



**Solicitation Information
September 16, 2019**

RFP# 7599780

TITLE: Project Management and Analytic Tool Development Support for RI's Integrated Data System Module of the Medicaid Information Technology Enterprise

Submission Deadline: October 16, 2019 at 10:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: NO

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **September 26, 2019 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# 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.

BID SURETY BOND REQUIRED: No

PAYMENT AND PERFORMANCE BOND REQUIRED: No

David J. Francis, Interdepartmental Project Manager

Note to Applicants:

- Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov
- Proposals 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 proposals from qualified firms to provide project management and related technical development services for expanding the HealthFacts RI Module (RI's All Payer Claims Database (APCD), and integrating EOHHS's Data Ecosystem into the Medicaid Information Technology Enterprise in accordance with the terms of this Request for Proposals ("RFP") and the State's General Conditions of Purchase, which may be obtained at the Division of Purchases' website at www.purchasing.ri.gov.

The initial contract period will begin on April 1, 2020 for one year. Contracts may be renewed for up to three additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not a Request for Quotes. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to cost; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this solicitation, other than to name those offerors who have submitted proposals.

Instructions and Notifications to Offerors

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
4. Proposals are considered to be irrevocable for a period of not less than 180 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.
6. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.
8. Vendors are advised that all materials submitted to the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, *et seq.* and may be released for inspection upon request once an award has been made.

Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that contractors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.

Vendors and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an “Affirmative Action Policy Statement.”

Vendors with 50 or more employees and \$50,000 or more in government contracts must prepare a written “Affirmative Action Plan” prior to issuance of a purchase order.

- a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.
- b. Vendors further agree, where applicable, to complete the “Contract Compliance Report” (<http://odeo.ri.gov/documents/odeo-eeo-contract-compliance-report.pdf>), as well as the “Certificate of Compliance” (<http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf>), and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order. For

public works projects vendors and all subcontractors must submit a “Monthly Utilization Report” (<http://odeo.ri.gov/documents/monthly-employment-utilization-report-form.xlsx>) to the ODEO/State Equal Opportunity Office, which identifies the workforce actually utilized on the project.

For further information, contact Vilma Peguero at the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via e-mail at ODEO.EOO@doa.ri.gov .

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at (401-222-3040).
12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”)(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at www.gcd.ri.gov.

For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov> and see R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email Dorinda.Keene@doa.ri.gov

13. HIPAA - Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

14. Eligible Entity - In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

SECTION 2. BACKGROUND

Rhode Island has initiated several ambitious Health Information Technology (HIT) data integration projects including the state’s all payer claims database (APCD) known as HealthFacts RI and the Medicaid Data Ecosystem, both of which primarily support Medicaid needs. More specifically, HealthFacts RI is critical to assessing access to care and comparing costs for the same services. The Medicaid Data Ecosystem supports Medicaid by considering beneficiaries and their families in a comprehensive manner and identifying what other critical needs they have, as well as what additional state-supported services they are receiving. As Medicaid continues to build upon the APCD, it will use the same HIT infrastructure to continue to build out its integrated Data Ecosystem. Medicaid is seeking project management and technical development support to ensure these projects (HealthFacts RI and Data Ecosystem) align to the state’s vision, continue to be developed, implemented and integrated into the Medicaid Information Technology Enterprise environment, and that this work is executed with excellence, on time, and on budget.

Alignment with the state’s vision includes the principles and themes outlined in the project description below, including continued development of HealthFacts RI and Data Ecosystem which initially was a State Innovation Model (SIM) project. HealthFacts RI and the Medicaid Data Ecosystem collectively can be referred to as RI’s Integrated Data System Module of the Medicaid Information Technology Enterprise, which is critical in supporting Medicaid Information Technology Architecture (MITA) business processes.

HealthFacts RI

HealthFacts RI, Rhode Island’s All-Payer Claims Database (APCD), is a large-scale integrated database that systematically collects and aggregates enrollment, medical claims, pharmacy claims, and provider data from private payers (e.g. commercial insurers) and public payers such as Medicare and Medicaid. To date over twenty states have enacted legislation and/or have started to implement an APCD.

HealthFacts RI Legislation and Regulation History:

In 2008 the Rhode Island General Assembly enacted Chapter 23-17.17-9, Health Care Quality and Value Database. This law directed the Rhode Island Department of Health (RIDOH) to establish and maintain HealthFacts RI, and gave RIDOH the authority to require payers, both public and private, to provide person-level claims data for health services paid on behalf of enrollees. The law also required that HealthFacts RI data include no personal identifiers.

In July 2013, RIDOH promulgated the Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database (“Regulations”).¹¹ These Regulations establish the framework for the submission of health care claims data to the APCD, and details the process for the release of APCD information to other State agencies, organizations, and individuals engaged in improving, evaluating, or otherwise measuring healthcare. Per the Regulations, any health plan that covers more than 3,000 members must submit claims data to the APCD. Based on this definition, the APCD is currently receiving data from seven commercial plans, Medicare and Medicaid.

Given the regulations require that HealthFacts RI contain no personal identifiers, the State has contracted with a vendor (known as the Lockbox vendor) to build a master person index and establish a unique encrypted member ID, which allows an individual’s claims to be linked. Additionally, the regulations require that all participating health plans notify their members of the right to opt-out of having their data included in HealthFacts RI. To help health plans implement this requirement, the state has contracted with the same lockbox vendor to host and maintain a secure online website to administer members’ opt-out requests. This portal is available 24/7 and allows all members, regardless of health plan, to opt-out and opt-back-into HealthFacts RI. It is the insurers’ responsibility to notify all members of their right to opt-out, providing the URL for the opt-out website, and maintaining members’ opt-out status in their own records based on flagging supplied by the Lockbox Vendor.

HealthFacts RI Project Oversight, Governance and Funding

HealthFacts RI was initially developed with a range of federal funds. Given the interagency nature of the work, an Interagency Staff Workgroup provides the necessary leadership, policy and technical guidance to oversee the project through supporting a project management vendor to oversee daily activities. The Interagency Staff Workgroup includes representatives from RIDOH, the RI Executive Office of Health and Human Services (EOHHS which includes Medicaid), Office of the Health Insurance Commissioner, and the RI Health Benefits Exchange (HealthSource RI or HSRI). In 2016, HealthFacts RI was transitioned and became a modular component of the Medicaid IT Enterprise and became largely funded through Medicaid (general revenue under enhanced Medicaid match). Although HealthFacts RI is now organizationally part of the Medicaid Program, the Interagency Staff Workgroup is still providing the oversight on behalf of Medicaid. This model promotes and enhances collaboration between the various agencies and Medicaid, especially given the regulatory authority for HealthFacts RI resides at the Department of Health.

Lastly, given the high value of HealthFacts RI, outside entities, including researchers, are interested in obtaining this data. As required in the HealthFacts RI regulations, a Data Release Review Board (DRRB) reviews external data requests and advises the Director of Health on whether to release the data to assure minimal risk of re-identification of members. External entities receiving data are charged for the data files and these funds are then used to help support program costs.

Medicaid Data Ecosystem

The Medicaid Data Ecosystem is an integrated data system that aims to:

- Guide Medicaid and other state programs serving the Medicaid population by meeting people where they are

¹ <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7305.pdf>

- Help Medicaid beneficiaries fulfill their potential
- Support agencies to responsibly steward state resources

The health of Medicaid’s members, especially its most complex and vulnerable, is affected by myriad social and environmental factors. By integrating data across state agencies at the person level, the state can serve Medicaid members as whole human beings and design more targeted interventions to support healthy development and well-being.

There are several core principles upon which the Data Ecosystem is being developed. These include:

- Develop agilely, with a focus on program operational improvement;
- Store data securely;
- Curate high-quality data;
- Build on existing work;
- Develop and implement an interactive, self-service interface.

More specifically, the Data Ecosystem is a single place to store cleaned, integrated data, which provides a user-friendly way for appropriate and authorized state staff to access this data with self-service analytics tools that will support each agency with its operations and performance management activities related to Medicaid. This will also allow each agency to nimbly respond to changing needs while controlling total costs. Medicaid’s goal is to develop the Data Ecosystem in a manner that allows the state to own, operate and optimize this system.

Note that the main purpose of the Medicaid Data Ecosystem is to help agencies support Medicaid’s mission through operational and analytic support. The Ecosystem is not intended to be any of the following:

- Case management system
- Source for real-time data
- Have the matching accuracy to be the source of truth for individual enrollment or eligibility status at any given time
- A data science or academic research operation
- Connected to external-to-state systems.

Data Ecosystem History

Development of the Data Ecosystem began as a pilot supported by State Innovation Model (SIM) grant funds. It has been developing at a rapid rate and now includes data from a variety of data sources including the following sources:

Data Source
Medicaid claims and enrollment
Early Intervention
DCYF case management
TANF, SNAP, CCAP, other DHS programs
KIDSNET (7+ child-level data feeds)
Vital Records
Medical Examiner

Dept. of Labor and Training (wages)
Dept of Dev. Disabilities case management
<i>HealthFacts RI (APCD) (not linked)</i>

The ability to share this data, which is at the client level across the EOHHS agencies, is the result of a single legal agreement for major data sources within the EOHHS.

Data Ecosystem Project Oversight, Governance and Funding

The Data Ecosystem was initially developed as a pilot under the State Innovation Model Test Grant. Given its proven value to the Medicaid program and the fact that it is being developed leveraging the HealthFacts RI infrastructure (hardware and software), Medicaid is also considering the Data Ecosystem as a modular component of the Medicaid IT Enterprise, and Medicaid funds will support the continued development and implementation of this system. Oversight for this project is provided by the Director of Data and Analytics for EOHHS and her team.

An Executive Board, comprised of the directors of agencies who contribute data as well as key funders and state leaders, provide governance and priorities for the Ecosystem. This group is charged with assuring that the project hews to its mission, aligns with state and Medicaid priorities, and protects data. Additionally, the Executive Board is charged with reviewing and approving major expansions of the Ecosystem’s data sources and major new cross-agency projects. While the Board does not approve all Ecosystem work, it does ensure that the main efforts of the Ecosystem staff are aligned with state and Medicaid priorities and that the staff can balance this work given their capacity and state need. There are additional layers of project governance to assure that those using the system and those data stewards of data sets being integrated into the Data Ecosystem have defined roles, are authorized users based on a need to know, are properly trained and supported, and adhere to program use policies and procedures.

Purposes and Major Uses of the Medicaid Data Ecosystem and HealthFacts RI

The primary purpose of Rhode Island’s integrated databases is to support the state’s holistic development of Medicaid programs, policies, rates, and interventions that meet our residents where they are, as whole human beings whose health is affected by numerous social and environmental factors. In addition, these data environments encourage deep and broad analysis of cross-agency opportunities with an emphasis on operational solutions at the agency level (Ecosystem), and promote transparency of pricing, cost, quality, utilization and spending trends (HealthFacts RI).

Ecosystem and Partners and Vendors

The various tasks associated with implementing HealthFacts RI and Data Ecosystem include: project management; hosting and managing the APCD opt-out process; creating non-identifiable Unique Member ID’s; data collection and aggregation; secure data warehousing; and data modeling and development. In Rhode Island these tasks are divided between four vendors, all of which are currently under contract with the State. The table below explains the four roles, identifies the current vendor(s) where applicable, and outlines the primary responsibilities of each.

<i>Role</i>	<i>Current Vendor</i>	<i>Primary Responsibilities</i>
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<p><i>Project Management and Analytic Tool Development Support</i></p>	<p>Freedman Healthcare</p>	<ul style="list-style-type: none"> • Support state staff in the management and oversight of other HealthFacts RI vendors, facilitate HealthFacts RI and Data Ecosystem development and implementation • Manage HealthFacts RI data release process to ensure that use of the database by other state agencies is limited to supporting Medicaid purposes; and that outside entities are appropriately charged for the level of effort and costs that Medicaid may expend in developing and producing any data not directly supporting Medicaid purposes. • Subject matter experts on HealthFacts RI development, operations and reporting • Draft required state and federal (CMS) reports, staff Governance bodies (HealthFacts RI Interagency Staff Workgroup, Data Ecosystem Executive Board, etc.) • Support client- (agency-) facing development of data tools and major Ecosystem engagements • Adapt project-specific data models and dashboards to meet client needs
<p><i>Lockbox Vendor</i></p>	<p>Arcadia Healthcare Solutions</p>	<ul style="list-style-type: none"> • Collect person-level opt-out information • Build Master Person Index, establish Unique Member IDs
<p><i>Integration & Data Aggregation Vendor</i></p>	<p>Onpoint Health Data</p>	<ul style="list-style-type: none"> • Develop HealthFacts RI data collection specifications • Provide ongoing support to HealthFacts RI data submitter • Front-end HealthFacts RI data collection, aggregation, and production of quarterly extract to Analytic Vendor • HealthFacts RI Claims versioning • Develop and maintain HealthFacts RI Master Provider Index • Integrate Medicare data into HealthFacts RI database • Validate and quality check HealthFacts RI data • Provide analytic value-added services to HealthFacts RI database • Develop/maintain/update reporting and querying HealthFacts RI software solution

<i>Data Modeling and Architecture Optimization Vendor</i>	Abilis	<ul style="list-style-type: none"> • Produce and refine Reporting Packages • Oversee architecture of HealthFacts RI and Data Ecosystem analytic databases • Optimize analytics for performance and user convenience • Produce quality control measures and reporting • Work with State staff to design the web-based Business Intelligence environment
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SECTION 3: SCOPE OF WORK AND REQUIREMENTS

General Scope of Work

The Contractor shall provide ongoing project management services, technical project-specific analytic tool development and subject matter expertise for the continued design, development, and implementation of select Integrated Data System projects, including HealthFacts RI, the Medicaid Data Ecosystem, and associated needs. The Contractor must complete the activities described below.

The ongoing need for Project Management is expected to be approximately 2 FTE for the Ecosystem and HealthFacts RI combined, with additional Subject Matter Expert hours to range from 10-80 hours per month depending on need. More intensive project specific technical analytic tool development support is expected to be approximately 5 FTE for activities related to data architecture, data modeling, data integration, and data report and dashboards generation.

Specific Activities / Tasks

Activity 1.1 Project Management: HealthFacts RI and Medicaid Data Ecosystem
Work in partnership with the independent staff working groups of HealthFacts RI and the Medicaid Data Ecosystem and provide project management to implement the respective projects:

Medicaid Data Ecosystem

- Facilitate weekly meetings of the staff to support timely and complete tactical execution, adherence to direction of the Executive Board and articulated project principles, and well-communicated, shared decision making. Related tasks include: developing agendas; drafting memos and emails for state staff to distribute to relevant internal and external parties; framing issues for discussion and decision.
- Maintain and monitor the project budget, include federal and state funding sources, expenses, and other sources of potential revenue. Ensure expenses and claiming comply with federal funding rules, such as regular or enhanced match.
- Facilitate staff preparation for Board meetings, including meeting scheduling and attendee lists; agenda and material preparation; meeting facilitation as

needed; note taking and distribution of notes within 48 hours; execution of pre-meeting preparation tasks, as developed with the staff group, to support meeting success.

- Facilitate the agency staff Data Stewards group, which includes agenda preparation and project tracking for agency-led projects that rely on the Ecosystem.
- Manage the team's SharePoint site, which serves as the "front door" to the work and includes project updates, request facilitation, training materials and other user-facing needs.
- Meet regularly with partners and vendors. Related tasks include: assisting state staff with the management of vendor timelines and deliverables; reviewing and editing communications drafted by vendors; facilitating regular check-in meetings.
- Provide technical assistance and subject matter expertise by connecting staff with specific expertise in the development/operations of an Integrated Data System and development of agency-focused, operationally optimized analytic products.

HealthFacts RI

- Facilitate regular Interagency meetings as needed to discuss program enhancements, policy changes such as adding dental claims, and discuss any new challenges needing resolution; continue to work with payers as needed or as a newly identified payer needs to be onboarded. Related tasks include: developing agendas; drafting memos and emails for state staff as requested; developing discussion documents, creating presentations to agency leaders, and budget tracking and reporting.
- [Support state staff in the ongoing management of the Integration & Data Aggregation, Modeling and Lockbox vendors.](#) Related tasks include: assisting with management of vendor timelines and deliverables; reviewing and editing all carrier or state communications drafted by vendors; advising on regulatory compliance issues including variance requests, facilitating weekly check-in meetings.
- Assist the state in applications and other ongoing needs regarding continued feeds of Medicare Data to HealthFacts RI.
- Frame options and planning sessions to develop long-term funding solutions and multi-agency governance strategy.
- Draw on experiences from other APCD states to provide insight into successful strategies as well as commonly encountered risks and successful mitigation strategies.

- Provide technical assistance and subject matter expertise by utilizing staff with specific expertise in the development/operations of an APCD and development of APCD reporting plans.
- Assist with stakeholder management. The Contractor shall provide public communication around the HealthFacts RI project and ensure/facilitate ongoing communication with the State’s HealthFacts RI partners – Medicaid and private payers.

Activity 1.2 Management of HealthFacts RI Data Release Process

- The vendor will work closely with state staff to ensure that use of the database by other state agencies is limited to supporting Medicaid purposes; and that outside entities are appropriately charged for the level of effort and costs that Medicaid may expend in developing and producing any data not directly supporting Medicaid purposes.

In compliance with Part II, Section 7.3 of the APCD Regulations, the Contractor shall:

- Facilitate the APCD Data Release Review Board (DRRB) to ensure timely review of all applications for data release;
 - Schedule and convene all DRRB and associated committee meetings according to Open Meeting rules;
 - Attend all meetings of the DRRB and associated committees in person; prepare meeting materials, including a summary of each request and evaluation materials;
 - Prepare regular meeting minutes of the DRRB’s deliberations, to be posted on the Secretary of State’s website, within one week of each DRRB meeting;
 - Work with the State to post all requests for HealthFacts RI data on the RIDOH website for a minimum of ten (10) business days, to invite written public comments;
 - Upon review by the DRRB, approval by the Director, and receipt of the associated fee, assure the production and transmittal of all approved datasets;
 - Prepare a monthly report of all data requests received, denied, and granted;
 - Maintain the data release application through which all applicants may satisfy the requirements of the Regulations. Changes to this application will be subject to State review and approval; the Contractor shall incorporate the State’s changes.

Activity 1.3: Assist with the Development of Federal Funding Requests (Advanced Planning Document) for Medicaid Data Ecosystem and HealthFacts RI, as needed

- In line with state and federal funding timelines, lead the drafting and project management of requests for federal funding including Advance Planning Documents (Implementation and/or Update).

- Gather information from key stakeholders, including state staff, to ensure application aligns with overall state strategy for health information technology, specifically within Medicaid and with respect to Rhode Island’s articulated Medicaid Information Technology Architecture (MITA) to-be state.

Activity 1.4:

Analytic Tool Development Support and Staffing: Medicaid Data Ecosystem and HealthFacts RI

- Working in partnership with state staff, provide technical development staff resources to support the integration of new data sources and development of approximately 28 new reports and dashboards for use by EOHHS and Medicaid’s management, policy, operations and analytic staff. The Technical Development staff team will:
 - Provide development subject matter expertise in visioning sessions for new data integration and product development
 - At the direction of the HealthFacts RI/Ecosystem technology leadership and the data modeling vendor, implement an efficient database architecture and data model within Medicaid IT Enterprise
 - Model project specific data sets and dashboards in business intelligence software
 - Build business intelligence tools, data products, and functionalities
 - Develop analytic tools and data models appropriate for report generation and evaluations
 - Implement master data management (person matching routine) for the Medicaid Data Ecosystem and optimize the monthly load process with guidance from technology leadership and the data modeling vendor.
- To achieve the above, the State anticipates needing a strong Technical Development team that would be comprised of the following full-time positions:
 - 1 Data Architect
 - 1 Lead Data Developer
 - 1 Evaluation Developer
 - 2 Junior Developers

Objectives and Key Results: The following section outlines by activity, key expectations and results of the vendor when assessing performance and determining considering contract renewal each year for up to three additional 12-month periods

Activity 1.1: Project Management: HealthFacts RI and Medicaid Data Ecosystem

- Vendor consistently and professionally guides projects to completion on time and on budget, proactively identifies and works with state to address roadblocks, and documents causes of any major delay or overspend if not resolved before project completion.
- Vendor professionally and proactively manages Board material preparation; materials are distributed at least 3 business days in advance.
- Vendor identifies efficiency, critical path or contractual concerns among other vendors and, with state, works with other vendor to resolution
- Technical staff provided by vendor consistently meet state expectations, as documented in, at a minimum, semi-annual performance development reviews

Activity 1.2: Management of HealthFacts RI Data Release Process

- Vendor consistently, professionally, and successfully facilitates the full spectrum of activities related to the DRBB, including application vetting and

development and distribution of vetted applications to the DRRB a week in advance of meeting.

- Vendor professionally facilitates DRRB meeting to ensure the Board ends with clear understanding of decisions and next steps.

Activity 1.3: Assist with the Development of Federal Funding Requests (Advanced Planning Document) for Medicaid Data Ecosystem and HealthFacts RI, as needed

- Vendor consistently drafts for state staff review, accurate, complete and timely reports to CMS
- Vendor drafts accurate and thorough updates and/or change requests
- Vendor ensures they assist state staff by tracking all processes with documents that need CMS review, and are completed in enough time for the official CMS 60-day review cycle.

Activity 1.4: Analytic Tool Development Support and Staffing: Medicaid Data Ecosystem and HealthFacts RI

- Vendor staff provide the expertise and extension of skills needed to build, at a minimum, tools as described in the Advanced Planning Document (APD) with CMS and others directed by the Data Ecosystem Board. Given that the state anticipates the development of approximately 28 new reports and dashboards, the Vendor will track the development of new reports and will alert the state if this number is not likely to be met, and will work with the state to address any barriers or limitations
- Users find the tools developed easy to use, consistently use them and are engaged in recommending new tools developed with support from staff. Vendor will work with the state to develop a mechanism to measuring use.

SECTION 4: PROPOSAL

A. Technical Proposal

Narrative and format: The proposal should address specifically each of the following elements:

1. **Staff Qualifications** –Provide staff resumes/CVs and describe qualifications and experience of all staff who will be involved in this project, including their relevant experience in project management or technical development as it relates to the field of health insurance claims analysis, all payer claims databases, integrated data systems generally and across state agencies. For project management staff include relevant experience related to vendor management, data quality and data governance with a specific focus on assuring data privacy and security. For technical development staff, include relevant experience related to developing data architectures, data modeling, data integration and with implementing and using PowerBI.
2. **Capability, Capacity, and Qualifications of the Offeror** - Please provide a detailed description of the Vendor's experience in 1) project management including project management experience with: all payer claims database

development, and/or integrated data systems; assuring data quality; governance for data use and stakeholder management and 2) managing technical analytic tool development staff that have data modeling and power BI expertise. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.

3. **Work Plan** - Please describe in detail, the framework within which requested project management services will be performed including but not limited meeting frequency and structure for HealthFacts RI Interagency Staff Workgroup, assisting state staff in the management of the data integration and aggregator vendor, the data modeling and architecture optimization vendor, the APCD Data Release Review Board, the Data Ecosystem Executive Board, ad-hoc Data Ecosystem project advisory group and other agency or stakeholder groups. Please also describe in detail the framework for providing technical analytic tool development services and staff to support the integration of new data sources and development of approximately 28 new reports and dashboards.
4. **Approach/Methodology** – Describe the approach for assisting state staff with the management of the data integration and aggregator vendor, the data modeling and architecture optimization vendor, the lock box vendor, as well as the technical analytic tool development staff. Describe the approach to ensure that data submitters for HealthFacts RI and the Data Ecosystem are providing as high-quality data as possible; Define what methodology will be used to work with data submitters to improve data quality and completeness with each successive data submission. Describe the methods that will be used for 1) documenting meeting activities and decisions, 2) managing project risks and escalating issues that arise, and 3) tracking project goals and progress. |

B. Cost Proposal

Detailed Budget and Budget Narrative:

Using Appendix B: Budget Forms, vendors must provide a cost proposal that includes fees charged for the project management and Technical Development services outlined in this proposal. Fee structure should be on a time & materials basis with travel costs. The fee structure should include job title, hourly rate for the job title, and number of hours proposed (number of hours per week for number of weeks) per activity. The hourly rate may be a fully loaded rate. The budget narrative should be a justification which describes the role of each position included. |

C. ISBE Proposal

See Appendix A for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

SECTION 5: EVALUATION AND SELECTION

Proposals shall be reviewed by a technical evaluation committee (“TEC”) comprised of staff from State agencies. The TEC first shall consider technical proposals.

Technical proposals must receive a minimum of 60 (85.7%) out of a maximum of 70 points to advance to the cost evaluation phase. Any technical proposals scoring less than 60 points shall not have the accompanying cost or ISBE participation proposals opened and evaluated. The proposal will be dropped from further consideration.

Technical proposals scoring 60 points or higher will have the cost proposals evaluated and assigned up to a maximum of 30 points in cost category bringing the total potential evaluation score to 100 points. After total possible evaluation points are determined ISBE proposals shall be evaluated and assigned up to 6 bonus points for ISBE participation.

The Division of Purchases reserves the right to select the vendor(s) or firm(s) (“vendor”) that it deems to be most qualified to provide the goods and/or services as specified herein; and, conversely, reserves the right to cancel the solicitation in its entirety in its sole discretion.

Proposals shall be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	15 Points
Capability, Capacity, and Qualifications of the Offeror	25 Points
Work Plan	15 Points
Approach/Methodology	15 Points
Total Possible Technical Points	70 Points
Cost proposal*	30 Points
Total Possible Evaluation Points	100 Points
ISBE Participation**	6 Bonus Points
Total Possible Points	106 Points

*Cost Proposal Evaluation:

The vendor with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other vendors shall be awarded cost points based upon the following formula:

$$(\text{lowest cost proposal} / \text{vendor's cost proposal}) \times \text{available points}$$

For example: If the vendor with the lowest cost proposal (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly costs and service fees and the total points available are thirty (30), Vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 \times 30 = 19.5$$

**ISBE Participation Evaluation:

a. Calculation of ISBE Participation Rate

1. ISBE Participation Rate for Non-ISBE Vendors. The ISBE participation rate for non-ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor's total contract price. For example if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.
2. ISBE Participation Rate for ISBE Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example if the ISBE vendor's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.

b. Points for ISBE Participation Rate:

The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

$$\begin{aligned} & (\text{Vendor's ISBE participation rate} \div \text{Highest ISBE participation rate} \\ & \quad \times \text{Maximum ISBE participation points}) \end{aligned}$$

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive $(12\% \div 20\%) \times 6$ which equals 3.6 points.

General Evaluation:

Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors may be required to submit additional written information or be asked to make an oral presentation before the TEC to clarify statements made in the proposal.

SECTION 6. QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at david.franis@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 **RFP # 7599780** 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 7. PROPOSAL CONTENTS

A. Proposals 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 Technical or Cost proposals.*
2. One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at [/documents/Forms/Misc Forms/13_RI Version of IRS W-9 Form.docx](#). *Do not include any copies in the Technical or Cost proposals.*
3. Two (2) completed original and copy versions, signed and sealed Appendix A. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation. *Do not include any copies in the Technical or Cost proposals.*
4. Technical Proposal - [describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The technical proposal is limited to fifteen (15) pages (this excludes any appendices and resumes of key staff that will provide services covered by this request).
 - a. One (1) Electronic copy on a CD-R, marked "Technical Proposal - Original".
 - b. One (1) printed paper copy, marked "Technical Proposal -Original" and signed.
 - c. Six (6) printed paper copies
5. Cost Proposal - A separate, signed and sealed cost proposal [reflecting the proposed hourly rate for each staff person, projected number of hours/year by position per year, and projected travel costs, to complete all of the requirements of this project
 - a. One (1) Electronic copy on a CD-R, marked "Cost Proposal -Original".
 - b. One (1) printed paper copy, marked "Cost Proposal -Original" and signed.
 - c. Six (6) printed paper copies

B. Formatting of proposal response contents should consist of the following:

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

- c. RFP Title
- d. Proposal type (e.g., technical proposal or cost proposal)
- e. 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 should 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 any other electronic media shall not be accepted. Please note that CD-Rs submitted, shall not be returned.

B. Formatting of written documents and printed copies:

- a. For clarity, the technical proposal 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.
- b. All pages on the technical proposal 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 proposal section and the attachment title should reference the proposal section it is applicable to.
- c. The cost proposal shall be typed using the formatting provided on the provided template.
- d. Printed copies are to be only bound with removable binder clips.

SECTION 8. PROPOSAL SUBMISSION

Interested vendors must submit proposals to provide the goods and/or services covered by this RFP 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.

Proposals should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7599780 Project Management and Analytic Tool Development Support for RI's Integrated Data System Module of the Medicaid Information Technology Enterprise**" to:

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

NOTE: Proposals received after the above-referenced due date and time shall not be accepted. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time shall be determined to be late and shall not be accepted. Proposals faxed, or emailed, to the Division of Purchases shall not be accepted. The official time clock is in the reception area of the Division of Purchases.

SECTION 9. CONCLUDING STATEMENTS

Notwithstanding the above, the Division of Purchases reserves the right to award on the basis of cost alone, to accept or reject any or all proposals, and to award in the State's best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

If a Vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded for this RFP. The State's General Conditions of Purchases can be found at the following URL: <https://rules.sos.ri.gov/regulations/part/220-30-00-13>

APPENDIX A. PROPOSER ISBE RESPONSIBILITIES AND MBE, WBE, AND/OR DISABILITY BUSINESS ENTERPRISE PARTICIPATION FORM

A. Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.
2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

B. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Bidders are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908**

MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN

Bidder's Name:

Bidder's Address:

Point of Contact:

Telephone:

Email:

Solicitation No.:

Project Name:

This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. **Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

Name of Subcontractor/Supplier:

Type of RI Certification: MBE WBE Disability Business Enterprise

Address:

Point of Contact:

Telephone:

Email:

Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:

Total Contract Value (\$):

Subcontract Value (\$):

ISBE Participation Rate (%):

Anticipated Date of Performance:

I certify under penalty of perjury that the forgoing statements are true and correct.

Prime Contractor/Vendor Signature

Title

Date

Subcontractor/Supplier Signature

Title

Date

APPENDIX B: BUDGET FORMS-TOTAL

Project Management and Analytic Tool Development Support

Form 1

Page 1 of 1

Vendor Name:	<input type="text"/>
Budget Period:	<input type="text"/>

Enter name on this sheet.

Do not enter totals on this form except for the Indirect rows, if applicable. Enter all budget items on forms 2-8 and they will automatically populate this form. Please ensure that items that make up your indirect rate are not duplicated in direct expenses.

Activity	Personnel	Travel	Other	Total
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
Direct TOTAL:	\$ -	\$ -	\$ -	\$ -
Indirect Rate				
Indirect Total	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -

