faith efforts” shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements;
  - vii. “marital status” means being single, married, widowed, separated or divorced as recognized by the State of Connecticut,;
  - viii. “mental disability” means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association’s “Diagnostic and Statistical Manual of Mental Disorders,” or a record of or regarding a person as having one or more such disorders;

- ix. “minority business enterprise” means any small contractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which are owned by a person or persons: (1) who are active in the daily affairs of the enterprise, (2) who have the power to direct the management and policies of the enterprise, and (3) who are members of a minority, as such term is defined in subsection (a) of Connecticut General Statutes § 32-9n; and
- x. “public works contract” means any agreement between any individual, firm or corporation and the State or any political subdivision of the State other than a municipality for construction, rehabilitation, conversion, extension, demolition or repair of a public building, highway or other changes or improvements in real property, or which is financed in whole or in part by the State, including, but not limited to, matching expenditures, grants, loans, insurance or guarantees.

For purposes of this Section, the terms “Contract” and “contract” do not include an agreement where each contractor is (1) a political subdivision of the state, including, but not limited to, a municipality, (2) a quasi-public agency, as defined in Connecticut General Statutes § 1-120, (3) any other state, including but not limited to, any federally recognized Indian tribal governments, as defined in Connecticut General Statutes § 1-267, (4) the federal government, (5) a foreign government, or (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

- b) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation, gender identity or expression, genetic information, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut; and the Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation, gender identity or expression, genetic information, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by the Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an “affirmative action-equal opportunity employer” in accordance with regulations adopted by the Commission; (3) the Contractor agrees to provide each labor union or representative of workers with which the Contractor has a collective bargaining agreement or other contract or understanding and each vendor

with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers' representative of the Contractor's commitments under this Section and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this Section and Connecticut General Statutes §§ 46a-56, 46a-68e and 46a-68f; and (5) the Contractor agrees to provide the Commission with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this Section and Connecticut General Statutes § 46a-56. If the contract is a public works contract, the Contractor agrees and warrants that it will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works projects.

- c) Determination of the Contractor's good faith efforts shall include, but shall not be limited to, the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.
- e) The Contractor shall include the provisions of subsection (b) of this Section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and/or the Exchange and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Connecticut General Statutes § 46a-56; provided if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.
- f) The Contractor agrees to comply with the regulations referred to in this Section as they exist on the date of this Contract and as they may be adopted or amended from time to time during the term of this Contract and any amendments thereto.

B. Certain State Ethics Requirements.

- a) For all State contracts as defined in P.A. 07-01 having a value in a calendar year of \$50,000 or more or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to this Agreement expressly acknowledges receipt of the State Elections Enforcement Commission's notice advising state contractors of state campaign contributions and solicitation prohibitions and will inform its principals of the contents of the notice.
- b) Pursuant to Governor M. Jodi Rell's Executive Order No. 1, paragraph 8, and Governor M. Jodi Rell's Executive Order No. 7C, paragraph 10(a), the Contractor must submit a contract certification annually to update previously-submitted certification forms for state contracts. Contractors must use the Gift and Campaign Contribution Certification (OPM Ethics Form 1) for this purpose, attached as Appendix A. The first of these OPM Ethics Form 1 certifications is due on the first annual anniversary date of the execution of this Agreement and subsequent certifications are due on every succeeding annual anniversary date during the time that this Agreement is in effect, including the first anniversary date following the termination or expiration of this Agreement or conclusion of the Services. This provision shall survive the termination or expiration of this Agreement in order for the Contractor to satisfy its obligation to submit the last certification.

C. Applicable Executive Orders of the Governor.

The Contractor shall comply, to the extent applicable, with the provisions of Executive Order No. Three of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices, Executive Order No. Seventeen of Governor Thomas J. Meskill, promulgated February 15, 1973, concerning the listing of employment openings, Executive Order No. Sixteen of Governor John G. Rowland promulgated August 4, 1999, concerning violence in the workplace and Executive Order No. 7C of Governor M. Jodi Rell, promulgated July 13, 2006, concerning contracting reforms. These Executive Orders are incorporated into and are made a part of this Agreement as if they had been fully set forth in it. At the Contractor's request, the Exchange shall provide a copy of these orders to the Contractor.

D. Trafficking Victims Protections Act of 2000, as amended.

Neither the Contractor nor the Contractor's employees shall:

- i. engage in severe forms of trafficking in persons during the term of this Agreement;
- ii. procure a commercial sex act during the term of this Agreement; or
- iii. use forced labor in the performance of this Agreement.

E. Cost Principles for State, Local and Tribal Governments.

As a Subcontractor of a federal grant recipient, Contractor is subject to the federal cost principle requirements as set forth in Title 2 Part 225, State, Local, and Indian Tribal Governments (previously A-87), if applicable.

F. Subcontractor Reporting and Executive Compensation.

As a Subcontractor of a federal grant recipient, Contractor is subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L.109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170, if applicable. Subcontractors of a federal grant recipient must report information for each first tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170. Information about the Federal Funding and Transparency Act Subaward Reporting System (FSRS) is available at [www.fsrs.gov](http://www.fsrs.gov).

G. Central Contractor Registration and Universal Identifier Requirements.

As a Subcontractor of a federal grant recipient, Contractor is subject to the requirements of 2 CFR Part 25, Appendix A, if applicable.

## **Appendix I – Data Submission Guide**

Please find the latest version of the APCD Data Submission Guide in the Access Health Analytics APCD website: <http://www.ct.gov/hix/cwp/view.asp?a=4299&q=523252>.

## Appendix J – High Level Technical Specifications for Managed Environment (SAS Based Data Hosting Environment)

The Contractor shall work with Access Health Analytics resources and SAS engineers on the full deployment of the technical build of a Managed environment for the Access Health Analytics. Contractor shall provide a process for procuring, implementing, hosting, and maintaining the data management infrastructure current (no older than n-1). **Access Health Analytics requires that the Contractor include all costs for hardware, software, and licensing for managed environment within their price proposal.**

Access Health Analytics requires that the Contractor provide a SAS based Managed Environment in consultation with the SAS consultants

Access Health Analytics APCD System Hardware Requirements:

The preliminary high level hardware systems requirements for the SAS Visual Analytics and SAS Analytic Server for the production environment are:

1: SAS Environments:

1. Tier 1 - Distributed servers – For e.g. Dell PowerEdge E5-2600 processor series; 2.4-2.8 GHz., 12 Cores, 12 GB RAM per Core (96GM RAM total)
2. Tier 1 - Server Operating System – For e.g. Windows, Linux
3. Tier 1 – RAID solution (at least 30 Tb)
4. Tier 1 – Encryption Solution
5. SAS Software: SAS Visual Analytics
6. SAS Enterprise Guide based thin client