Solicitation Information
[February 9, 2018]

RFI# 7588572

TITLE: Medicaid Management Information System: Approaches to Replacement, Modularity, Integration, and Contracted Services

SUBMISSION DEADLINE: March 16, 2018 @ 11:00 AM (ET)

Questions concerning this solicitation must be received by the Division of Purchases at Dawn.Vittorioso@purchasing.ri.gov no later than **[February 23, 2018 at 10:00 AM.** Questions should be submitted in a *Microsoft Word attachment.* Please reference the **RFI# 7588572** on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

Dawn Vittorioso
Buyer I

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Responses received without a completed RIVIP Bidder Certification Cover Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION COVER FORM

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SECTION 1. INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Executive Office of Health and Human Services (EOHHS), is soliciting informational responses from qualified firms to inform and support the development of the procurement strategy EOHHS will pursue to prepare one or more Requests for Proposal (RFPs) related to their Medicaid Management Information System (MMIS).

EOHHS is specifically looking to:

- Identify potential vendors and measure overall market interest in responding to an eventual procurement.

- Solicit information from potential vendors, including questions and responses that inform and optimize the scope of work and configuration of this procurement.

- Solicit recommendations from potential vendors on the coordination envisioned among systems integration, MMIS modules, and enhancements.

- Solicit recommendations from potential vendors on the governance envisioned between the State EOHHS, systems integrator, module vendors, PMO, and IV&V.

- Identify opportunities to create efficiencies to reduce EOHHS' costs or provide additional functionalities at the same cost.

- Solicit input on a procurement timeline, module configuration, and sequencing of modules to support effective project outcomes.

EOHHS is looking for vendors from across the Medicaid Enterprise System including System Integrators, Independent Verification and Validation firms, Project Management Offices, and MMIS Solution Providers to respond], in accordance with the terms of this Request for Information and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases' website at www.purchasing.ri.gov.

Instructions and Notifications to Offerors:

A. Potential vendors are advised to review all sections of this RFI carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the response.

B. The State invites comments, suggestions and recommendations from potential vendors and other interested parties on any questions or issues raised in this RFI. Please note it is not a requirement to answer all questions.

C. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFI are solicited.

D. This is a Request for Information ("RFI"), and as such no award will be made as a result of this solicitation.

E. All costs associated with attending the pre-solicitation conference and/or developing or submitting responses to this RFI, or providing oral or written clarification of the content of a response shall be borne by vendors. The State assumes no responsibility for any costs.

F. Responses misdirected to other locations, or which are otherwise not present in the Division of Purchases at the above stated date/time of opening for any cause will be determined to be late and shall not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division of Purchases.

G. Vendors are advised that all materials submitted to the State for consideration in response to this RFI shall not be considered to be public records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island unless and until there is a contract award through a subsequent, related procurement.

H. Interested parties are instructed to monitor the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released as addenda.

SECTION 2. REQUEST FOR INFORMATION

This RFI outlines the type of information being solicited and response structure requested from potential respondents.

1. Background

The State is considering issuance of a Request for Proposals ("RFP") from qualified vendors to enhance as well as take over or replace the existing MMIS system that will be segmented into modules.] Some of the goals of the upcoming RFP will be to:

- Procure MMIS system modules to meet essential Medicaid business needs;
- Advance the MITA 3 maturity levels of the Medicaid Enterprise; and
- Leverage the functionality of the current solution.

The Medicaid Management Information System (MMIS) does client enrollment and pays claims generated by clinical providers – for treating Medicaid clients. The MMIS is the software that clinical providers use to bill the State, with MMIS also paying the providers. The MMIS includes the needed financial functionalities to support claim payment and to prevent claims from fraud and abuse. Please see more information below in the "Current State of the MMIS" section.

EOHHS's MMIS re-procurement seeks to create logical modules to meet EOHHS's mission, vision, values, and goals covered below AND to adhere to CMS's MITA[1] architectural framework with module structures as MITA's most conspicuous theme. Neither Rhode Island nor CMS seek a "big-bang" solution. Rhode Island wishes to retain its current effective MMIS functionalities and cleanly carve out modules that can be efficiently operated. This approach will allow EOHHS to tread the middle ground between effective "old" modules and more modern shareable modules. EOHHS seeks advice from vendors on how Rhode Island can achieve this difficult balance, including relevant examples from other states.

Modules have not yet been determined, but thus far the State has considered redefining the MMIS to consist of the following modules: Eligibility & Enrollment, Encounters & FFS Claims Management, Business Intelligence, and Provider Management. The State expects to include the current MMIS HSDW (Human Services Data Warehouse) in the Business Intelligence module. The State emphasizes the foregoing module list is neither final, exhaustive, nor prescriptive - but it's proffered nonetheless to give vendors a sense of Rhode Island's early modularity thoughts.

1.1   State Information

The Executive Office of Health and Human Services (EOHHS) administers the publicly-funded Medicaid program. Medicaid is an important source of coverage for low-income families with children, pregnant women, elders and persons with disabilities and special needs who otherwise might not be able to pay for or get access to affordable health care.

Within EOHHS are four departments and agencies that administer programs included in the Rhode Island Medical Assistance Programs:

- Department of Human Services (DHS). The agency administering Medicaid; the Children's Health Insurance Program (CHIP); and public assistance programs for needy citizens – utilizing field office staff in multiple offices throughout the state.
- Department of Children, Youth & Families (DCYF). The agency that protects children who have been neglected or abused in a family setting by providing services to children and families.
- Department of Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH). The agency that improves the quality of life for adults with serious and persistent mental illness and children with serious mental illness or severe emotional disturbance.

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[1] Medicaid information Technology Architecture – A CMS framework for all states covering Business, Information (Data), and Technology Architectures. MITA requires states to inventory 80 common Medicaid business practices, Information (data) Architecture database systems, and Technology Architecture systems impacting Medicaid clients. The State's inventory is self-graded on MITA maturity levels for the "As-Is" and requires states to propose five-year aspirational "To-Be" goals for each inventoried item.

- Department of Health (DOH). The agency responsible for protecting, preserving and improving the health of Rhode Island citizens. DOH accomplishes this goal primarily by collecting, analyzing and disseminating health data; by providing counseling; and by providing health care assistance.

EOHHS and DHS both determine eligibility for Medicaid programs, with DHS handling the lion's share of client interactions. DHS operates the State's field offices, providing client services and case management for long-term care Medicaid-eligible clients.

Both BHDDH and DCYF send claims and prior authorizations to the MMIS for Medicaid eligible processing and queries the MMIS system for client and provider enrollment. DOH uses the MMIS primarily as the conduit for their providers, who bill the MMIS directly.

EOHHS Mission Statement

Access, Quality, and Cost-Effectiveness. Assure access to high quality and cost-effective services that foster the health, safety, and independence of all Rhode Islanders.

1.2   Program Overview

As of the January 2017 benefit month, the Rhode Island Medicaid Program contained **341,123** individuals who were eligible for some sort of State Medical Assistance benefits. Of those eligible individuals, just over **300,000** were eligible for Full Medical Assistance benefits. Full Medical Assistance benefits comprise Dental, Pharmacy, Medical Inpatient, Medical Outpatient, and Long-Term Care Services and Supports (LTSS). LTSSs include Home Health, Nursing Home, Personal Care, and Hospice.

90.4% of individuals receiving benefits are in a Managed Care plan from one of the following Carriers:

- Neighborhood Health Plan of Rhode Island;
- United Health Care Community Plan; and
- Tufts Health Plan (new in 2017).

Programs offered through these plans include:

- **Rhody Health Partners** – Eligible adults without dependent children, ages 19 to 64;
- **RIte Care** – Eligible families, pregnant women, children up to age 19, and young adults older than age 19;
- **Rhody Health Options** – Medicare and Medicaid coverage or Medicaid coverage due to a disability or chronic condition and receive long-term services and supports;

- **Rhody Health Expansion** – Expansion population participating in two of RI's MCO's.

FFS (Fee-for-Service) is outside of the plan offerings, though it's a temporary measure for many, before they're on the MCO. Some clients stay within FFS for certain programs and are thus not enrolled in a MCO.

Since January of 2014, enrollment has grown 40% with most of the increases (23%) occurring in 2014 due to Medicaid expansion. Subsequent years showed growth of 5% and 9%.

Another **40,000** individuals were eligible for a subset of State Medical Assistance benefits. An example of a population that fit in this category is Rhode Island Pharmaceutical Assistance to the Elderly. Only Pharmacy benefits are paid for these individuals through the MMIS. There are currently **8,300** people eligible for this program.

1.3 Current State of the MMIS

The Rhode Island Medicaid Management Information System (MMIS) is a customized solution that has been upgraded over the years,[2] so it does an excellent job in enrollment and paying claims. For instance, a Pawtuxet River flood eight years ago totally destroyed our locally-hosted Medicaid data center, ruining all servers. DXC was able to pay claims two days after the flood, due to the fully-operable Disaster Recovery site.

Although the system contains legacy COBOL code and has a client-server interface written with PowerBuilder, the system works fast, can be picked up quickly by new people, and works well to give users the information they need.

The most recent MMIS updates have been the data interfaces with RIBridges, the state's new eligibility and enrollment system that replaced the prior legacy eligibility system.

Please see Section 1.4, the "Envisioned Future State of the MMIS", for future changes the State desires in its MMIS modules.

History

The MMIS was brought online in December 1993. It is a rules-based, table-driven, client server paradigm that supports integrated modular MMIS functionalities and robust data management capabilities. The Rhode Island MMIS was adapted from the Vermont Advanced Information Management (AIM) system to meet Rhode Island specific healthcare claims processing and policy standards. It has since evolved to include many State-specific healthcare claim reimbursement and reporting processes. In 2012, DXC was awarded the contract as the state's Fiscal Agent for the

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[2] For example, the legacy Ingres database was upgraded to Oracle 11 a few years back.

Transition, Enhancement, Operation, and Maintenance of the Medicaid Management Information System. That contract end date was December 31, 2017. Subsequently, EOHHS has exercised three additional option years to extend the contract to December 31, 2020.

The MMIS is currently hosted by DXC at their Orlando, FL facility. The MMIS code base is composed of over 13,000 individual modules, with all maintained with a distinct version number.

The MMIS system interfaces with several external systems, including other Rhode Island agency systems, federal government systems, and commercial service provider systems.

Subsystems and Applications

The MMIS application is composed of the following subsystems or application modules[3]:

- **Claims Processing** – Provides claims inventory control; performs claims entry, edits, audits, and correction control; and performs claims pricing assessments and provides history data.
- **Provider Services** – Updates and maintains provider data store; produces provider reports; allows online access to provider data; and monitors new provider enrollment and annual provider re-certification.
- **Recipient Services** – Captures and maintains recipient data store by receiving information from various sources within and outside the Rhode Island system; and allows recipient data inquiries and updates.
- **Financial** – Processes claim adjustments and financial transactions; maintains drug rebate processing; and produces payments for providers.
- **Reference –** Updates and maintains reference data store and edits/audits rules; allows online access to reference data; and produces reference reports.
- **Third Party Liability (TPL)** – Updates and maintains TPL data stores via online screens; allows online access to TPL data; edits claims for cost avoidance; and recovers funds from third-parties when TPL resources are identified after Medical Assistance has paid a claim.
- **Management and Administration Reporting (MAR)** – Generates MARS Reports, as well as financial and budget reports.
- **Surveillance and Utilization Review (SUR)** – Updates the SURS Control Files; extracts paid claims data; and processes quarterly reports.
- **Managed Care** – Collection, verification, and storage of the provider files, client files, encounter files, and aggregate files.

Interfaces

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[3] These subsystems and application modes interface with other subsystems in the MMIS to receive or provide needed data.

The MMIS system interfaces with several internal and external systems. Below is high level list of interfaces between the MMIS and other systems within the State.

List of MMIS Data Interfaces
Within EOHHS & DHS
Between the MMIS and RIBridges
MA (Medical Assistance, aka Medicaid)
SNAP (Supplemental Nutrition Assistance Program, fka "Food Stamps"
TANF (Temporary Assistance for Needy Families
GPA (General Public Assistance)
CCAP (Child Care Assistance Program)
RIteShare Databases (A health insurance plan Premium Assistance Program for children and families eligible for Medical Assistance (based on income and family size) and whose employer offers an approved health insurance plan.)
Between the MMIS and the Department of Human Services (DHS)
SNAP
TANF
GPA
CCAP
Children with Special Healthcare Needs (CSHCN) Enrollment
DHS Legal Affairs
Home Based Therapeutic Services
Between the MMIS and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
Developmentally Disabled (DD)
Behavioral Health Care
Eleanor Slater Hospital Data
Between the MMIS and the Department of Health (DOH)
Nursing Home MDS (Minimum Data Set) Assessments
Between the MMIS and the Division of Elderly Affairs (DEA)
Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) Eligibility
Between the MMIS and the Department of Children, Youths, and Families (DCYF)
Rhode Island Children's Information System (RICHIST)
Inside RI State Network
Between the MMIS and the Attorney General (Fraud and Abuse)
Between the MMIS the Auditor General (State Audits)
Outside of RI State Network
Between the MMIS and the Center for Medicare and Medicaid Services (CMS)
CMS Medicaid Statistical Information System (MSIS)
CMS Drug Rebate File

List of MMIS Data Interfaces
Medicare Part D Enrollment
Between the MMIS and the Medicaid Providers (Data)
Between the MMIS and TPL (Third Party Liability) Companies
Beneficiary Data
Neighborhood Unitec
Economic Data
Between the MMIS and the Managed Care Health Plans (Client / Claims Data)
Between the MMIS and the US Social Security Administration

Host Platform

The core MMIS system is hosted on Sun SPARC servers running Solaris 10. Support subsystems such as Microsoft Active Directory are hosted on Dell and HP Intel-based servers and utilize Windows Server 2003 and 2008. HP is using VMWare for virtual hosting. The SPARC servers are connected to a Hitachi Data Systems SAN storage solution. There is little or no redundancy built into the host environment for the MMIS.

Backups are conducted using a StorageTek SL500 Tape Library and Veritas backup software. Servers are connected via fiber channel to the storage and backup environment.

Application

The HP AIM system is the core MMIS application. AIM is developed 60 percent in UNIX C code and 40 percent in COBOL running on Sun Solaris 10 platform. UNIX Job scheduling is accomplished using Autosys and individual UNIX scripts. Client access to AIM is provided via a Power Builder application running on a Citrix Presentation Server to allow thin client access from Rhode Island. Web application services are developed in IBM WebSphere and data is stored in an Ingres data base system. DXC has migrated the data to an Oracle RDBMS system to support greater interoperability and supportability of the MMIS data.

Network

EOHHS connects to the MMIS in Orlando via an Internet connection and IPSec Virtual Provider Network (VPN). The DXC hosted Orlando data center's core network is comprised of a pair of Cisco 6509 switches with HP Procurve access layer switches. This system is remotely maintained by DXC from Warwick RI.

1.4   Envisioned Future State of the MMIS

EOHHS requires a health care management system that enables the State's goal of building and maintaining a consumer-based health and human services system. From a high level, EOHHS envisions a modern modular Medicaid Enterprise System supporting the key functional areas of fee for service claim and managed care encounter processing as well as member, provider, and financial management. The system's modules should meet CMS's *Enhanced Funding Requirements: Seven Conditions and Standards*[4]. These are:

- Modulatory Standard;
- MITA Condition;
- Industry Standards Condition;
- Leverage Condition;
- Business Results Condition;
- Reporting Condition; and
- Interoperability Condition.

Overall, the State is looking to improve the share-ability of its transactional data, such as ability to share data and system functionality via API's, especially amongst intrastate agencies and partners. Ultimately, the future MMIS must leverage and interoperate with existing state systems such as the recently developed RIBridges Unified Health Infrastructure Project (UHIP). A longer term goal is to share data with interstate and federal agencies, so we seek that capability.

The State also seeks to improve system flexibility, to be able to more quickly and cheaply adapt to the inevitable system changes enacted by the feds or the State. Towards that end, the State requires the MMIS to address its five-year MITA functionality goals in the order or priority as directed by EOHHS.

Specifically, the State is looking for improvements in its Business Intelligence module that includes the Human Services Data Warehouse (HSDW) hosted by DXC containing multiple data sources, an Informatica ETL, Oracle database, and Business Objects front-end. The State also seeks cost-effective modules providing functionality greater or equal to our current MMIS system.

EOHHS is interested in leveraging CMS certifiable solutions including commercial off-the-shelf software and/or services shared or offered by other state Medicaid agencies.

1.5 Questions and Information Requested from Vendors

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[4] https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf

Respondents are invited to answer the following questions outlined below. Respondents can choose to answer as many or as few questions as they would like if the answers are clearly marked.

1.5.1   General

1. Provide company overview and history.
2. Describe the software or services your company provides.

1.5.2   Modularity

EOHHS is interested in your company's understanding and experience with CMS's Modularity Standard, per the below bullets.

1. What you have learned from your experiences with MMIS modularity?
2. What you have learned from others' (states or vendors) experiences with MMIS modularity
3. What are the biggest risks & how would you mitigate against them? Please provide real-world examples.
4. What guidance can you offer to a state with a mature, well-functioning, customized MMIS that needs to be re-procured to meet the Modularity Standard without reinventing the entire system?
5. What approaches you would recommend for RI?
6. What approaches or practices you would recommend RI stay away from?

1.5.3   Project Management

Important note: This Project Management section applies to module vendors, system integrator vendors, and IV&V vendors. However, it also applies to vendors desiring to function as the ongoing State PMO for the MMIS on a long-term basis, so those questions are plainly marked as "PMO Only."

1. What processes should be put in place to prevent conflicts before they occur, such as issues between module vendors or between agencies?
   a. What kinds of conflicts have you observed over time?
   b. What processes should be put in place to mitigate conflicts once they occur?
2. What issues has your company experienced managing integration testing between multiple vendors?
   a. What can EOHHS do to lessen these issues?
3. How would your company help to ease the burden on state personnel when multiple solution providers require input from stakeholders?
4. What has your company done to ease the competing requests for, and access to, state computing resources such as compute and storage?

5. PMO Only. In a PMO capacity, what issues has your company experienced managing multiple vendors that may be using different Software Development Life Cycles?
   a. How should EOHHS address this problem?

1.5.4 System Integrators

The System Integrator is responsible for the integration of multiple MMIS modules provided by one or more solution providers.

1. What are different options for ensuring module integrity and interoperability to ensure a cohesive MMIS system?
   a. What are the tradeoffs between them - when to use which approach?
2. How would you ensure the integrity and interoperability of the entire Medicaid Enterprise System and the cohesiveness of the various MMIS modules incorporated into the overall Medicaid system?
   a. What role responsibilities would you envision for your company regarding the successful integration of the MMIS modules and infrastructure into the overall Medicaid system?
   b. How do you envision your role in integrating the modules and what would be the role of the module providers?
   c. How would you manage the activity of the multiple solution providers and manage the associated risk?
   d. How would you propose measuring whether the needed cohesiveness has been achieved?
3. What strategy/methodology and technology/tools would you use to integrate modules from multiple vendors where there are no standards for the format, content, or method for the exchange of data?
   a. What would your role and responsibilities be for establishing standards?
4. What strategy/methodology and technology/tools would you use to integrate modules from multiple vendors where there are significant differences in the data models?
   a. How would you implement/enforce your strategy with the MMIS module vendors?
   b. What requirements and service level agreements would need to be enforced with the MMIS module vendors to make your strategy successful?

1.5.5 Solution Providers

Please identify and describe the MMIS modules offered by your company and address each of the following, geared to assess the level of functionality offered by your modules:

1. Please explain if these modules are vendor platform agnostic.
2. Please identify and describe the functions that are included within each module.

3. Please identify for each module listed above if the reference data/operational database is shared across the modules or separate (i.e. duplicate reference data/operational database for each module).
4. Please identify any module listed above that has been successfully deployed independent of your other MMIS modules as either a stand-alone solution or integrated with modules provided by other vendors.
   a. If so, please identify in which state(s) this has been accomplished, and whether the module has been integrated with modules provided by other vendors.
5. Please describe hosting requirements for these modules.
6. Please describe your approach to provisioning state resources when the solution is to be hosted by the state.
7. Please describe the modules ability to integrate with third-party identity management services.

1.5.6   Fee for Service and Managed Care Encounter Processing

Although approximately 90% of individuals receive services through a managed care organization, the current MMIS is heavily customized in regard to processing FFS claims. There is a near real-time interface to the Fraud Waste and Abuse system in the Office of Program Integrity.
1. How would you approach taking over a system that has been extended through customization to interface with multiple other state systems?
2. EOHHS is interested in claims processing as a service. In your experience, how has such a service has been successfully integrated with existing MMIS solutions?

1.5.7   Independent Verification and Validation (IV&V) Vendors

1. Please briefly identify industry best practices for IV&V vendors.
   a. Are there certain attributes that must be in place for an IV&V to be successful?
2. How can IV&V innovate their role to help mitigate issues before they happen?
3. How does your firm differentiate itself from others?
4. What critical decisions has your firm been involved in as an IV&V?
5. Do you recommend the tracking of metrics?
   a. What metrics should be typically tracked during project phases?
6. Describe how your firm uses with Medicaid Eligibility and Enrollment Toolkit and Medicaid Enterprise Certification Toolkit.

1.5.8   Other Information

Please provide any other information not specifically requested which you feel would be helpful to EOHHS in this endeavor.

1. What states have done this best that RI would benefit from learning from?
2. What are your recommended pricing or fee structures?
   a. Do you consider performance-based fees?

2. RFI Response

The following outline is intended to standardize and structure responses for ease of analysis. *Do NOT include a cost proposal with the RFI response as cost shall not be considered with this RFI.*
1.   Response to the requirements outlined in Section 2.A.

SECTION 3. QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at Dawn.Vittorioso@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFI# 7588572** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

SECTION 4. RESPONSE CONTENTS

1.   Responses shall include the following:

   1. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.purchasing.ri.gov. *Do not include any copies in the response.*

   2. Response - describing the requirements and concept for this potential project, and all information described earlier in this solicitation. The response is limited to ten (10) pages.
      1. One (1) Electronic copy on a CD-R, marked "Response - Original".
      2. One (1) printed paper copy, marked "Response -Original" and signed.
         a. Four (4) printed paper copies

3.   Formatting of proposal response contents shall be as follows:

   1.   Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:
      1.   Vendor's name
      2.   RFI #

3. RFI Title
4. If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of '1 of 3' on first CD-R, '2 of 3' on second CD-R, '3 of 3' on third CD-R).

Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase's inability to open or read a CD-R may be grounds for rejection of a Vendor's proposal. All files must be readable and readily accessible on the CD-Rs submitted with no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it "non-responsive". USB drives or other forms of electronic media shall not be accepted. Please note that vendor CD-Rs shall not be returned.

5. Formatting of written documents and printed copies:
   1. For clarity, the response shall be typed. These documents shall be single-spaced with 1" margins on white 8.5"x 11" paper using a font of 12 point Calibri or 12 point Times New Roman.
   2. All pages on the response are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and attachments. The Vendor's name should appear on every page, including attachments. Each attachment should be referenced appropriately within the response section and the attachment title should reference the response section it is applicable to.
   3. Printed copies are to be only bound with removable binder clips.

SECTION 5. RESPONSE SUBMISSION

Interested vendors must submit responses to provide information covered by this RFI on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases, shall not be accepted.

Responses should be mailed or hand-delivered in a sealed envelope marked "**RFI# 7588572**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

SECTION 6. DISCLAIMER

This Request for Information is solely for information and planning purposes and does not constitute a request for proposal or an invitation to bid. All information received in response to the RFI and marked as "Proprietary" shall be deemed to be confidential but may still be subject to

disclosure pursuant to the Rhode Island "Access to Public Records Act, R. I. Gen. Laws § 38-2-1, *et seq.*. . Responses to the RFI will not be returned.

END