

# REQUEST FOR PROPOSALS

RFP NUMBER: DRAFT0A1011  
DATE ISSUED: TBD

The State of Ohio, through the Office of Information Technology, Investment and Governance Division, for the Ohio Department of Job and Family Services is requesting proposals for:

Ohio Department of Job and Family Services  
Enhanced Data Warehouse and  
Medicaid Decision Support System

INQUIRY PERIOD BEGINS: TBD  
INQUIRY PERIOD ENDS: TBD  
OPENING DATE: TBD  
OPENING TIME: 11:00 A.M.  
OPENING LOCATION: Office of Information Technology  
Contract Management Bid Room  
30 East Broad Street, 40th Floor  
Columbus, Ohio 43215

PRE-PROPOSAL CONFERENCE DATE: TBD

This RFP consists of five parts and 13 attachments, totaling 141 consecutively numbered pages. Supplements also are attached to this RFP with a beginning header page and an ending trailer page. Please verify that you have a complete copy.

## PART ONE: EXECUTIVE SUMMARY

**Purpose.** This is a Request for Competitive Sealed Proposals (“RFP”) under Sections 125.071 and 125.18 of the Ohio Revised Code (the “Revised Code”) and Section 123:5-1-8 of the Ohio Administrative Code (the “Administrative Code”). The Ohio Department of Job and Family Services (ODJFS) has asked the Office of Information Technology to solicit competitive sealed proposals (“Proposals”) for enhancement of the Ohio Department of Job And Family Services Data Warehouse environment and enhancement, upgrade or replacement of the Medstat suite of commercial off-the-shelf (COTS) software products (Medicaid Decision Support System) (the “Project”), and this RFP is the result of that request.

If a suitable offer is made in response to this RFP, the State of Ohio (the “State”), through the Office of Information Technology, may enter into a contract (the “Contract”) to have the selected offeror (the “Contractor”) perform all or part of the Project. This RFP provides details on what is required to submit a Proposal for the Project, how the State will evaluate the Proposals, and what will be required of the Contractor in performing the work.

This RFP also gives the estimated dates for the various events in the submission process, selection process, and performance of the work. While these dates are subject to change, prospective offerors must be prepared to meet them as they currently stand.

Once awarded, the term of the Contract will be from the award date until the Project is completed to the satisfaction of the State and the Contractor is paid or June 30, 200X, whichever is sooner. The State may renew this Contract for up to three additional two-year term(s), subject to and contingent on the discretionary decision of the Ohio General Assembly to appropriate funds for this Contract in each new biennium. Any such renewal of all or part of the Contract also is subject to the satisfactory performance of the Contractor and the needs of the State.

**The State may reject any Proposal if the offeror fails to meet a deadline in the submission or evaluation phases of the selection process or objects to the dates for performance of the Project or the terms and conditions in this RFP.**

**Background.** The Ohio Department of Job and Family Services is the single State agency responsible for the implementation and administration of the Ohio Medical Assistance (Medicaid) program authorized under Title XIX and Title XXI of the Social Security Act. Medicaid is a federally and state funded public assistance program which purchases health care for eligible low income persons in certain age, family status, or disability groups. Ohio Health Plans (OHP) in the Ohio Department of Job and Family Services is the entity responsible for the administration and implementation of the Ohio Medical Assistance Program (Medicaid) authorized under Title XIX of the Social Security Act. In addition, the following sister agencies provide necessary health and safety services and oversight functions for the Medicaid program:

- Office of the Attorney General
- Auditor of State
- Ohio Department of Health
- Ohio Department of Aging
- Ohio Department of Mental Health
- Ohio Department of Mental Retardation and Developmental Disabilities
- Ohio Department of Alcohol and Drug Addiction Services
- Legislative Service Commission
- Office of Budget and Management

Medicaid is a state and federally funded health plan providing health care coverage to certain low-income and medically vulnerable people of all ages. Exhibit 1 provides Ohio Health Plan statistics on the size of the basic program, information on the consumers, and a list of the scope of services. Medicaid provides primary and acute care services through both a fee for service system and also full-risk based managed care plans. Long-term care services are provided through home health care and facility based delivery systems. Legislatively mandated changes affect both populations and program structure. Presently,

Ohio Health Plans is expanding Medicaid Managed Care and a resultant shift in the Exhibit 1 statistics will occur.

**Exhibit 1  
Ohio Health Plan Statistics**

Ohioans covered	2.1 million total	1.8 million utilize services each year	733,000 are in Managed Care Plans
Yearly Fee for Service Claims	Over 58 million (including adjustments)		
Yearly Encounter Claims	Over 12 million		
Provider Network	93,900 members (with Active Provider Enrollment Status)		

**Current Medicaid Decision Support System  
Calendar Year 2006 Record Counts**

<b>Fee For Service Paid Claims</b>	
Record Count Drug	20,514,197
Record Count Professional	65,144,546
Record Count Facility Detail	25,524,810
Record Count Facility Header	5,205,986
Record Count Gross Adjustments	110,051
<b>Managed Care Encounter Records</b>	
Record Count Drug	5,823,124
Record Count Professional	9,967,760
Record Count Facility Detail	7,391,412
Record Count Facility Header	1,916,710
Record Count Capitation	9,550,793
<b>Denied Claims</b>	
Record Count Drug	18,136
Record Count Professional	7,403,819
Record Count Facility	6,105,703
Record Count Capitation	11,139

**Medicaid Consumers**

Covered Families and Children	Children in families with incomes at or below specified percentages of the federal poverty level, pregnant women, and parents - many that participate in the Ohio Works First program.	78% of consumers 29% of services paid
Aged, Blind and Disabled	Low-income and elderly persons with disabilities (of all ages). Includes low income individuals who are eligible for Medicare who receive help with Medicare Part B premiums, co-payments, and deductibles	22% of consumers 71% of services paid

## Scope of Medicaid Services

Behavioral health services and clinical psychology services
Early and periodic screening and diagnosis of individuals under age twenty-one (21)
Dental services and eye care services, including optometry services, eyeglasses
Family planning services and supplies
Freestanding inpatient residential alcoholism treatment programs
Home and community-based services under federal waivers
Hospice care
Inpatient hospital services
Inpatient psychiatric facility services for individuals under age 22 and age 65 and over
Intensive psychiatric rehabilitation therapy
Laboratory and X-ray services
Long-term home health care program services and residential health care facility services
Medical/surgical supplies and durable medical equipment
Medicare Part B coinsurance and deductible payments for services
Mental health clinics and mental health crisis intervention services
Midwife and nurse practitioner services
Outpatient hospital diagnostics and treatment center and emergency room services, including rural health clinic and federally qualified health center services
Partial hospitalization including day treatments
Personal care services
Physical therapy, occupational therapy, speech therapy, and audiology
Physician Services, chiropractic services, podiatry services
Prescription drugs, non-prescription drugs, prosthetic devices, orthotic devices (hearing aids)
Rehabilitation services in community residences, family-based treatment, teaching family homes, private-duty nursing services
Services provided in intermediate care facilities for the developmentally disabled
Services of child care agencies
Targeted case management services
Transportation services and ordered ambulatory services

The Ohio Department of Job and Family Services currently maintains a Data Warehouse and contracts with a third party vendor to run and support a Decision Support System for analytical and policy analysis of its healthcare programs. The Ohio Department of Job and Family Services has asked the Ohio Office of Information Technology to solicit Proposals for enhancement of the Data Warehouse (the 'Data Warehouse') environment and enhancement, upgrade or replacement of the current Medicaid Decision Support System, a suite of commercial off-the-shelf (COTS) software products. In addition, the State is seeking implementation and support services for day-to-day processing, monitoring, technical assistance

and product enhancements to increase the State's decision support capabilities to analyze its healthcare programs.

The Ohio Department of Job and Family Services and the Office of Information Technology contracted with FOX Systems, Inc. to perform an assessment of the Medicaid data warehouse. Ohio House Bill 66 (HB66) required an assessment of the data collection and data warehouse functions of the Medicaid data warehouse system, including the ability to link the Medicaid related data sets of all agencies serving Medicaid recipients. This effort also included assessing the functions of all State agencies related to fraud and abuse detection, program management and budgeting, and performance measurement of the Medicaid program.

The enhancements to the Data Warehouse and the enhancement, upgrade or replacement of the current Medicaid Decision Support System is expected to allow data sharing and analytical capabilities among Ohio agencies that manage Medicaid populations. The State intends to incorporate the Center for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) principles as part of this procurement. MITA is the national roadmap for advancing health information technology. This new and emerging health information technology supports new levels of decision support to improve medical services.

This procurement is also intended to provide the ability for greater integration of data into clinical decision support tools at the point of service and provide greater involvement and engagement of the Medicaid beneficiary in their health and wellness. This procurement will result in different update cycles depending upon the decision support subject areas, and alignment with strategic objectives.

#### **Present System:**

The Data Warehouse environment is based on three tier architecture of:

- Source data from transactional systems
- A centralized data warehouse in third normal form
- A series of dependent datamarts (including the Medicaid Decision Support System suite of commercial off-the-shelf (COTS) software products).

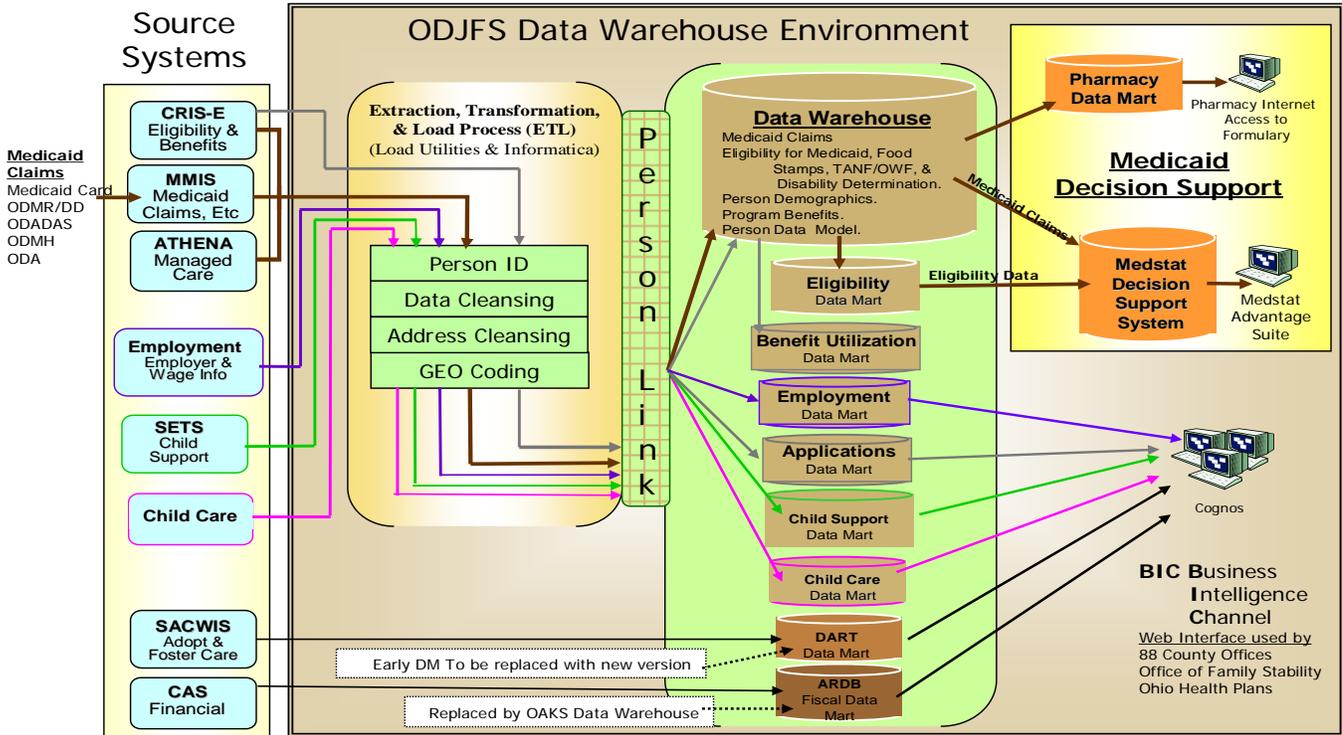
The Medicaid Decision Support System environment is currently populated with data from the Data Warehouse environment.

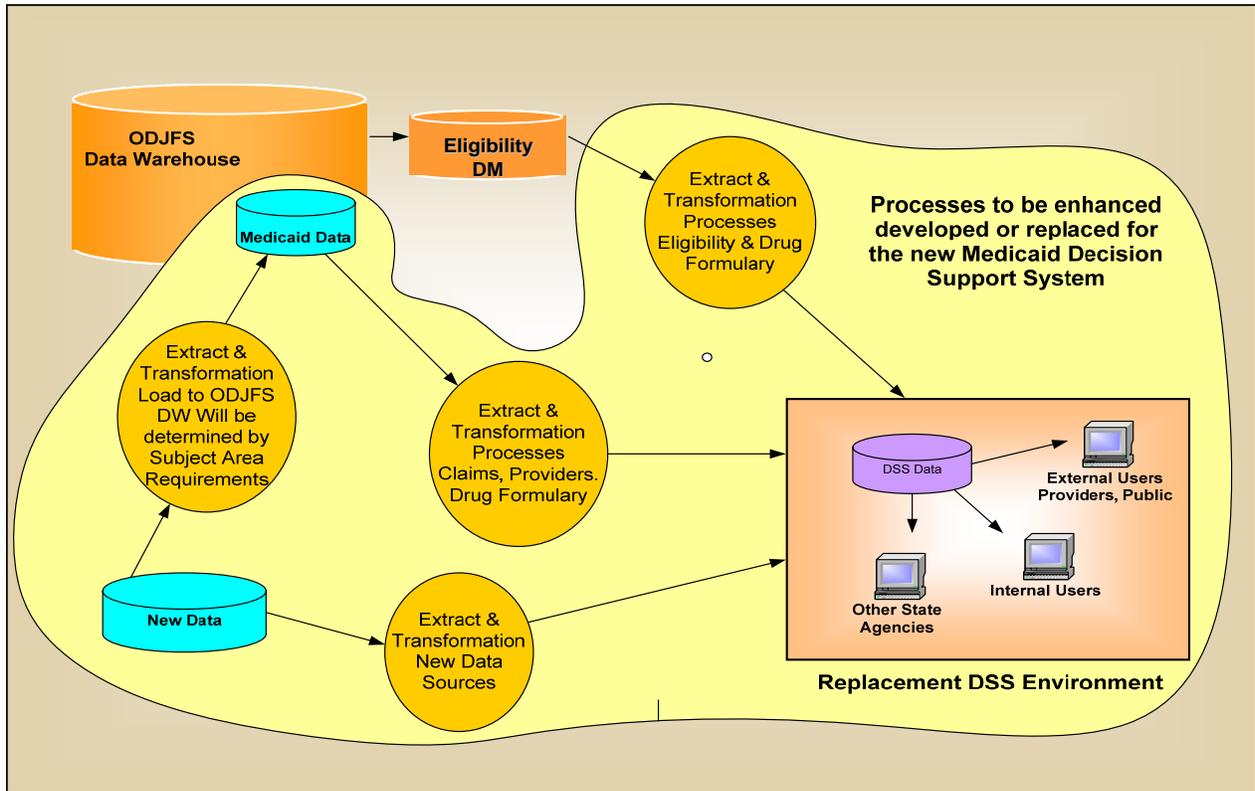
The Data Warehouse environment includes three additional dependent datamarts: the Pharmacy Datamart, Drug Formulary Datamart, and Eligibility Datamart. These three datamarts are populated from the Data Warehouse using Informatica to extract, transform and load (ETL) the datamarts. The data in the Pharmacy Datamart has also been populated in the Medicaid Decision Support System. The ETL process uses COBOL to pull the data from the Data Warehouse and the Eligibility Datamart into the Medicaid Decision Support System. Refer to Exhibit 2.

The Eligibility Datamart is used by the Ohio Department of Job and Family Services policy groups and counties. Access to the Eligibility Datamart is through Cognos and comprises eligibility, demographic data (e.g., geocoding, census data, school and legislative districts, etc.), employment, food stamps, cash assistance, day care and other related program data. There are approximately 1,500 registered Cognos users.

Users' access to the data is through dependent datamarts for the Eligibility Datamart. The Ohio Department of Job and Family Services is converting to Cognos 8 for all Data Warehouse access. A custom Web application is used to provide access to the Drug Formulary Datamart. The Medicaid Decision Support System suite of commercial off-the-shelf (COTS) software products uses thick client and Web based access. A data dictionary for the Data Warehouse may is included in Supplement Five. A high level view of the Data Warehouse environment follows.

## Exhibit 2: High level view of the Ohio Department of Job and Family Services Data Warehouse Environment





Extract, transform and load (ETL) processing for the Data Warehouse and datamarts uses several software tools and database utilities. The main processes to update the Data Warehouse utilize COBOL and IBM DB2 utilities. Updates of the datamarts use the Informatica tool suite running on AIX. The Ohio Department of Job and Family Services is currently moving the datamarts to an AIX IBM UDB platform and expects to complete the migration by July 2007. The Ohio Department of Job and Family Services is also in the planning stages for moving the Data Warehouse and load processing to a AIX platform with a target completion date of late 2007. The extracts for the Medstat Decision Support System use COBOL and these may remain in COBOL running on AIX or may be converted to Informatica as part of the migration. The expectation is that the existing Data Warehouse extracts for the Medstat solution will be the source into the new solution.

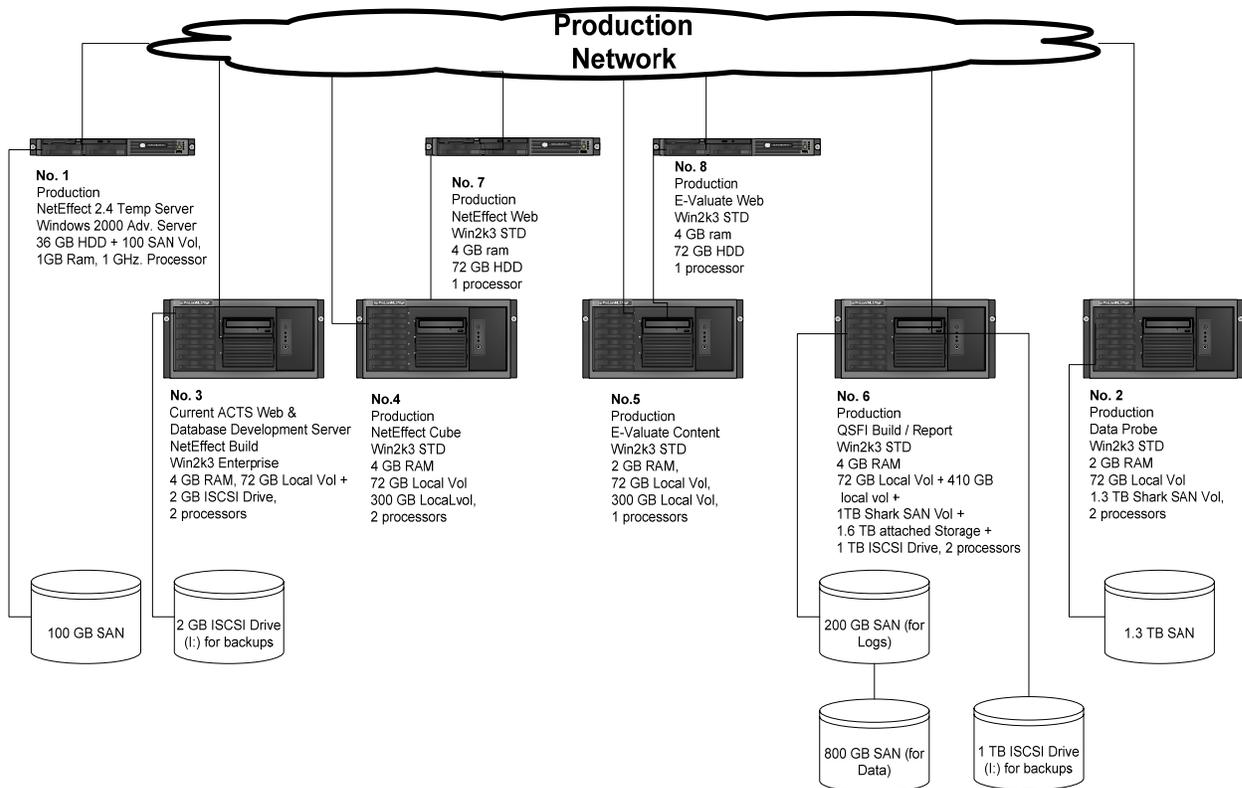
The Ohio Department of Job and Family Services contracted with FOX Systems Inc. in 2006 to perform an assessment of the Medicaid Data Warehouse. The focus of the assessment was to analyze the data collection and analytical functions of the Medicaid Data Warehouse, including the linking of Medicaid-related data from all agencies serving the State's Medicaid recipients. The FOX assessment included three options; minor enhancements to the current Medicaid Data Warehouse, major enhancements to the current Medicaid Data Warehouse and replacement of the current Medicaid Data Warehouse. The FOX recommendation stated "the best option considering current capabilities, the desired capabilities, timeframes and costs of each option is Option 2, Major Enhancement of the ODJFS Medicaid Data Warehouse to become the Enterprise Medicaid Data Warehouse." The scope of work for the Project includes enhancements to the current Data Warehouse in addition to enhancement, upgrade or replacement of the current Medicaid Decision Support System.

The production Data Warehouse maintains a rolling 72 months of data. After that time period, the data is archived into offline storage that can be quickly recalled and added back into the Data Warehouse if required. Currently, the archived data is permanently retained. The production Data Warehouse tables utilize approximately 2.6 TB of storage for tables, indices and staging tables. The Data Warehouse database is partitioned by month.

The Medicaid Decision Support System is used by the Ohio Department of Job and Family Services and sister agencies for Medicaid related analytics. The suite of commercial off-the-shelf (COTS) software products is licensed through a contract with Thomson Medstat. In addition, there is a contractual agreement for production support and enhancements to the base Medstat database configuration. The Medicaid Decision Support System is built on the Information Advantage Suite, a data warehouse product marketed by Computer Associates. Thomson Medstat builds a layer of value added business knowledge through a proprietary datamart design, creating processes for aggregation, summarization and grouping based on their industry knowledge and the creation of metrics for health care analytical reporting.

The main Medicaid Decision Support System resides on an AIX P570 server with 16 processors dedicated to the production system. The primary Medstat datamart is UDB 7.x and is approximately 11.5 TB in size. Access to the Medicaid Decision Support System for sister agencies is through a virtual private network (VPN). Additionally, Medstat Decision Support System applications reside on eight Win2k3 STD servers. The current server environment is described in Exhibit 3.

**Exhibit 3**  
**Window Server Implementation**



Current Medicaid Decision Support System Windows Environment							
No.	Components Installed	Number of Hard Drives	Local Space (GB)	Other Local Space (GB)	SAN (GB)	Backup (ISCSI)	Total
1	NetEffect 2.4 Temp Server	(36x2)	36		100		136
2	Data Probe Server	(72x2)	72		1300		1372
3	ACTS Web and Database Dev Server	(72x2)	72			2	74
4	NetEffect Cube Server	(72x2) + (146x3)	72	275			347
5	E-Valuate Content Server	(72x2) + (146x3)	72	275			347
6	QSFI 2005 and 2006 Build/Report	(72x2) + (146x4)	72	410	1000	1000	2482
7	NetEffect Web Server	(72x2)	72				72
8	e-Valuate Web Server	(72x2)	72				72
<b>Total</b>			<b>540</b>	<b>960</b>	<b>2400</b>	<b>1002</b>	<b>4902</b>

Current Medicaid Decision Support Unix File System Sizing	
The main Medicaid Decision Support System resides on an AIX P570 server with 16 processors dedicated to the production system. The primary Medstat datamart is UDB 7.x	
File System Contents	Total Space in GB as of 11-9-06
Application	295
Converted data	594
System tablespaces and user tablespaces for all instances	70
Metadata for all instances	30
Build instance database	2168
Replica instance database	3244
Scratch area for all builds	1466
User extracts area	398
Build instance expansion	3244
<b>Grand Total</b>	<b>11,509</b>

**Objectives.** The State has the following objectives that it wants this Project to fulfill, and it will be the Contractor's obligation to ensure that the Project meets these objectives:

The goal of the Ohio Department of Job and Family Services, Ohio Health Plans is to enhance the Data Warehouse environment and to enhance, upgrade or replace the current Medicaid Decision Support System. The solution will need to create quality measurements; surveillance and utilization statistics; fraud detection algorithms; provider and consumer profile reports. The proposed solution must meet the functionality in the Business Requirements (Supplement Two), the Technical Requirements (Supplement Three) and the New and Enhanced Data Sources (Supplement Four).

1. Enhance the Ohio Department of Job And Family Services Data Warehouse environment.
2. Enhance, upgrade or replace the current Medicaid Decision Support System.
3. Enhance the existing analytical tools and functionality.
4. Implement additional analytical tools and functionality.
5. Provide operational support for the proposed Medicaid Decision Support System.

It will be the offeror's obligation to ensure that its proposed solution meets the objectives for this Project as described in this RFP. A high level graphical illustration of the current and future Data Warehouse and Medicaid Decision Support System Project is included in Supplement Six. The diagram is in Visio format and prints on 11X17.

**Overview of the Project's Scope of Work.** The scope of work for the Project is provided in Attachment Two: Part One and Supplements Two, Three and Four of this RFP. This section only gives a summary of that work. If there is any inconsistency between this summary and the attachment's description of the work, the attachment will govern.

The purpose of this Project is to enhance the existing Data Warehouse environment, upgrade, enhance or replace the Medicaid Decision Support System suite of commercial off-the-shelf (COTS) software products and to enhance and maintain additional analytical tools and functionality.

As part of the Project, the Contractor must license or arrange for the licensing of certain commercial software products ("Commercial Software") to the State. Commercial Software is software sold in the marketplace in substantial quantities in a substantially unaltered form from one transaction to another and that is maintained through a support program that includes regular updates and new releases. It may also include freeware, such as GNU software, if made generally available in the marketplace, even though such does not precisely meet the above definition. It does not include shells, subroutines, and similar stock bits of software that are not made generally available to the marketplace but that the offeror or others routinely incorporate into otherwise custom work. The Medicaid Decision Support System is considered a key application ("Key Commercial Software"). It must meet the above definition for Commercial Software, and the offeror must offer to license it or arrange for the licensing of it to the State through a license agreement substantially in the form of Attachment Eleven to this RFP. Other Commercial Software necessary for the offeror to complete the Project, if awarded the Contract, may be licensed to the State under the terms of Attachment Four or the applicable software marketer's standard commercial license, if the terms of that license are acceptable to the State, or if the State and the software marketer negotiate acceptable changes to the commercial license.

The offeror may propose a grouping of various vendor products that are Commercial Software based and that meet the stated analytical requirements. The Contractor must perform installation, configuration, enhancement, maintenance and operational support. The Contractor must provide a solution that receives annual major releases and as needed product patches that improve the respective product functionality and keep current with industry trends and changes relating to Medicaid program management. These releases, patches and changes can be related to other customer needs and federal regulatory changes.

The State is soliciting Proposals that provide an open architecture with the State owning the hardware, software and holding perpetual licenses in the core Medicaid Decision Support System software application. The State also must own all custom software and all materials developed for it under this Contract. The Contractor will be responsible for operating and supporting the Medicaid Decision Support System through the Operational and Enhancement Phases. The Medicaid Decision Support Project will be composed of Commercial Software products, technical and user support, problem resolutions, and periodic updates, new releases, and annual support.

The offeror's solution must include the services for Medicaid Decision Support System software related product installation, configuration, data extraction and loading, operations, maintenance and training of the Data Warehouse and Medicaid Decision Support System staff. The mandatory baseline requirements, system performance and functionality must be completely implemented no later than six months after acceptance of the Design Phase. Mandatory baseline requirements are defined as the solution's minimum functionality required for the Implementation Phase as specified in the Business

Requirements (Supplement Two). The offeror's solution must also meet the technical requirements (Supplement Three) and incorporate the data sources (Supplement Four). The mandatory baseline requirements match or improve the existing functionality the State has with the current Medicaid Decision Support System. Performance Standards are outlined in Attachment Two of this RFP.

The Contractor must provide the following services to the State for this Project:

1. Project management services
2. Status report services
3. Medicaid Decision Support System capacity planning and services to include recommendations for additional hardware and software to meet performance requirements or enhanced functionality
4. Medicaid Decision Support System hardware and software implementation services
5. Upgrade, enhance or replace the existing Medicaid Decision Support System.
6. ETL services
7. System testing, user acceptance testing, and quality assurance services
8. Medicaid Decision Support System certification services
9. Data modeling, data quality analysis and data design services
10. Enhance the current Data Warehouse environment add new Medicaid data sources
11. Design, develop and implement new and enhanced Medicaid Decision Support System functionality within the Medicaid Decision Support System, Data Warehouse ETL and the suite of analytical products
12. Operational support for extracts and updates of the Medicaid Decision Support System
13. User and technical training and user support services
14. System documentation, physical and logical mapping services and knowledge transfer to State staff
15. Technical support and technical assistance services
16. Security support and assistance services including integration of proposed solution with the State security configuration
17. Software maintenance, annual major releases and as needed product patches and intermediate fix services

**Mandatory Requirement Overview.** The offeror must meet the following mandatory requirements:

#### Offeror Mandatory Requirements

- The offeror must have a minimum of 60 months of healthcare data analysis experience with Medicaid or within other complex healthcare organizations.
- The offeror must have a minimum of 60 months experience in the maintenance and implementation of a suite of commercial off-the-shelf (COTS) software products for decision support systems within a healthcare delivery system.

#### Project Manager Mandatory Requirements

- A minimum of 60 months experience as the Project Manager on projects that encompassed a development life cycle for healthcare system projects where one of the projects lasted a minimum of 18 months

OR

- 36 months experience as the Project Manager on a healthcare data warehouse or decision support system for a public or private insurance organization that covers a minimum of 1,000,000 lives where one of the projects lasted a minimum of 18 months.

#### Solution Architect Mandatory Requirements

- A minimum of 36 months full-time experience as a technical lead on a data warehouse project with a minimum of 10 data sources, over 35 tables and multi-terabyte databases.

**Calendar of Events.** The schedule for the RFP process and Project is given below. The State may change this schedule at anytime. If the State changes the schedule before the Proposal due date, it will do so through an announcement on the State Procurement Website's question and answer area for this RFP. The Website announcement will be followed by an amendment to this RFP, also available through

the State Procurement Website. After the Proposal due date and before the award of the Contract, the State will make schedule changes through the RFP amendment process. Additionally, the State will make changes in the Project schedule after the Contract award through the change order provisions in the General Terms and Conditions Attachment to this RFP. It is each prospective offeror's responsibility to check the Website question and answer area for this RFP for current information regarding this RFP and its Calendar of Events through award of the Contract.

**Dates:**

Firm Dates

RFP Issued:	TBD
Inquiry Period Begins:	TBD
Pre-Proposal Conference Date:	TBD [XX:XX .m.]
Inquiry Period Ends:	TBD at 8:00 a.m.
Proposal Due Date:	TBD at 11:00 a.m.

Estimated Dates

Award Date:	TBD
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Estimated Project Dates

Project Work Begins:	TBD
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There are references in this RFP to the Proposal due date. Unless it is clearly provided to the contrary in this RFP, any such reference means the date and time (Columbus, Ohio local time) that the Proposals are due and not just the date.

**PART TWO: STRUCTURE OF THIS RFP**

**Organization.** This RFP is organized into five parts and has 13 attachments. The parts and attachments are listed below. There also is one or more supplements to this RFP listed below.

**Parts:**

- Part 1 Executive Summary
- Part 2 Structure of this RFP
- Part 3 General Instructions
- Part 4 Evaluation of Proposals
- Part 5 Award of the Contract

**Attachments:**

- |                     |   |
|---------------------|---|
| Attachment One      | Evaluation Criteria   |
| Attachment Two      | Project Requirements and Special Provisions                             |
| Attachment Three    | Requirements for Proposals  |
| Attachment Four     | General Terms and Conditions  |
| Attachment Five     | Sample Contract   |
| Attachment Six      | Sample Deliverable Submittal and Acceptance (Deliverable Sign-Off Form) |
| Attachment Seven    | Contractor Performance Form   |
| Attachment Eight    | Offeror Profile Summary   |
| Attachment Nine     | Personnel Profile Summary   |
| Attachment Ten      | System Development Life Cycle Overview                                  |
| Attachment Eleven   | Master Contract for Software Licensing                                  |
| Attachment Twelve   | Projected Project Schedule  |
| Attachment Thirteen | Cost Summary  |

**Supplements:**

- |                  |                        |
|------------------|------------------------|
| Supplement One   | W-9 Form               |
| Supplement Two   | Business Requirements  |
| Supplement Three | Technical Requirements |

Supplement Four	New Data Sources and Enhanced Data Sources
Supplement Five	Data Warehouse Dictionary
Supplement Six	Current and Future Environment (Visio diagram)
Supplement Seven	Available Supporting Data Source Information

### PART THREE: GENERAL INSTRUCTIONS

The following sections provide details on how to get more information about how to respond to this RFP. All responses must be complete and in the prescribed format.

**Contacts.** The following person will represent the State during the RFP process:

Procurement Representative:

Roni Rowe  
 Acquisition Analyst  
 Office of Information Technology  
 Acquisition Management Office  
 30 East Broad Street, 39<sup>th</sup> Floor  
 Columbus, Ohio 43215

During the performance of the Project, a State representative (the "Project Representative") will represent the Ohio Department of Job and Family Services and be the primary contact for the Project. The State will designate the Project Representative in writing after the Contract award.

**Inquiries.** Offerors may make inquiries regarding this RFP anytime during the inquiry period listed in the Calendar of Events. To make an inquiry, offerors must use the following process:

- Access the State Procurement Website at <http://procure.ohio.gov/>;
- From the Navigation Bar on the left, select "Find It Fast";
- Select "Doc/Bid/Schedule #" as the Type;
- Enter the RFP number found on the first page of this RFP (the RFP number begins with zero followed by the letter "A");
- Click the "Find It Fast" button;
- On the document information page, click the "Submit Inquiry" button;
- On the document inquiry page, complete the required "Personal Information" section by providing:
  - First and last name of the prospective offeror's representative who is responsible for the inquiry,
  - Name of the prospective offeror,
  - Representative's business phone number, and
  - Representative's email address;
- Type the inquiry in the space provided including:
  - A reference to the relevant part of this RFP,
  - The heading for the provision under question, and
  - The page number of the RFP where the provision can be found; and
- Click the "Submit" button.

An offeror submitting an inquiry will receive an immediate acknowledgement that the State has received the inquiry as well as an email acknowledging receipt. The offeror will not receive a personalized response to the question nor notification when the State has answered the question.

Offerors may view inquiries and responses on the State's Procurement Website by using the "Find It Fast" feature described above and by clicking the "View Q & A" button on the document information page.

The State usually responds to all inquiries within three business days of receipt, excluding weekends and State holidays. However, the State will not respond to any inquiries received after 8:00 a.m. on the inquiry end date.

The State does not consider questions asked during the inquiry period through the inquiry process as exceptions to the terms and conditions of this RFP.

**Pre-Proposal Conference.** The State will hold a Pre-Proposal Conference on «PRE\_PROP\_DATE» at [XX:00 .m.], in room [REDACTED], of the [REDACTED] building, [REDACTED] floor, [REDACTED], [REDACTED], Ohio 4[REDACTED]. The purpose of this conference is to discuss the RFP and the Project with prospective offerors and to allow them to ask questions arising from their initial review of this RFP.

Attendance at the Pre-Proposal Conference is not a prerequisite to submitting a Proposal.

**Amendments to the RFP.** If the State revises this RFP before the Proposals are due, it will announce any amendments on the State Procurement Website.

Offerors may view amendments by using the “Find It Fast” function of the State’s Procurement Webpage (described in the Inquiries Section above) and then clicking on the amendment number to display the amendment.

When an amendment to this RFP is necessary, the State may extend the Proposal due date through an announcement on the State Procurement Website. The State may issue amendment announcements anytime before 5:00 p.m. on the day before Proposals are due, and it is each prospective offeror’s responsibility to check for announcements and other current information regarding this RFP.

After the Proposal due date, the State will distribute amendments only to those offerors whose Proposals are under active consideration. When the State amends the RFP after the Proposals due date, the State will permit offerors to withdraw their Proposals within five business days after the amendment is issued. This withdrawal option will allow any offeror to remove its Proposal from active consideration should the offeror feel that the amendment changes the nature of the transaction so much that the offeror’s Proposal is no longer in its interests. Alternatively, the State may allow offerors that have Proposals under active consideration to modify their Proposals in response to the amendment.

If the State allows offerors to modify their Proposals in response to an amendment, the State may limit the nature and scope of the modifications. Unless otherwise provided in the State’s notice, offerors must make any modifications or withdrawals in writing and submit them to the State within five business days after the amendment is issued at the address and in the same manner required for the submission of the original Proposals. If this RFP provides for a negotiation phase, this submission procedure will not apply to changes negotiated during that phase. The State may reject any modification that is broader in scope than the State has authorized in the announcement of the amendment and treat it as a withdrawal of the offeror’s Proposal.

**Proposal Submittal.** Each offeror must submit a technical section and a cost section as part of its total Proposal before the opening time on the Proposal due date. The offeror must submit the technical section as a separate package from the cost section of its Proposal, and each section must be submitted in its own separate, opaque package. The technical section may not exceed a total of 250 8.5 by 11-inch numbered pages (250 single sided or 125 double sided pages). Offeror’s Proposal may include 11 by 17-inch pages, but 11 by 17-inch page will count as two pages. All pages must have 1-inch (or more) margins at the top, bottom, left and right sides of each page and with text in at least 10-point font size. A smaller font size may be used for graphics and Microsoft Project WBS text. Tables of contents, tables of figures, tab sheets, page dividers, or state-required supplements and state-required attachments such as the profile summaries do not count toward the 250-page limit. Attachment Three contains an indication of whether each required section of the Proposal is included or excluded from the page limitation count. The package with the technical section of the Proposal must be sealed and contain eight complete and signed copies of the technical section of the Proposal, and the package with the cost section also must be sealed and contain two complete and signed copies of the cost section of the Proposal. Further, the

offeror must mark the outside of each package with either "Enhanced Data Warehouse and Medicaid Decision Support System RFP – Technical Proposal" or "Enhanced Data Warehouse and Medicaid Decision Support System RFP – Cost Summary," as appropriate.

Included in each sealed package, the offeror also must provide an electronic copy of everything contained within the package on CD-ROM in Microsoft Office, Microsoft Project, and Adobe Acrobat format, as appropriate. If there is a discrepancy between the hard copy and the electronic copy of the Proposal, the hard copy will control, and the State will base its evaluation of the offeror's Proposal on the hard copy.

Proposals are due no later than 11:00 a.m. on the Proposal due date. Proposals submitted by email, fax or other electronic means are not acceptable, and the State may reject them. Offerors must submit their Proposals to:

Office of Information Technology  
Contract Management Bid Room  
30 East Broad Street, 40<sup>th</sup> Floor  
Columbus, Ohio 43215

The State may reject any Proposals or unsolicited modifications that it receives after the deadline. An offeror that mails its Proposal must allow for adequate mailing time to ensure its timely receipt. Offerors also must allow for potential delays due to increased security. The Ohio Building Authority has stationed x-ray equipment on the Rhodes Tower loading dock and uses it to x-ray in-coming deliveries and mail. Loading dock hours are from 7:00 am to 5:00 pm, Monday through Friday, excluding State holidays. No deliveries will be accepted before or after these hours without prior arrangements. Further, all deliveries to Rhodes Tower must be made through the loading dock, where they will be scanned and tagged. Any visitors attempting to bring packages through the Rhodes Tower lobby that cannot be opened for inspection will be redirected to the loading dock to have their packages scanned and tagged. Offerors must allow sufficient time for this additional security process, since the State may reject late Proposals regardless of the cause for the delay.

Each offeror must carefully review the requirements of this RFP and the contents of its Proposal. Once opened, Proposals cannot be altered or withdrawn, except as allowed by this RFP.

By submitting a Proposal, the offeror acknowledges that it has read this RFP, understands it, and agrees to be bound by its requirements. The State is not responsible for the accuracy of any information regarding this RFP that was gathered through a source other than the inquiry process described in the RFP.

Revised Code Section 9.24 prohibits the State from awarding a contract to any entity against whom the Auditor of State has issued a finding for recovery (a "Finding"), if the Finding is unresolved at the time of the award. This also applies to renewals of contracts. By submitting a Proposal, the offeror warrants that it is not subject to an unresolved Finding under Section 9.24 at the time of its submission. The offeror also warrants that it will notify the Office of Information Technology in writing immediately upon becoming subject to such an unresolved Finding after submitting its Proposal and before the award of a Contract under this RFP. Should the State select the offeror's Proposal for award of a Contract, this warranty of immediate written notice will apply during the term of the Contract, including any renewals or extensions. Further, the State may treat any unresolved Finding against the Contractor that prevents a renewal of the Contract as a breach, in accordance with the provisions of Attachment Four, General Terms and Conditions.

The State may reject any Proposal if the offeror takes exception to the terms and conditions of this RFP, includes unacceptable assumptions or conditions in its Proposal, fails to comply with the procedure for participating in the RFP process, or fails to meet any requirement of this RFP. The State also may reject any Proposal that it believes is not in its interests to accept and may decide not to award a contract to any or all of the offerors responding to this RFP.

Offerors may not prepare or modify their Proposals on State premises.

All Proposals and other material that offerors submit will become the property of the State and may be returned only at the State's option. Offerors should not include any proprietary information in a Proposal or other material submitted as part of the evaluation process, because the State will have the right to use any materials or ideas submitted in any Proposal without compensation to the offeror. Additionally, all Proposals will be open to the public after the State has awarded the Contract.

The State will retain all Proposals, or a copy of them, as part of the Contract file for at least three years. After the three-year retention period, the State may return, destroy, or otherwise dispose of the Proposals and any copies of them.

**Waiver of Defects.** The State may waive any defects in any Proposal or in the submission process followed by an offeror, but the State will only do so if it believes that it is in the State's interests and will not cause any material unfairness to other offerors.

**Multiple or Alternate Proposals.** The State will not accept multiple Proposals from a single offeror or any alternative solutions or options to the requirements of this RFP. Additionally, any offeror that disregards a requirement in this RFP simply by proposing an alternative to it will have submitted a defective Proposal that the State may reject. Further, any offeror that submits multiple Proposals may have all its Proposals rejected.

**Changes to Proposals.** The State will allow modifications or withdrawals of Proposals only if the State receives them before the Proposal due date. No modifications or withdrawals will be permitted after the due date, except as authorized by this RFP.

**Proposal Instructions.** Each Proposal must be organized in an indexed binder ordered in the same manner as the response items are ordered in the applicable attachments to this RFP. The requirements for a Proposal's contents and formatting are contained in the attachments to this RFP. The State wants clear and concise Proposals, but offerors must answer questions completely and meet all the RFP's requirements.

The State is not liable for any costs an offeror incurs in responding to this RFP or from participating in the evaluation process, regardless of whether the State awards the Contract through this process, decides not to go forward with the Project, cancels this RFP for any reason, or contracts for the Project through some other process or through another RFP.

**Location of Data.** Unless the State agrees otherwise in writing, the selected offeror and its subcontractors must do all work related to the Project and keep all State data at the location(s) disclosed in the offeror's Proposal. If Attachment Two contains any restrictions on where the work may be done or where any State data may be kept, the State may reject any Proposal that proposes to do any work or make State data available outside of those geographic restrictions.

#### **PART FOUR: EVALUATION OF PROPOSALS**

**Disclosure of Proposal Contents.** The State will seek to open the Proposals in a manner that avoids disclosing their contents. The State also will seek to keep the contents of all Proposals confidential until the Contract is awarded, but the State will prepare a registry of Proposals that contains the name of each offeror. The public may inspect that registry after the State opens the Proposals.

**Rejection of Proposals.** The State may reject any Proposal that is not in the required format, does not address all the requirements of this RFP, objects to the terms or conditions of this RFP, or that the State determines is excessive in price or otherwise not in the State's interests to accept. In addition, the State may cancel this RFP, reject all the Proposals, and seek to do the Project through a new RFP or other means.

**Evaluation of Proposals Generally.** The evaluation process may consist of up to six distinct phases:

1. Initial review;

2. Technical evaluation;
3. Evaluation of costs;
4. Requests for more information;
5. Determination of responsibility; and
6. Contract Negotiations.

The State may decide whether phases four and six are necessary, and the State may rearrange the order in which it proceeds with the phases. The State also may add or remove sub-phases to any phase at any time, if the State believes doing so will improve the evaluation process.

**Clarifications and Corrections.** During the evaluation process, in the State's sole discretion, it may request clarifications from any offeror under active consideration and may give any offeror the opportunity to correct defects in its Proposal, if the State believes doing so would not result in an unfair advantage for the offeror, and it is in the State's interests. The State may reject any clarification that is non-responsive or broader in scope than what the State requested. If the State does so, or if the offeror fails to respond to the request for clarification, the State then may request a corrected clarification, consider the offeror's Proposal without the clarification, or disqualify the offeror's Proposal.

Corrections and clarifications must be completed off State premises.

**Initial Review.** The Procurement Representative will review all Proposals for their format and completeness. The State normally rejects incomplete or incorrectly formatted Proposals, though the State may waive any defects or allow an offeror to submit a correction, if the State believes doing so would not result in an unfair advantage for the offeror and it is in the State's interests. Further, if the Auditor of State does not certify a Proposal due to lateness, the State will not open it. After the initial review, the State will forward all timely, complete, and properly formatted Proposals to an evaluation team, which the Procurement Representative will lead.

**Technical Evaluation.** The State will evaluate each Proposal that it has determined is timely, complete, and properly formatted. The evaluation will be scored according to the requirements identified in this RFP, including the requirements in Attachment One. Other attachments to this RFP may further refine these requirements, and the State has a right to break these requirements into components and weight any components of a requirement according to their perceived importance.

The State also may have the Proposals or portions of them reviewed and evaluated by independent third parties or various State personnel with experience that relates to the work or to a criterion in the evaluation process. Additionally, the State may seek reviews from end users of the Project or the advice or evaluations of various State personnel that have subject matter expertise or an interest in the Project. The State may adopt or reject any recommendations it receives from such reviews and evaluations or give them such weight as the State believes is appropriate.

During the technical evaluation, the State will calculate a point total for each Proposal that it evaluates. At the sole discretion of the State, it may reject any Proposal receiving a significant number of zeros for sections in the technical portions of the evaluation. The State may select those offerors submitting the highest rated Proposals for the next phase. The number of Proposals that advance to the next phase will be within the State's discretion, but regardless of the number of Proposals selected, they always will be the highest rated Proposals from this phase.

At any time during this phase, in the State's sole discretion, it may ask an offeror to correct, revise, or clarify any portions of its Proposal.

The State will document all major decisions and make these a part of the Contract file, along with the evaluation results for each Proposal considered.

**Requirements.** Attachment One provides requirements the State will use to evaluate the Proposals, including any mandatory requirements. If the offeror's Proposal meets all the mandatory requirements, the offeror's Proposal may be included in the next phase of the evaluation, which will consider other requirements described in a table in Attachment One.

In the case of any requirements for a team of people the offeror is proposing, the offeror must submit a team to do the work on the Project that collectively meets all the team requirements. However, the experience of multiple candidates may not be combined to meet a single requirement. Further, previous experience of the candidate submitted for a Project Manager position may not be used to meet any other team member requirements. Each candidate proposed for the Project team must meet at least one of the requirements.

This RFP asks for responses and submissions from offerors, most of which represent components of the requirements in Attachment One. While each requirement represents only a part of the total basis for a decision to award the Contract to an offeror, a failure by an offeror to make a required submission or meet a mandatory requirement normally will result in a rejection of that offeror's Proposal. The value assigned above to each requirement is only a value used to determine which Proposal is the most advantageous to the State in relation to the other Proposals that the State received. It is not a basis for determining the importance of meeting that requirement.

If the State does not receive any Proposal that meets all the mandatory requirements, the State may cancel this RFP. Alternatively, if the State believes it is in its interests, the State may continue to consider the highest-ranking Proposals despite their failure to meet all the mandatory requirements. In doing this, the State may consider one or more of the highest-ranking Proposals. The State may not consider any lower-ranking Proposals unless all Proposals ranked above it are also considered, except as provided below.

In any case where no Proposal meets all the mandatory requirements, it may be that an upper ranking Proposal contains a failure to meet a mandatory requirement that the State believes is critical to the success of the RFP's objectives. When this is so, the State may reject that Proposal and consider lower ranking Proposals. Before doing so, the State may notify the offeror of the situation and allow the offeror an opportunity to cure its failure to meet that mandatory requirement.

If the offeror cures its failure to meet a mandatory requirement that the State has deemed critical to the success of the RFP's objectives, the State may continue to consider the offeror's Proposal. However, if the offeror is unwilling or unable to cure the failure, its Proposal may be rejected. The State then may continue to consider the other remaining Proposals, including, if the State so chooses, Proposals that ranked lower than the rejected Proposal.

**Cost Evaluation.** Once the technical merits of the Proposals are considered, the State may consider the costs of one or more of the highest-ranking Proposals. But it is within the State's discretion to wait until after any interviews, presentations, and demonstrations to evaluate costs. Also, before evaluating the technical merits of the Proposals, the State may do an initial review of costs to determine if any Proposals should be rejected because of excessive cost. Further, the State may reconsider the excessiveness of any Proposal's cost at any time in the evaluation process.

The State may select one or more of the Proposals for further consideration in the next phase of the evaluation process based on the price performance formula contained in Attachment One. The Proposal(s) selected for consideration in the next phase always will be the highest-ranking Proposal(s) based on this analysis. That is, the State may not move a lower-ranking Proposal to the next phase unless all Proposals that rank above it also are moved to the next phase, excluding any Proposals that the State disqualifies because of excessive cost or other irregularities.

If the State finds that it should give one or more of the highest-ranking Proposals further consideration, the State may move the selected Proposals to the next phase. The State alternatively may choose to bypass any or all subsequent phases and make an award based solely on its scoring of the preceding phases, subject only to its review of the highest-ranking offeror's responsibility, as described below.

**Requests for More Information.** The State may require some offerors to interview, make a presentation about their Proposals, or demonstrate their products or services. If the presentations, demonstrations, or interviews are held as part of the technical evaluation phase, all offerors that have Proposals under evaluation may participate. Alternatively, if the presentations, demonstrations, or interviews are held after

the technical evaluation, the State normally will limit them to one or more of the highest ranking offerors. The State normally will limit such presentations, demonstrations, and interviews to areas in which it seeks further information from the highest ranking offeror or offerors. Typically, these discussions provide an offeror with an opportunity to do one or more of the following:

- Clarify its Proposal and ensure a mutual understanding of the Proposal's content;
- Show the features and functions of its proposed hardware, software, or solution; and
- Demonstrate the professionalism, qualifications, skills, and work knowledge of its proposed candidates.

The State will schedule the presentations, demonstrations, and interviews at its convenience and discretion. The State will determine the scope and format of any such presentations, demonstrations, and interviews and may record them. If the State moves more than one offeror to this phase, the scope and format of these presentations, demonstrations, and interviews may vary from one offeror to the next, depending on the particular issues or concerns the State may have with each offeror's Proposal.

The State normally will not rank interviews, demonstrations, and presentations. Rather, if the State conducts the interviews, demonstrations, or presentations as part of the technical evaluation, the State may use the information it gathers during this process in evaluating the technical merits of the Proposals. If the State holds the demonstrations, presentations, or interviews only for one or more of the top-ranking offerors after the evaluation phase, the State may decide to revise its existing Proposal evaluations based on the results of this process.

**Determination of Responsibility.** The State may review the background of one or more of the highest-ranking offerors and its or their key team members and subcontractors to ensure their responsibility. For purposes of this RFP, a key team member is a person that an offeror identifies by name in its Proposal as a member of its proposed team. The State will not award the Contract to an offeror that it determines is not responsible or that has proposed candidates or subcontractors to work on the Project that are not responsible. The State's determination of an offeror's responsibility may include the following factors: experience of the offeror and its key team members and subcontractors, its and their past conduct on previous contracts, past performance on previous contracts, ability to execute this Contract properly, and management skill. The State may make this determination of responsibility based on the offeror's Proposal, reference evaluations, a review of the offeror's financial ability, and any other information the State requests or determines is relevant.

Some of the factors used in determining an offeror's responsibility, such as reference checks, may also be used in the technical evaluation of Proposals in phase two of the evaluation process. In evaluating those factors in phase two, the weight the State assigns to them, if any, for purposes of the technical evaluation will not preclude the State from rejecting a Proposal based on a determination that an offeror is not responsible. For example, if the offeror's financial ability is adequate, the value, if any, assigned to the offeror's relative financial ability in relation to other offerors in the technical evaluation phase may or may not be significant, depending on the nature of the Project. If the State believes the offeror's financial ability is inadequate, the State may reject the offeror's Proposal despite its other merits.

The State may make a responsibility determination at any time during the evaluation process, but it typically will do so only once it has evaluated the technical merits and costs of the Proposals. The State always will review the responsibility of an offeror selected for an award before making the award, if it has not already done so earlier in the evaluation process. If the State determines that the offeror selected for award is not responsible, the State then may go down the line of remaining offerors, according to rank, and determine responsibility with the next highest-ranking offeror.

**Reference Checks.** As part of the State's determination of an offeror's responsibility, the State may conduct reference checks to verify and validate the offeror's and its proposed candidates' and subcontractors' past performance. Reference checks that indicate poor or failed performance by the offeror or a proposed candidate or subcontractor may be cause for rejection of the offeror's Proposal. Additionally, the State may reject an offeror's Proposal as non-responsive if the offeror fails to provide requested reference contact information.

The State may consider the quality of an offeror's and its candidates' and subcontractors' references as part of the technical evaluation phase, as well as in the State's determination of the offeror's responsibility. The State also may consider the information it receives from the references in weighing any requirement contained in the technical evaluation phase, if that information is relevant to the requirement. In checking an offeror's or any of its proposed candidates' or subcontractors' references, the State will seek information that relates to the offeror's previous contract performance. This may include performance with other governmental entities, as well as any other information the State deems important for the successful operation and management of the Project and a positive working relationship between the State and the offeror. In doing this, the State may check references other than those provided in the offeror's Proposal. The State also may use information from other sources, such as third-party reporting agencies.

**Financial Ability.** Part of State's determination of an offeror's responsibility may include the offeror's financial ability to perform the Contract. This RFP may expressly require the submission of audited financial statements from all offerors in their Proposals, but if this RFP does not make this an express requirement, the State still may insist that an offeror submit audited financial statements for up to the past three years, if the State is concerned that an offeror may not have the financial ability to carry out the Contract. Also, the State may consider financial information other than the information that this RFP requires as part of the offeror's Proposal, such as credit reports from third-party reporting agencies.

**Contract Negotiations.** The final phase of the evaluation process may be contract negotiations. It is entirely within the discretion of the State whether to permit negotiations. An offeror must not submit a Proposal assuming that there will be an opportunity to negotiate any aspect of the Proposal, and any Proposal that is contingent on the State negotiating with the offeror may be rejected. The State is free to limit negotiations to particular aspects of any Proposal or the RFP, to limit the offerors with whom the State negotiates, and to dispense with negotiations entirely. If negotiations are held, they will be scheduled at the convenience of the State, and the selected offeror or offerors must negotiate in good faith.

The State may limit negotiations to specific aspects of the RFP or the offeror's Proposal. Should the evaluation result in a top-ranked Proposal, the State may limit negotiations to only that offeror and not hold negotiations with any lower-ranking offeror. If negotiations are unsuccessful with the top-ranked offeror, the State then may go down the line of remaining offerors, according to rank, and negotiate with the next highest-ranking offeror. Lower-ranking offerors do not have a right to participate in negotiations conducted in such a manner.

If the State decides to negotiate simultaneously with more than one offeror, or decides that negotiations with the top-ranked offeror are not satisfactory and therefore negotiates with one or more of the lower-ranking offerors, the State then will determine if an adjustment in the ranking of the offerors with which it held negotiations is appropriate based on the negotiations. The Contract award, if any, then will be based on the final ranking of offerors, as adjusted.

Auction techniques that reveal one offeror's price to another or disclose any other material information derived from competing Proposals are prohibited. Any oral modification of a Proposal will be reduced to writing by the offeror as described below.

Following negotiations, the State may set a date and time for the offeror(s) with which the State conducted negotiations to submit a best and final Proposal. If negotiations were limited and all changes were reduced to signed writings during negotiations, the State need not require a best and final Proposal.

If best and final Proposals are required, they may be submitted only once, unless the State determines that it is in the State's interest to conduct additional negotiations. In such cases, the State may require another submission of best and final Proposals. Otherwise, discussion of or changes in the best and final Proposals will not be allowed. If an offeror does not submit a best and final Proposal, the State will treat that offeror's previous Proposal as its best and final Proposal.

The State usually will not rank negotiations and normally will hold them only to correct deficiencies in or enhance the value of the highest-ranked offeror's Proposal.

From the opening of the Proposals to the award of the Contract, everyone evaluating Proposals on behalf of the State will seek to limit access to information contained in the Proposals solely to those people with a need to know the information. The State also will seek to keep this information away from other offerors, and the State may not tell one offeror about the contents of another offeror's Proposal in order to gain a negotiating advantage.

Before the award of the Contract or cancellation of the RFP, any offeror that seeks to gain access to the contents of another offeror's Proposal may be disqualified from further consideration.

Negotiated changes will be reduced to writing and become a part of the Contract file, which will be available for public inspection after award of the Contract or cancellation of the RFP, provided the State does not plan to reissue the RFP. If the State plans to reissue the RFP, the Contract file will not be available until the subsequent RFP process is completed. Unless the State agrees otherwise in writing, the offeror must draft and sign the written changes and submit them to the State within five business days. If the State accepts the changes, the State will give the offeror written notice of the State's acceptance, and the negotiated changes to the successful offer will become a part of the Contract.

**Failure to Negotiate.** If an offeror fails to provide the necessary information for negotiations in a timely manner, or fails to negotiate in good faith, the State may terminate negotiations with that offeror, remove the offeror's Proposal from further consideration, and seek such other remedies as may be available in law or in equity. Further, if negotiations involve proposed changes to Attachment Eleven for Key Commercial Software, the State may terminate negotiations with that offeror and remove the offeror's Proposal from further consideration, if the State and the offeror cannot agree on terms acceptable to the State.

## **PART FIVE: AWARD OF THE CONTRACT**

**Contract Award.** The State plans to award the Contract based on the schedule in the RFP, if the State decides the Project is in its best interests and has not changed the award date.

Under Ohio's anti-terrorism legislation, effective April 14, 2006, the selected offeror must complete a Declaration Regarding Material Assistance/Non-assistance to a Terrorist Organization to certify that the offeror has not provided material assistance to any terrorist organization listed on the Terrorist Exclusion List. The form and the Terrorist Exclusion List are available on the Ohio Homeland Security Website. The form must be submitted with the offeror's Proposal. If an offeror answers yes or fails to answer any question on the form, the State may not award the Contract to that offeror. The offeror may request the Department of Public Safety to review such a denial of an award. More information concerning this law is available at: <http://www.homelandsecurity.ohio.gov>.

Included with this RFP, as Attachment Five, is a sample of the Contract for the RFP. The State will issue two originals of the Contract to the Contractor proposed for award. The offeror must sign and return the two originals to the Procurement Representative. The State also will issue two originals of any Master Contract(s) for Software Licensing (Master Contract(s)) to the Contractor. If the licensor under any such Master Contract is not the offeror, the offeror will be responsible for coordinating execution of the document by the licensor and returning it to the State with the two originally signed copies of the Contract. The Contract and any Master Contract will bind the State only when the State's duly authorized representative signs all copies and returns one to the Contractor with an award letter, the State issues a purchase order, and all other prerequisites identified in the Contract have occurred.

The Contractor must begin work within 15 business days after the State issues a purchase order under the Contract. If the State awards a Contract pursuant to this RFP, and the Contractor is unable or unwilling to begin the work within the time specified above, the State may cancel the Contract, effective immediately on notice to the Contractor. The State then may return to the evaluation process under this RFP and resume the process without giving further consideration to the originally selected Proposal. The State also may seek such other remedies as may be available to the State in law or in equity for the selected offeror's failure to perform under the Contract.

**Contract.** If this RFP results in a Contract award, the Contract will consist of this RFP, including all attachments, written amendments to this RFP, the Contractor's accepted Proposal, and written, authorized amendments to the Contractor's Proposal. It also will include any materials incorporated by reference in the above documents and any purchase orders and change orders issued under the Contract. The form of the Contract is included as a one-page attachment to this RFP, but it incorporates all the documents identified above. The general terms and conditions for the Contract are contained in Attachment Four to this RFP. If there are conflicting provisions between the documents that make up the Contract, the order of precedence for the documents is as follows:

1. This RFP, as amended;
2. The documents and materials incorporated by reference in the RFP;
3. The Contractor's Proposal, as amended, clarified, and accepted by the State; and
4. The documents and materials incorporated by reference in the Contractor's Proposal.

Notwithstanding the order listed above, change orders and amendments issued after the Contract is executed may expressly change the provisions of the Contract. If they do so expressly, then the most recent of them will take precedence over anything else that is part of the Contract. To be binding on the State, a duly authorized representative of the Office of Information Technology must sign any change order under or amendment to the Contract.

Any Master Contract for Software Licensing will be a separate agreement and not part of the Contract, but the State may require the incorporation into the Master Contract of any representations regarding the performance, features, and functions of the Key Commercial Software made in the RFP.

**ATTACHMENT ONE:  
EVALUATION CRITERIA**

**Mandatory Requirements.** The first table lists this RFP's mandatory requirements. If the offeror's Proposal meets all the mandatory requirements, the offeror's Proposal may be included in the next part of the technical evaluation phase described in the next table.

Mandatory Requirements	Reject	Accept
<b>Offeror</b>		
The offeror must have a minimum of 60 months of healthcare data analysis experience with Medicaid or within other complex healthcare organizations.		
The offeror must have a minimum of 60 months experience in the maintenance and implementation of a suite of commercial off-the-shelf (COTS) software products for decision support systems within a healthcare delivery system.		
<b>Project Manager</b>		
A minimum of 60 months experience as the Project Manager on projects that encompassed a development life cycle for healthcare system projects where one of the projects lasted a minimum of 18 months		
OR		
A minimum of 36 months experience as the Project Manager on a healthcare data warehouse or decision support system for a public or private insurance organization that covers a minimum of 1,000,000 lives where one of the projects lasted a minimum of 18 months.		
<b>Solution Architect</b>		
A minimum of 36 months full-time experience as a technical lead on a data warehouse project with a minimum of 10 data sources, over 35 tables and multi-terabyte databases.		

Section	Percent
<b>Proposed Solution</b>	<b>35%</b>
Proposed Solution – Technical	10%
Proposed Solution - Business	25%
<b>RFP Requirements</b>	<b>25%</b>
<b>Offeror Requirements</b>	<b>5%</b>
<b>Key Staffing Requirements</b>	<b>5%</b>
<b>Cost</b>	<b>30%</b>

**Scored Criteria.** In the technical evaluation phase, the State will rate the technical merits of the Proposals based on the following requirements and the weight assigned to each requirement:

<b>Proposed Solution (35%)</b>	
<b>Technical Requirements (10%)</b>	
<b>Business Requirements (25%)</b>	

Scored Criteria	Weight	Does Not Meet	Meets	Exceeds	Greatly Exceeds
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Scored Criteria	Weight	Does Not Meet	Meets	Exceeds	Greatly Exceeds
<b>RFP Requirements (25%)</b>					
<b>Project Plan</b>	350	0	5	7	9
<b>Staffing Plan</b>	500	0	5	7	9
<b>Training Plan</b>	300	0	5	7	9
<b>Testing Plan</b>	300	0	5	7	9
<b>Quality Assurance Plan</b>	350	0	5	7	9
<b>Security Plan</b>	300	0	5	7	9
<b>Transition Plan</b>	200	0	5	7	9
<b>System Development Life Cycle Overview</b>	200	0	5	7	9
<b>Offeror Requirements (5%)</b>					
<b>Healthcare Data Analysis Experience</b>					
The offeror must have a minimum of 60 months of healthcare data analysis experience with Medicaid or within other complex healthcare organizations.	125	Reject	5	7	9
The offeror must have a minimum of 60 months experience in the maintenance and implementation of a suite of commercial off-the-shelf (COTS) software products for decision support systems within a healthcare delivery system.	125	Reject	5	7	9
The offeror must have a minimum of one project demonstrating implementation and maintenance of the proposed suite of commercial off-the-shelf software products for decision support systems within a healthcare delivery system.	125	0	5	7	9
The offeror must describe a project where the proposed solution provided significant cost containment and recovery.	125	0	5	7	9
<b>Key Staffing Requirements (5%)</b>					
<b>Project Manager</b>					
A minimum of 60 months experience as the Project Manager on projects that encompassed a development life cycle for healthcare system projects where one of the projects lasted a minimum of 18 months.  OR  A minimum of 36 months experience as the Project Manager on a healthcare data warehouse or decision support system for a public or private insurance organization that covers a minimum of 1,000,000 lives where one of the projects lasted a minimum of 18 months.	40	Reject	5	7	9
A minimum of 36 months experience as the Project Manager on a Project of similar size and complexity for a healthcare decision support system using the proposed system development methodology.	40	0	5	7	9
Experience following a standard project	40	0	5	7	9

Scored Criteria	Weight	Does Not Meet	Meets	Exceeds	Greatly Exceeds
management methodology and in using various project management tools (e.g., MS Project), developing project plans, defining tasks and tracking timelines and resources on a minimum of two projects of similar size and complexity.					
Project Management Institute (PMP) certification.	20	0	5		
<b>Technical Manager</b>					
A minimum of 36 months full-time experience as a technical manager for projects involving an enterprise-wide architecture, networking, decision support systems, multiple systems integration, hardware and software.	25	0	5	7	9
Experience managing a technical team and its activities from inception through completion on a minimum of one project of similar size and complexity.	14	0	5	7	9
Experience performing systems development activities as a technical lead over analysis, design, development, and testing on a minimum of two projects of similar size and complexity.	14	0	5	7	9
Experience with large data warehousing and decision support systems performing system performance tuning, systems administration and capacity planning.	14	0	5	7	9
Experience using the proposed systems development methodology and tools on a minimum to two projects of similar size and complexity.	14	0	5	7	9
Experience evaluating system architecture solutions that involve integrating multiple systems, web technologies and commercial off-the-shelf software packages for a minimum of two projects of similar size and complexity.	13	0	5	7	9
Experience working with business analysts to assure that the technical solution meets business requirements for a minimum of two projects of similar size and complexity.	13	0	5	7	9
Experience using various Project management tools for planning and tracking projects on a minimum of two projects of similar size and complexity.	13	0	5	7	9
<b>Solution Architect</b>					
A minimum of 36 months full-time experience as a technical lead on a data warehouse project with a minimum of 10 data sources, over 35 tables and multi-terabyte databases.	24	Reject	5	7	9
Experience managing a data warehouse team and its activities from inception through completion on a minimum of one project of similar size and complexity.	24	0	5	7	9

<b>Scored Criteria</b>	<b>Weight</b>	<b>Does Not Meet</b>	<b>Meets</b>	<b>Exceeds</b>	<b>Greatly Exceeds</b>
Experience performing systems development activities as a data warehouse lead over analyses, design development, data quality analysis, data modeling and ETL activities on a minimum of two projects of similar size and complexity.	24	0	5	7	9
Experience using the proposed systems development methodology and tools on a minimum to two projects of similar size and complexity.	24	0	5	7	9
Experience using the proposed systems development methodology and tools on a minimum to two projects of similar size and complexity.	24	0	5	7	9
<b>Data Manager Lead</b>					
A minimum of 36 months full-time experience as a Data Manager Lead for projects involving enterprise-wide data management and data quality analysis activities.	25	0	5	7	9
Experience in leading data management activities including integrating at least 10 data sources, interfacing with the users and project team, coordinating ongoing data management tasks involving data analysis and resolving data integrity issues.	25	0	5	7	9
Experience using the proposed systems development methodology and tools on a minimum of two Projects of similar size and complexity.	25	0	5	7	9
<b>Training Lead</b>					
A minimum of 36 months full-time experience as a Training Manager for projects involving an enterprise-wide architecture, data quality analysis, networking, data warehousing, decision support systems, commercial off-the-shelf software applications, multiple systems integration, hardware and software.	20	0	5	7	9
Experience managing a training team and its activities from inception through completion on a minimum of one project of similar size and complexity.	5	0	5	7	9
Experience in developing and implementing a training plan based on staff competency and assessment by roles on a minimum of one project of similar size and complexity.	5	0	5	7	9
Experience in preparing and delivering formal training, coaching and competency assessment in the past 12 months on a project of similar size and complexity.	5	0	5	7	9
Experience in developing on-line accessible training course curricula and resources in the past 12 months on a project of similar size and complexity.	5	0	5	7	9
Experience in providing training tools and	5	0	5	7	9

<b>Scored Criteria</b>	<b>Weight</b>	<b>Does Not Meet</b>	<b>Meets</b>	<b>Exceeds</b>	<b>Greatly Exceeds</b>
techniques for the knowledge of skills required in a system of similar size and complexity.					

**Price Performance Formula.** The evaluation team will rate the Proposals that meet the Mandatory Requirements based on the following criteria and respective weights.

<b>Criteria</b>	<b>Percentage</b>
Technical Proposal	70%
Cost Summary	30%

To ensure the scoring ratio is maintained, the State will use the following formulas to adjust the points awarded to each offeror.

The offeror with the highest point total for the Technical Proposal will receive 700 points. The remaining offerors will receive a percentage of the maximum points available based upon the following formula.

Technical Proposal Points = (Offeror's Technical Proposal Points/Highest Number of Technical Proposal Points Obtained) x 700

The offeror with the lowest proposed Not-To-Exceed Fixed Price will receive 300 points. The remaining offerors will receive a percentage of the maximum cost points available based upon the following formula.

Cost Summary Points = (Lowest Not-To-Exceed Fixed Price/Offeror's Not-To-Exceed Fixed Price) x 300

Total Points Score: The total points score is calculated using the following formula:

Total Points = Technical Proposal Points + Cost Summary Points

## **ATTACHMENT TWO: PROJECT REQUIREMENTS AND SPECIAL PROVISIONS**

### **PART ONE: PROJECT REQUIREMENTS**

This attachment describes the Project and what the Contractor must do to get the job done. It also describes what the Contractor must deliver as part of the completed Project (the "Deliverables"). Additionally, it gives a detailed description of the Project's schedule.

**Scope of Work.** The purpose of this RFP is to obtain the services of a Contractor to enhance the Data Warehouse environment and enhance, upgrade or replace the existing Medstat Decision Support System. The Contractor must implement the proposed Medicaid Decision Support System that meets the mandatory baseline requirements within six months of acceptance of the Design Phase.

The State will provide oversight for the entire Project, but the Contractor must provide overall project management for the tasks under this Contract, including the day-to-day management of its staff. The Contractor also must assist the State with coordinating assignments for State staff working on the Project. And the Contractor must provide all administrative support for its staff and activities. Throughout the Project, the Contractor must employ ongoing project management techniques to ensure a comprehensive Project Plan is developed, executed, monitored, reported on, and maintained.

The Contractor must provide one fulltime functional Contractor Project Manager throughout the Project lifecycle. This Project Manager must work onsite at the Primary Contractor Project Site or at a State site as requested by the Ohio Department of Job and Family Services.

The Contractor must employ the proposed Project Manager as a regular, fulltime employee on the Proposal submission date and through acceptance of the Project. Additionally, the Contractor's full-time regular employees must perform at least 30% of the work required to complete the Project. The Contractor may use its personnel or subcontractor personnel to meet the remaining 70% of the work. Key personnel must work onsite at the Primary Contractor Project Site.

The Contractor also must propose a system development methodology that is defined, documented, repeatable, and consistent with the Software Engineering Institute (SEI) Level 3 or higher Capability Maturity Model (CMM). Therefore, the Project scope must include training the State Project team on the Contractor's system development methodology. The Contractor is not required to have official SEI certification.

Within the parameters of the phases described below, the Contractor must develop detailed plans to enhance the Data Warehouse and implement the Medicaid Decision Support System. The Project phases are identified below and may overlap in their time schedules.

Within 10 business days after the State issues a purchase order, the Contractor must hold a Project kick-off meeting.

The Contractor must enhance the Department of Job and Family Services Data Warehouse environment; implement, operate and maintain the Medicaid Decision Support System; and enhance and maintain additional analytical tools and functionality. The State is also seeking implementation and support services for day-to-day processing, monitoring, technical assistance and product enhancements to increase the Medicaid Decision Support System capabilities in analysis of its healthcare programs. In addition to claims data, the database will be expected to contain comparative and benchmarking healthcare data from the Contractor and other Medicaid sources including data sources from other Medicaid sister agencies. The proposed solution must facilitate efficient comprehensive analysis of financial, utilization and quality data and contain information that can be accessed across all State Medicaid sister agencies, the Ohio Department of Job and Family Services, Legislators and providers.

The State may elect to transition all maintenance and operational support to the State or its designated agent after the first year of production operation. Transition will require the Contractor to develop and execute a training and transition plan.

For all operational applications, data must be loaded into the Data Warehouse following the standard ETL process. Data loaded into the Medicaid Decision Support System must be a subset of the Data Warehouse. All applications must be user-friendly, with a point and click interface. The Medicaid Decision Support System must support various levels of users, with varying levels of technical competencies, and must provide various applications and tools appropriate to the user level as defined in the Business Requirements (Supplement Two) in this RFP.

The Executive Information System Application will be utilized by executives within the Ohio Department of Job and Family Services, Medicaid sister agencies, Legislators and providers. The Executive Information System Application must be user-friendly, with a point and click interface and easy drill down features that will supply executive users with standard reports that can be quickly accessed. The detailed requirements for the Executive Information System Application are included in section 2 of the Business Requirements (Supplement Two).

The Business User Application will be used by the majority of users at the Ohio Department of Job and Family Services and Medicaid sister agencies. This application will be the main system that will be utilized frequently by the business user. The detailed requirements for the Business User Application are included in section 3 of the Business Requirements (Supplement Two).

The Advanced Analytical Application will be used mainly by advanced analytical specialists within the Ohio Department of Job and Family Services and Medicaid sister agencies. The detailed requirements for the Advanced Analytical Application are included in section 4 of the Business Requirements (Supplement Two).

Prior to starting work on any written Deliverable, the Contractor must provide an annotated outline or template to the State for approval. All Contractor documents must be approved by the State prior to release and implementation. All materials the Contractor generates throughout the life of the Project must be turned over to the State upon acceptance. All materials the Contractor generates must be saved to the State Documentum eRoom electronic Project repository. eRoom provides an automated system that ensures version control, indexing, and storage of all communications media, and must be accessible by State staff.

The Quality Assurance Deliverables apply to life of the Project and are not specific to any particular phase.

### **Quality Assurance**

The Contractor will be held to specific performance review criteria over the life of the Contract to ensure that Deliverables, as outlined in the RFP and attested to in the Contractor's Proposal, are being met. Review of Deliverables as identified in the Project plan will occur at intervals mutually agreed upon by the State and the Contractor. The Quality Assurance Plan must comply with the requirements of this RFP and be consistent with the schedule for accomplishing all activities and data quality analysis. This Quality Assurance Plan must be documented by written policies and procedures; reviews must be carried out throughout the life of the Contract in accordance with the RFP.

The Contractor must:

1. Conduct quarterly reviews of the solution's hardware, software, and applications to ensure that all appropriate quality and accuracy requirements of the data, databases, tools and documents are met.
2. Follow and document a testing strategy and provide a System and User Acceptance Testing Plan and Quality Assurance Plan outlining the approach to system integration and acceptance testing.
3. Provide a fully automated process to collect and report on Performance Standards.

The Quality Assurance reviews will be based on the following criteria:

- a. Timely completion of all Deliverables
- b. Time to answer customer complaints
- c. Number of customer complaints
- d. Number of errors detected during design and process reviews
- e. Number of audits performed on schedule
- f. Number of software design changes after design review

- g. Number of process changes after process qualification
- h. Number of errors in reports
- i. Number of errors in data
- j. Amount of time to correct a problem
- k. Percent of reports published on schedule
- l. Percent of improvement in early detection of major design errors
- m. Percent of errors in defect records
- n. Number of customer calls to report errors
- o. Number of requests for corrective action being processed
- p. Time required to process a request for corrective action
- q. Number of off-specifications approved changes
- r. Level of customer responses to surveys

The State reserves the right to conduct a Quality Assurance audit or Independent Verification and Validation (IV&V) at any time.

### **I. INITIATION PHASE**

In the Initiation Phase, the Contractor must create the framework for the Project execution and commencement. The purpose of this phase is to assure the Contractor and the State have the same understanding of the Project Scope.

The Contractor must identify and provide all project standards, methodologies, templates, tools, personnel, and other resources based upon a standard Project Management methodology that is consistent with standards of the Project Management Institute as approved by the State. The Contractor must submit a detailed project management plan and submit detailed project management documentation that follows standard Project Management methodology (e.g., Project Management Institute) that includes: standard methodology, processes, procedures, and a work breakdown structure (WBS). The project management methodology used by the Contractor must include industry best practices and the functions of the nine Project Management Knowledge Areas contained in the Project Management Institute's Project Management. Throughout the Project, the Contractor must employ ongoing project management techniques to ensure a comprehensive Project Plan is developed, executed, monitored, reported on, and maintained. The Initiation Phase must be completed within 30 calendar days after the kick-off meeting.

#### **Contractor Responsibilities:**

The Contractor must develop and prepare in consultation with the State the following documents, controls, and processes to meet the Initiation Phase requirements. All plans, methodology, templates and deliverables must follow the same format throughout the life of the Project.

1. Project Initiation
  - a. Kick-Off Meeting
    - The Contractor must conduct a kick-off meeting within 10 business days after the State issues a purchase order.
    - The Contractor must provide an agenda, in coordination with the State Project Team, and document all meeting minutes.
  - b. Assemble Project Team.
    - The Contractor must assemble its primary Project staff in preparation for conducting the Project tasks. The integrated Project team will consist of the Contractor's primary Project staff and State staff designated for the Project.
2. Project Management Project Plan
  - a. Update the Project Plan and Project schedule.
    - The Project Plan and Project schedule must be updated within 10 calendar days of the kick-off meeting.
    - The approved Project schedule will become the Contractor's baseline plan to fulfill the Contract.

- The Contractor must use Microsoft Project 2002 or latest version as the automated project management tool for the maintenance and presentation of the Project schedule during the Project.
  - b. All Project plans must be baselined.
  - c. All plans must be approved and accepted by the State prior to baselining.
  - d. Baselines must be established in the early stages of all phases of the Project.
  - e. Once approved, the baseline will only be modified through the Change Control process defined in the Contractor's Change Management Plan.
  - f. The approved Project baseline will be used for all Project metrics and reporting to the State.
3. Project Organization Plan and Final Project Staffing Requirements Plan
- a. The Project Organization Plan must include, at a minimum, the following:
    - Project management organization structure and decision making guidelines and processes.
    - Identification of all roles that exist for the Project
    - Contractor and State staff assigned to all roles
    - An organizational chart for the Project
    - A staffing plan for the different phases of the Project with percentages of time required for each staff for each phase.
    - Personnel Interface Matrix
      - The Contractor must work with the State to produce a Personnel Interface Matrix identifying State resources by competency categories that are required for the Project.
      - This matrix must be revised on a monthly basis projecting resource needs three months forward. The initial Personnel Interface Matrix must be published within 10 calendar days after the kick-off meeting in conjunction with the updated Project schedule.
4. Change Management Plan
- The Change Management Plan establishes the change management roles and responsibilities, policies, guidelines, processes, and procedures necessary for controlling and managing the changes during the life of the Project. Changes may be based on scope, both technical and functional, or schedule.
- a. The Contractor must develop a Change Management Plan that identifies, at a minimum, how changes are identified, defined, evaluated, approved, and tracked through completion. This plan must identify responsibilities and define the composition, function, and procedures for the Project team. The plan must include the Contractor's change control approach and templates.
    - The plan must be consistent with the requirements identified in the Changes section in Attachment Four of this RFP.
  - b. The plan must define an electronic method to track change requests that includes the following:
    - Submission of proposed changes to State Project Manager or designee.
    - State approval to conduct a change impact analysis regarding this change.
    - Submission of impact analysis for evaluation.
    - State approval of the change.
    - Submission of Change Order to the Office of Information Technology per the Changes section in Attachment Four.
  - c. Change Control Process:
    - The Contractor must work with the State to provide a change control process within the Change Management Plan.
    - Change control is the formal process for identifying the impact of any change or correction that modifies scope, deliverables, timeframes, or resource allocations, and determining the disposition of the requested change or correction.
    - The change control process could be initiated by events such as the following:
      - Certification requirements;
      - Changes in federal or state legislation;
      - Changes introduced by a third party contractor;
      - Changes in state business processes or policies; and
      - New business requirements.

- The Contractor must work with State to implement and follow a change control process that will:
    - Span the entire Project life cycle;
    - Incorporate a formal change order process that provides a clear scope of what is included and excluded from each change order request;
    - Delineate the system downtime required to implement any changes, if appropriate;
    - Require the successful completion of regression testing before the implementation of the change;
    - Incorporate multiple levels of priority for change orders (e.g., critical, must-have, desired, etc.);
    - Support the change control process by estimating impacts, investigating solutions, identifying alternatives, inputting appropriate information into project tracking tools, participating in the decision making process, and implementing the agreed-upon solution;
    - Provide and maintain a fully documented and automated change request tracking system for change order requests.
5. Communication Management Plan
- a. The Communication Management Plan must describe the Contractor's approach and include, at a minimum, the following:
    - Communication Management and status report templates
    - The procedure for assuring effective project management activities, all project management activities and responsibilities, and how Project progress will be measured and controlled.
    - Project communication methods between Project team members, the State and the Contractor's organization
    - Status and other recurring meeting schedules
    - The process for timely and appropriate generation, collection, and dissemination of Project information:
    - Communication protocols and procedures for reporting Project issues to State stakeholders, e.g., changes to the Data Warehouse and Medicaid Decision Support System, work activities, tasks, and Deliverables.
  - b. All materials generated as a result of the Communication Management Plan must be turned over to the State upon acceptance.
6. Document Management Plan
- a. The Document Management Plan must describe the Contractor's approach and include at a minimum, the following:
    - Document repositories for the electronic and hardcopy Project documents using the State owned Documentum eRoom software.
    - Document management templates
    - Document repository access rules (e.g., update privileges for documents)
    - Project document templates, with details on format, versioning, status, and retention processes.
7. Issue/Resolution Plan
- a. The Issue/Resolution Plan must describe the Contractor's approach and include, at a minimum, the following:
    - Issue/Resolution templates.
    - Tool to document, track and manage issues identified during the Project. The tool must be maintained throughout the Project and updated regularly.
    - Detailed record of all the issues identified throughout the life of the Project.
    - Action taken to address each issue and the subsequent results.
    - Status reporting method for the Project Sponsor, Steering Committee, senior management, etc.
    - Communication of issues to key stakeholders
    - Mechanism for seeking and acting on feedback regarding Project issues to encourage the involvement of the key stakeholders.
    - Each issue must include:
      - A unique identification number

- A description
  - Who raised the issue
  - The date the issues was reported
  - Identification of a person or group responsible for the resolution,
  - The date the issue was resolved, and
  - A description of the issue resolution
8. Quality Assurance Plan
- a. The Quality Assurance Plan must define the techniques, procedures, and methodologies that will be used during the Project to assure the timely delivery of the solution. The use of this plan will help assure that the implemented solution:
- Utilizes Quality Assurance templates
  - Meets documented evaluation and acceptance standards,
  - Provides feedback on how development efforts are conforming to various development standards,
  - Provides quality metrics and baselines for further implementation efforts.
- b. The Quality Assurance Plan must describe the Contractor's approach and include, at a minimum, the following:
- Introduction
    - Purpose
    - Scope
  - Program Management and Planning
    - Quality Assurance Plan
    - Organization
    - Tasks
    - Software Training
    - Quality Assurance Personnel
  - Quality Assurance Program Requirements
  - Quality Assurance Program Audits
    - Scheduled Audits
    - Unscheduled Audits
    - Audit Reports
  - Quality Assurance Records
    - Quality Assurance Status Reports
    - Software Documentation
    - Requirements Traceability
    - Software Development Process
    - Project Reviews
    - Formal Reviews
    - Informal Reviews
  - Tools and Techniques
  - Software Configuration Management
  - Release Procedures
  - Performance and Load Testing
  - Change Control
  - Problem Reporting
  - Software Testing
    - Unit Test
    - Integration Test
    - System Testing
    - Validation Testing
  - Project Metrics
9. Risk Management Plan
- a. The Risk Management Plan must ensure levels of risk and uncertainty are properly managed so that the Project is successfully completed. The Risk Management Plan must describe the Contractor's approach and include, at a minimum, the following:
- Risk Management templates



- Process to identify, analyze and manage risks both initially and throughout the life of the Project.
  - Analysis of risks, proposed mitigation strategies, and resolved risks
  - Manner in which risks will be contained and the likely cost of countermeasures
  - Risk review process and frequency
  - Identification of who will be responsible for specific aspects of risk management;
  - Risk status reporting
  - Tool to document, track and manage Project risks. The tool must used to document and track details of all risks identified throughout the Project
  - Initial snapshot of the major risks, current grading, mitigation strategies and who will be responsible for implementing them
10. System and User Acceptance Testing Plan
- a. Testing tasks must include unit, system, sub-system, integration, and regression (baseline) testing to ensure all relevant requirements are satisfied. The System and User Acceptance Testing Plan must describe the Contractor's approach and include, at a minimum, the following:
    - System and user acceptance testing templates
    - Unit, system, integration, regression, load/stress, user acceptance testing (UAT), and operational testing
    - Matrix detailing roles and responsibilities of State and Contractor staff
    - Test plans, cases and scripts
    - Load, stress and UAT procedures
    - Execution and Tracking Tools
    - Sample Results and Reports
  - b. Test plan development must occur during the Design Phase using the requirements traceability matrix.
  - c. Planning for testing tasks must occur as early in the Project as possible to ensure successful testing results.
11. Technical Environment Requirements Plan
- a. The Technical Environment Requirements Plan must describe the Contractor's approach and include, at a minimum, the following for both the Data Warehouse and Medicaid Decision Support System:
    - Identification of necessary technical environment requirements
    - Identification of initial capacity and configuration considerations
    - Identification of all additional hardware, software and peripherals for procurement
  - b. The plan must also describe the Contractor's proposed hardware and infrastructure requirements and any advantages associated with the Contractor's solution and the current Ohio Department of Job and Family Services information systems environment. This plan must also highlight any significant architectural or capacity differences from the current Ohio Department of Job and Family Services environment. The Contractor must perform a capacity needs analysis for the Commercial Software solution. All hardware and software configurations must be defined including the development, test, training and production environment configuration requirements.
  - c. Provide a plan outlining how the load processes will be managed for updating the Medicaid Decision Support System.
12. Training Plan
- The Training Plan must describe the Contractor's approach to meet the following training requirements:
- a. User training for application functionality within 30 business days of initial installation of each application. The Contractor must perform training for:
    - A minimum of 50 Executive Users before the completion of the Implementation Phase. Users must have the option to attend hands on computer lab training sessions or use a web-based training course.
    - A minimum of 100 Business Users before the completion of the Implementation Phase in hands on computer lab training sessions.
    - A minimum of 50 Advanced Users before the completion of the Implementation Phase in hands on computer lab training sessions.
    - User training for up to 50 technical staff before the completion of the Implementation Phase.

- Training for an additional 50 users during the Stabilization Phase.
  - Ongoing hands on computer based training, developed in conjunction with State staff, for all deployed applications during the Operational Phase (e.g., new users, refresher course training for existing users, advanced training, etc.).
  - Web based training available 24/7 for all deployed applications during the Operational Phase.
  - Train the trainer training for up to five State staff who may take responsibility for ongoing training for the applications during the Operational Phase.
  - Executive, Business, and Advanced User training for application functionality within 30 business days of upgrades or enhancements to each application throughout the life of the Contract.
- b. Matrix detailing roles and responsibilities of State and Contractor Staff.
  - c. Skills assessment and on-line testing of all Medicaid Decision Support System users.
  - d. Development of computer lab training courses.
  - e. Development of web-based training courses.
  - f. Development of Advanced training illustrating typical data and queries relevant to the program area(s) and other topics agreed upon by the Contractor and the State.
  - g. Development of specific computer lab training for staff using the tools to find and investigate healthcare fraud, waste and abuse illustrating typical data and queries relevant to the program area and other topics agreed upon by the Contractor and the State
  - h. The Contractor must provide separate training environment that includes sample data from the Data Warehouse and Medicaid Decision Support System, as approved by the State, enabling users to practice skills and test queries
  - i. The Contractor must document and track participation in facilitated training, including training course name, trainer's name, date and location of the training, trainees participating in the training, and trainees completing or not completing the training.
  - j. Security administration, training, and documentation
  - k. The State may present a review of user responsibilities regarding privacy and system security in all user training classes.
  - l. All training must be conducted at a State approved location.
  - m. The Contractor must plan for on-going support activities and training with the State (i.e. analytical, data management, and technical support) for any changes or upgrades in software or databases during the life of the Project.
  - n. All training programs and materials must be approved by the State throughout the life of the Contract.
    - Training plans and training materials must be submitted to the State for review, feedback, comments, and approval two months prior to delivery of each training session.
    - Updated versions of training materials must be submitted to the State within 15 calendar days of receipt of the identified change(s) or sooner if there is a scheduled training session that will be impacted.
    - All training classes must provide each trainee with the following:
      - Hard and soft copy of all training manuals and materials used in the session
      - Step-by-step demonstration of application functionality
      - Exercise skills with data and queries that are relevant to the program area
  - o. At a minimum, the Contractor must provide the following training materials online and in PDF, HTML, and Word formats:
    - Specialized training materials that address specific applications/tools and data sources at the State's request.
    - Complete and up-to-date Data Warehouse system manuals and a data dictionary that includes field descriptions, data type (character/numeric/date format), and valid values with their descriptions.
    - Complete and up-to-date Medicaid Decision Support System applications/tools user manuals and a data dictionary that includes field descriptions, data type (character/numeric/date format), and valid values with their descriptions.
  - p. Learning Management System.
    - The State is currently implementing PeopleSoft's Human Resource module as part of its Ohio Administrative Knowledge System (OAKS). The Contractor must develop training content and materials that may be incorporated in the PeopleSoft Human Resource

Learning Management System. The business requirements for the OAKS implementation are at: <http://oaks.ohio.gov/oaks/documents/OAKS-ERP-Software-RFP.pdf>.

13. Primary Contractor Project Site.

- a. The Contractor must select and establish a site within Franklin County, Ohio where the Contractor project management, project coordination, solution design and review, and technical and user support will be performed.
- b. The following functions will be performed at the Primary Contractor Project Site :
  - Contract administration/key personnel;
  - Joint application design (JAD) and review sessions;
  - Demonstrations of design prototypes;
  - Discussion of proposed design changes system;
  - Deliverable walkthroughs;
  - Technical and user support help desk functions;
  - System testing task walkthroughs;
  - User acceptance test support;
  - Implementation planning;
  - Provider communications; and
  - Transition management support.
- c. The Contractor will be responsible for all costs related to securing and maintaining the Primary Contractor Project Site for the life of the Project, including, but not limited to, hardware and software acquisition and maintenance, leasehold improvements, utilities, telephone service, office equipment, supplies, janitorial services, security, travel of Contractor personnel, storage, transportation, shredding of confidential documents, and insurance. Any Project activities approved by the Ohio Department of Job and Family Services to be performed at a location other than at the Primary Contractor Project Site, requires the Contractor to provide toll-free communications with the Ohio Department of Job and Family Services staff to conduct Project work. The Contractor must provide all equipment and software necessary during the Project for its staff to successfully transfer, design develop, test, implement and maintain the Medicaid Decision Support solution. . The Contractor is responsible for all equipment installation and office needs of its Ohio Project office. The Contractor must supply all hardware, software, and services for the Contractor's development LAN up to the point of connection to the Ohio Department of Job and Family Services LAN/WAN. All network hardware and software specifications must be compliant with the Ohio Department of Job and Family Services supported standards. The Contractor also must supply the Ohio Department of Job and Family Services with the following space and equipment for access and use at the Primary Contractor Project Site up to full system maintenance.
  - Three separate enclosed offices of at least 150 square feet within the space for exclusive use by State staff.
  - A minimum of ten designated parking spaces must be provided for State staff.
  - Standard office equipment, excluding personal computers, for three State staff at the Primary Contractor Project Site, office furniture, telephone service, use of a photocopier and facsimile machine within close vicinity of State space, and access to meeting/conference room facilities by appointment. Voice mail and Internet connectivity for three State staff must be provided. The Contractor is responsible for all phone costs at its facility.
  - One conference room and/or meeting facility with AV equipment and flexible table and chair configurations for JAD sessions, project management status meetings, and training sessions.
  - Sufficient electrical outlets and electrical power to accommodate State supplied PCs, printers, and other general office electrical requirements.
  - The Contractor will be responsible for installing and maintaining data lines for any required access to the Ohio Department of Job and Family Services network from the Primary Contractor Project Site. These lines will terminate at the point of demarcation on the Ohio Department of Job and Family Services network to be determined by the Ohio Department of Job and Family Services network services staff. The Ohio Department of Job and Family Services will provide and maintain data lines from the point of demarcation into the Ohio Department of Job and Family Services network. The Ohio Department of Job and Family Services will provide and maintain the router hardware at the point of demarcation for access to the Ohio Department of Job and Family Services network. The primary Project site must

- be configured with site-to-site VPN service. All Web-based traffic across this VPN must support a minimum of 128-bit encryption using Secure Sockets Layer (SSL). All other traffic across this VPN must support a minimum of 168-bit Data Encryption Standard (DES), also known as 3DES or Triple DES.
- d. All approved Project documentation must be maintained in the State's designated Documentum eRoom. All documentation being drafted must be located in eRoom or on a secured website that is accessible by both the State and the Contractor.

**Ohio Department of Job and Family Services Responsibilities:**

1. Provide local shared workspace for up to four Contractor staff, as needed. All Key Contractor personnel must work onsite at the Primary Contractor Project Site.
2. Assist with the kick-off meeting.
3. Review and approve all Project templates, standards, approaches, plans and deliverables.

**Contractor Deliverables:**

1. Kick-Off Meeting and Agenda
2. Project Management Project Plan
  - Updated Project Plan and Schedule
3. Updated Project Organization Plan and Final Project Staff Requirements Plan
  - Ohio Department of Job and Family Services Personnel Interface Matrix
4. Change Management Plan
5. Communication Management Plan
6. Configuration Management Plan
7. Document Management Plan
8. Issue/Resolution Plan
9. Quality Assurance Plan
10. Risk Management Plan
11. System and User Acceptance Test Plan
12. Technical Environment Requirement Plan
  - State data center power and network connectivity requirements (to support equipment the Contractor will be installing).
  - Initiate procurement of necessary hardware / software
13. Training Plan
14. Plan to establish the Primary Contractor Project Site

**II. DESIGN PHASE**

In the Design Phase, the Contractor must create a detailed design for the Medicaid Decision Support System. The purpose of this phase is to certify that the Contractor and the State have the same understanding of the Project scope, detail and dependencies and the Medicaid Decision Support System's interrelationships with the Data Warehouse. The Contractor must follow MITA development requirements of open architecture standards and a controlled, modular iterative approach must be used. The Design Phase, including JAD sessions, must be completed within 6 weeks of completion of the Initiation Phase.

The Contractor must conduct a capacity needs analysis for the Commercial Software solution and a functional gap analysis. All hardware and software design configurations must be developed and tested for the development, test, training and production environments.

The Deliverables from this phase must be developed according to the accepted plans developed in the Initiation Phase, and must be consistent with the agreed upon standards. The major objectives of the Design Phase are to:

1. Ensure that the Contractor has a thorough, detailed understanding of the Medicaid Decision Support System, its operational use and Business Requirements;
2. Validate and refine the Business Requirements (Supplement Two) with State staff;
3. Confirm how the proposed solution meets the following MITA requirements:
  - a. Industry based, open architectural standards

- b. Modular components
  - c. Relational database
  - d. Web and real-time processing
  - e. Rules engine management
  - f. Data privacy, security, and integrity with access limited by staff role
  - g. Interoperable systems that support e-communication and processing between systems
4. Specify, design and document, if necessary, required enhancements to the Data Warehouse and ETL processes to support the Medicaid Decision Support System requirements.
  5. Specify, design and document the interoperability between the Data Warehouse and Medicaid Decision Support System.

**Contractor Responsibilities.**

The Contractor must perform a detailed review and analysis of all RFP requirements including Supplements Two, Three and Four and develop detailed design specifications to meet the Data Warehouse and Medicaid Decision Support System requirements. The Contractor must propose an iterative development methodology that will allow the State multiple opportunities to validate requirements and the design. The Contractor must complete activities consistent with its proposed iterative methodology to accomplish the objectives and meet all RFP requirements. The Contractor must ensure that the technical system requirements are continually updated in the System Requirements Document and the Detailed System Design. The Contractor must ensure the system infrastructure and architectural specifications are in alignment with MITA, State and federal standards.

The Contractor must develop and prepare, in consultation with the State, the following Design Phase documents, controls, and processes:

1. Configuration Management Plan
  - a. The Configuration Management Plan must include, at a minimum, the following:
    - Documentation of implementation processes and procedures.
    - Documentation of tools the Contractor will use to control Deliverable releases and revisions, and versions of software.
    - Definition of the methodology for configuration identification and control of releases and changes to configuration items.
    - Definition of the process for maintaining status accounting and verifying the completeness and correctness of configuration items throughout the life of the Project.
    - Definition of the process for systematic evaluation, coordination, approval or disapproval, and implementation of all proposed changes in the configuration after formal establishment of its baseline.
    - Definition of the traceability and accountability process to assure the configuration management requirements are properly implemented.
    - Definition of the process for changes to software, hardware, data, networks, and documentation, how changes are reviewed, approved and documented in order to allow evaluation of the effect of the change on security, quality, performance, interfaces, acceptability, completeness, and documentation.
2. Business Continuity Plan
  - a. The State is responsible for ensuring the disaster recovery and business continuity hardware and operating system are available and configured per Contractor production specifications.
  - b. The Business Continuity Plan must include at a minimum the following:
    - How the solution will be recovered and made operational in a State provided recovery site.
    - Backup plan identifying how the application and data is to be backed up and, if needed, recovered for normal business operations.
3. Physical and Logical Data Model Plan
  - a. The Physical and Logical Data Model Plan must include, at a minimum, the following:
    - Analysis and documentation of the mapping from the source system to the Data Warehouse to the Medicaid Decision Support System
    - Establishment of common naming conventions
    - Time stamp of fields
4. Technical and User Documentation Plan

- a. The Technical and User Documentation Plan must include technical and user manuals describing all software functionality.
  - b. All documentation must be provided online and in PDF, HTML, and Word formats.
  - c. All rules used to aggregate and summarize data into summary fields must be approved by the State and specified in the documentation.
  - d. System administrator documentation must itemize and illustrate user access rights required for each secure function.
  - e. An on-line dictionary must be provided that includes data element definitions, report definitions, query definitions, measures and filters.
  - f. All electronic documentation must be designed to print legibly on standard 8.5 X 11" paper.
  - g. Documentation must include comprehensive data flow models (with diagrams and flow charts) from the source system through the Data Warehouse into the Medicaid Decision Support System. Documentation must include database design, logical and physical data models, data flows, technical architecture diagrams, detailed system design, data types/elements, data dictionaries and data sources.
  - h. All documentation must be versioned and dated according to a standard release methodology used to deploy software or data releases.
5. Security Plan
- a. The Security Plan must be developed through consultation with the Ohio Department of Job and Family Services System Chief Security Officer and Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer.
  - b. The Security Plan, at a minimum, must meet the following federal and State security and confidentiality regulations:
    - HIPAA
    - Medicaid federal security and confidentiality regulations
    - Confidentiality of Patient Records for Alcohol and Other Drug Treatment (<http://www.treatment.org/TAPS/TAP13/tap13chap1.html>)
    - Mental Health related federal and State security and confidentiality requirements.
  - c. The Security Plan must, at a minimum, include the following:
    - Documentation detailing all methods of security used by Data Warehouse and Medicaid Decision Support System, including:
      - Row and column level security, details describing the system's adherence to and compliance with HIPAA, Medicaid federal security and confidentiality regulations, Confidentiality of Patient Records for Alcohol and Other Drug Treatment, and Mental Health related federal and State security and confidentiality requirements.
      - Compliance with the State's security regulations, policies, and procedures.
      - Use of LDAP-based authentication to deliver single sign-on system access leveraging the States centralized eDirectory.
      - Security aspects of the system's physical architecture.
      - Detailed descriptions of all user access roles, their corresponding security levels and the security related data and business requirements.
6. System and User Acceptance Testing Plan
- a. The objective of this plan is to perform comprehensive testing to ensure all requirements are being met.
  - b. The System and User Acceptance Testing Plan must include, at a minimum, the following for unit, system/sub-system, integration, regression, load/stress, user acceptance testing (UAT), and operational testing:
    - Test plans, test cases, test scripts, and related documentation.
    - A description of how load/stress testing and UAT will be performed.
    - A description of execution and tracking tools.
    - Sample results and reports.
  - c. System and User Acceptance Testing Plan development must occur during Design Phase.
  - d. Planning for testing must occur as early in the Project as possible to ensure successful testing results.
7. Report Development, Design and Deployment Plan:
- a. This plan must be developed through consultation with the State.

- b. The Contractor must thoroughly review, validate, and modify standard reports, if necessary, to meet the business requirements.
  - c. The Contractor must work with State to fully understand the scope, purpose, and implications of each required report required.
  - d. The Report Development, Design and Deployment Plan, at a minimum, must include the following:
    - The Contractor's approach for developing, designing and deploying reports.
    - Written functional specifications explaining the logic of an algorithm, alert or report
    - The Contractor's methodology to fully test and verify reports.
    - Timelines for the development of Contractor created reports.
8. Review, Validate and Refine Requirements.
- a. The Contractor must conduct a detailed review and analysis, validate, and modify, if necessary, all RFP requirements.
  - b. The Contractor must work with State staff to fully understand the scope, purpose, and implications of each requirement.
  - c. The Contractor must ensure that the Data Warehouse and Medicaid Decision Support System adhere to all applicable State policies. The State's policies are at the following URL: <http://oit.ohio.gov/IGD/policy/OhioITPolicies.aspx>.
  - d. The Contractor must thoroughly review the current information systems supporting the Data Warehouse integration requirements and ad hoc processes, to gain a more thorough understanding of their functionality, understand the system management and data operations, and identify issues for compatibility, relevance and interfaces.
  - e. The Contractor must develop a System Requirements Document. This System Requirements Document must specify functional and non-functional system requirements (e.g., quality attributes, legal and regulatory requirements, standards, performance requirements, and design constraints). These requirements must be further refined in the detailed design requirements and traced throughout the system development life cycle. These detailed requirements must be traceable back to the requirements specified in the RFP. The Contractor must:
    - Conduct joint application design (JAD) sessions to finalize requirements and ensure that responses to all RFP requirements are acceptable to the State; and
    - Evaluate business model or process changes to the current Medicaid Decision Support System since the RFP release date and identify corresponding requirements. The specification for each requirement should include a means of measuring that the requirement has been met. This measurement will be used to generate the necessary test cases for system and acceptance testing.

Additionally, the System Requirements Document must include:

    - A cross-walk or map to each Business Requirement;
    - A listing of all requirements identified in JAD sessions;
    - Identification of all internal and external interfaces; and
    - Linkages across the business model and component functions.
9. Requirements Traceability Matrix.
- a. The Contractor must develop a Requirements Traceability Matrix to track all requirements specified in the System Requirements Document.
  - b. Requirements must be tracked through each stage of the development life cycle from requirement specification through production deployment.
  - c. The requirements must be stored in the State's Documentum eRoom which permits reporting of a specific requirement or selected requirements based on type or attributes, and a complete detailed listing of all requirements.
  - d. This matrix will be used throughout the Project to assure the design, development, test, and final production system meets the RFP and System Requirements Document requirements.
10. Detailed Systems Design.
- a. The Detailed System Design (DSD) must be developed through consultation with the State.
  - b. The Detailed Systems Design must be available in hardcopy and electronic media in a format approved by the State.
  - c. The Detailed Systems Design must include, at a minimum, the following:
    - Resource requirements that detail CPU, data storage, print, and memory required for the Medicaid Decision Support System development, test, training, and production environments.

- A systems standards manual listing all standards, practices, and conventions (i.e., language, special software, identification of all development, test, training and production libraries, and qualitative aspects of data modeling and design).
11. ETL System Design (ESD).
- a. The Contractor must design the ETL functionality required to add the new and enhanced data sources identified in the Enhancement Phases.
  - b. The ETL System Design must include, at a minimum, the following:
    - Identification of system files and processing architecture;
    - A high-level narrative of the entire system and the flow of data through the system;
    - A detailed description and diagram of the system architecture identifying how components are integrated to meet RFP requirements;
    - High-level and detailed subsystem narratives describing each function, process, and feature;
    - A security design description for each business area that defines access control including specifying roles, role locations, and a matrix of roles by inputs/outputs;
    - A flow diagram of each subsystem, identifying all major inputs, processes, and outputs;
    - Lists of all inputs and outputs by subsystem;
    - A complete listing of all standard Medicaid Decision Support System reports including detailed specifications of each report;
    - A listing and brief description of each file;
    - Preliminary screen and report layouts;
    - Preliminary screen and report narrative descriptions;
    - Preliminary layouts for on-line, context-sensitive help screens for all Medicaid Decision Support System functions including Web-based components;
    - A preliminary layout for the data element dictionary;
    - Final network configuration with graphic layout of all network lines;
    - Switches and all hardware and software detail;
    - A high-level data model;
    - A detailed and physically specific data model;
    - Entity relationship diagrams;
    - Hierarchy charts or use case models identifying system objects and their relationships;
    - High and medium-level batch flowcharts to the job, procedure, and program level;
    - Final layouts for all data source inputs to the Medicaid Decision Support System, to include, at a minimum: input names and numbers; data element names, numbers, and sources for each input field; and examples of each input;
    - Final layouts for all report outputs to include, at a minimum: report name, numbers, and sources for each output field, and examples of each output;
    - Final layouts for all files to include, at a minimum: file names and numbers; data element names, numbers, number of occurrences, length and type; record names, numbers, and length; and file maintenance data such as number of records, file space;
    - A domain object model for all Contractor developed components of Data Warehouse and Medicaid Decision Support System;
    - Site maps for all web-based interface components;
    - A detailed comprehensive data element dictionary, including, at a minimum: data element names, numbers, and business area definitions; valid values with business area definitions; sources for all identified data elements; and lists from the data element dictionary in multiple sort formats.
  - c. A logical and physical data model must be developed. Both data models must be developed in coordination with State database administration and data modeling staff.
  - d. The Contractor must provide and present the changes to State staff to review throughout the Design Phase. The Contractor must conduct walkthroughs and demonstrations during the development of the Design Phase documents with the State. Application Programming Interfaces (APIs) used within the proposed solution to communicate between components or with external systems must be defined in this Deliverable as well.
12. Architectural Component Procurement Plan.

- a. The Contractor must produce and maintain an Architectural Component Procurement Plan that details all hardware and software required for the Medicaid Decision Support System.
  - b. This plan must identify the detailed specifics (e.g., components, stock numbers, configurations, quantities, etc.) of all hardware and software components that the Contractor will provide for the development, test, training and production environments.
  - c. All projected hardware and software orders, changes and projected delivery dates must be reflected in the Project plan.
13. Deployment Plan.
- a. The Contractor must develop a Deployment Plan that details how the Medicaid Decision Support System, data sources, reports, tools and training will be deployed to the user community.
  - b. The Deployment Plan must include, at a minimum, the following:
    - A detailed description of how the Medicaid Decision Support System solution will be produced; identification of user documentation and its deployment, system configuration, installation scripts, packaging and installation of components; distribution of all software; and the distribution of system components to external users.
    - All software installation requirements.
    - A detailed explanation of how all nodes of the system will be installed and upgraded in a timely fashion and where the installation may split up in multiple procedures.
  - c. The deployment of Medicaid Decision Support System must be planned in conjunction with the RFP requirements and in accordance with State procedures for deploying applications.
14. The Contractor must develop data reconciliation procedures and scripts. The Contractor must:
- a. Conduct walkthroughs for State staff before submission of these procedures and scripts for final review and approval.
  - b. Describe in detail all procedures and develop scripts to reconcile between the source systems, the Data Warehouse and the Medicaid Decision Support System. These procedures and scripts will be an integral part of the Contractor's approach to the regression testing requirements.
15. The Contractor must provide a dedicated team to perform all Design Phase activities.

**Ohio Department of Job and Family Services Responsibilities:**

1. Coordinate State and other agency participation in the Design Phase.
2. Coordinate State and other agencies participation in JAD sessions.
3. Perform agreed upon administrative security processes and procedures.
4. Review for approval Deliverables according to the Contract;

**Contractor Deliverables:**

1. Configuration Management Plan
2. Business Continuity Plan
3. Physical and Logical Data Model Plan
4. Technical and User Documentation Plan
5. Security Plan
6. System and User Acceptance Testing Plan
7. Report Development, Design and Deployment Plan
8. System Requirements Document
9. Requirements Traceability Matrix
10. Detailed Systems Design
  - Walk through of the detailed design specifications with State staff.
11. ETL System Design
  - Data quality analysis documentation, recommendations and walk through with State staff.
  - ETL design using Informatica for the Data Warehouse and data aggregates.
  - ETL design for extraction and loading to the Medicaid Decision Support System.
12. Architectural Component Procurement Plan
13. Deployment Plan
14. Reconciliation Procedures

**III. IMPLEMENTATION PHASE**

The Implementation Phase must be completed within six months after acceptance of the Design Phase. The Contractor must provide, install and configure all computer hardware and software for the production, test, train and development environments and implement the proposed Medicaid Decision Support System solution that meets the mandatory baseline requirements in the Business Requirements (Supplement Two).

In addition, the Implementation Phase must include:

- Loading of seven complete State fiscal years of Medicaid data plus current year to date.
- Completion of at least one monthly update cycle.
- Initial training of up to 200 users and 50 technical staff
- Performing load testing that meets the State Performance Standards

**Contractor Responsibilities:**

1. Implementation of design specifications to meet agreed upon query, algorithm, and report requirements identified in the Initiation Phase, the Design Phase and the Business Requirements.
2. Provide and install all necessary hardware and software that supports the development, test, training and production environments for the Medicaid Decision Support System. The Contractor is responsible for any additional costs resulting from the Contractor's errors in capacity planning and unspecified hardware and software necessary to meet the Performance Standards for the mandatory baseline requirements.
3. Perform necessary Medicaid Decision Support System software upgrades: The Contractor must follow deployment processes approved by the State. When installing software upgrades, the Contractor must evaluate the impact on current configurations. If the proposed Medicaid Decision Support System includes Commercial Software products that are integral to the application and are licensed products for which their software license agreements include provisions for regular software upgrades, the Contractor must provide such upgrades as specified in the software license agreements throughout the term of said agreements.
4. Extract and load seven complete State fiscal years of Medicaid data plus the current year to date Medicaid data into the Medicaid Decision Support System.
5. Conduct a test of the mandatory base installation, user stress test, integration test and a large volume test. The Contractor must conduct performance testing that demonstrates the system will meet the RFP Performance Standards section.
6. Provide support and resolve system performance issues and deficiencies. The Contractor must perform all modifications to the solution to ensure system performance reaches acceptable levels in a production environment meeting the Performance Standards.
7. Provide user training on the Medicaid Decision Support System. The Contractor must provide the instructors, manuals, and handouts required for training. Training must consist of a combination of web-based computer training, hands-on, and lecture components.
8. Provide a disaster recovery plan that includes software installation procedures and operational procedures to conduct recovery.
9. Provide testing and Quality Assurance activities that identifies and establishes verification that the data and solution has successfully loaded, contains accurate data and meets RFP Performance Standards.
10. Provide a report that demonstrates compliance with the approved Test and Quality Assurance plans within 72 hours or a mutually agreed upon time frame, upon request by the State.
11. Complete at least one monthly update cycle.
12. Provide a secure system that meets all Health Insurance Portability and Accountability Act, Medicaid Confidentiality and Substance Abuse Confidentiality State and Federal Regulations.
13. Provide documentation that includes the following:
  - a. Physical and logical data model.
  - b. Mapping from the source system to the Data Warehouse to the Medicaid Decision Support System.
  - c. System configuration and diagrams for the hardware and software installation.
  - d. Documentation defining all business rules and transformations within the ETL processes.
14. The Medicaid Decision Support System network infrastructure solution is required to be self-contained and in its own security perimeter. In securing the perimeter of the Contractor's network, the use of ICSA compliant firewalls is required. The handoff to Ohio Department of Job and Family

Services, according to the Contractor's best practices, may be a pair of firewalls, routers, load balancers or Ethernet switches. The Contractor shall not provision any Internet or TDM services directly to or directly to the inside of the Contractor's security perimeter.

15. The network connectivity shall provision VPN remote access to the inside of its security perimeter through the Ohio Department of Job and Family Services as though a "third party". Remote access will first be to the Ohio Department of Job and Family Services, and the Ohio Department of Job and Family Services will transport network communications over to the Medicaid Decision Support System via the singular dual gigabit Ethernet access point.
16. Vendor will provide and maintain all server, network, switches, hardware, racks for mounting hardware, power cabling inside of the racks, KVM switches and/or terminal servers for access to server consoles, monitors for KVM switches, applications/web pages/SSL devices to support https, encrypted network connections, and/or secure socket layers requirements within the Medicaid Decision Support System hardware and software solution.
17. Modification of the Data Warehouse and Data Marts must be performed using the existing data warehouse architecture for the DBMS, Data modeling and ETL. (AIX UDB, Informatica, Erwin All Fusion). The Contractor may convert the extract processing from the ODFJS Data warehouse to the Medicaid Decision Support System using their own ETL tool, convert to Informatica or maintain and modify the existing COBOL processes that are currently extracting data for use in the current Medicaid Decision Support System.

**Ohio Department of Job and Family Services Responsibilities:**

1. Provide training and testing facilities and coordinate the State staff.
2. Provide administrative support for security implementation.
3. Provide computer floor space and power connections for related equipment.
4. Provide network connectivity.
5. Provide required desktop hardware and office automation tools that are not Medicaid Decision Support System related.
6. Provide Cognos 8 (or higher), Documentum eRoom, ESRI, RequisitePro or Rose, Serena Collage and Informatica software licensing as required.
7. Review and approve all test and quality assurance plans and reports.
8. Monitor network availability, throughput, and bandwidth available for concurrent users.
9. Provide the interface from the self-contained network perimeter via dual Gigabit Ethernet interfaces with a mutually agreed upon stateful failover mechanism using active-active posture.
10. Provide networking/connectivity to interface with the self-contained network perimeter to include switches and firewalls that permit the use of https, encrypted network connections to application/web servers, secure socket layers, intrusion detection appliances, network management, Contractor remote access through VPN, and power up to the cabinets, servers and storage.
11. Provide secure connectivity and access to all third parties. All network communications between the Contractor's infrastructure and the Medicaid Decision Support System users will traverse the Ohio Department of Job and Family Services secured network.

**Contractor Deliverables:**

1. Deliverable/milestone form for the installation and operational functionality of all hardware and base software (e.g., DBMS and operating systems) are complete in the specified environments.
2. Deliverable/milestone form for the installation and operational functionality of all Key Commercial Software and Commercial Software meeting the technical requirements (Supplement Three) and mandatory baseline requirements in the Business Requirements (Supplement Two).
3. Operational system that provides Web access and that meets the technical and business requirements established in this RFP.
4. Completion of the ETL process to load production.
5. Testing documentation that identifies and verifies the data has successfully loaded, is accurate and meets performance standards.
6. Quality Assurance documentation that identifies and verifies the data and solution have successfully met all quality assurance requirements.
7. Security documentation that identifies and verifies the data and solution have successfully met all security requirements.
8. Disaster Recovery Plan.
9. User and technical staff training in the use of the analytical tools and operation of the solution.

10. Implementation of the tools to report daily, weekly, and monthly statistics.
11. Daily reports that compile and analyze statistics for the following:
  - Itemizing all extraneous, timed out or user cancelled data requests and the length of time the data requests were active.
  - All analysis transactions, transaction times and types of analysis.
  - All completed and incomplete transactions and why a transaction was incomplete.
  - Itemizing all orphaned processing on the application server.
  - Trends across periods of time including daily, weekly, monthly and quarterly.
  - Itemizing run time statistics on update cycles.
12. Successful completion of at least one monthly update cycle.
13. Logical data model documentation including:
  - Mapping from the source system to the Data Warehouse to the Medicaid Decision Support System,
  - Mapping of tables and columns of tables from sources data to the Medicaid Decision Support System,
  - Common naming conventions,
  - Time stamp of fields, and
  - Field change history.
14. Weekly and monthly status reports.
15. Data quality analysis documentation, recommendations and walk through with State staff.
16. Logical and physical data base design.
17. ETL Test design, development and implementation using Informatica for the Data Warehouse and data aggregates.
18. ETL Test design, development and implementation for Medicaid Decision Support System.

#### **IV. STABILIZATION PERIOD**

The Stabilization Phase comprises a two-month period to confirm that all hardware and software is installed and configured properly and fully operational. During this two month period, the Contractor will be responsible for performing two monthly, error free, automated and unattended ETL cycles for the Medicaid Decision Support System. This phase will be used to ensure that the system meets the mandatory baseline requirements for decision support and the Performance Standards. The Stabilization Phase is considered complete and the Operational Phase begins when the Contractor conducts two successful, consecutive, error free monthly update cycles within Performance Standards parameters.

#### **Contractor Responsibilities and Deliverables**

1. To initiate acceptance for this phase, the solution must meet the Performance Standards established within this RFP. The Performance Test Results Report must include: deficiencies/errors, solutions (modifications made to the system), and application and systems tuning required to meet or exceed the Performance Standards.
2. The Contractor must obtain State approval on all operational documentation including user and operations manuals in an electronic format that can be modified by the State. The Contractor must provide all operational documents in the Documentum eRoom including user manuals for system users that provides the log on and log off procedures and procedures for queries, building queries, reports, special conditions, system use, basic access, navigation instructions, etc. The Contractor must also provide hardcopy operations manuals for the State technical staff that contains procedures for start up and shut down, backup and recovery, configuration, software upgrades, system operation, maintenance and technical support including problem identification, initial diagnosis, and problem resolution.
3. The Contractor must provide all hardware, software, installation, and modification services and documentation.
4. After completion of two successful sequential monthly updates, provide a production readiness report in conjunction with the Deliverable/milestone form certifying that the Medicaid Decision Support System is operating in a production mode.
5. The Contractor must be in the final stages of stabilizing a training system environment and in the final stages of documenting all related Medicaid Decision Support System curriculum and materials.
6. Ongoing Training of up to an additional 50 users.

7. Provide support for the Medicaid Decision Support System during the stabilization period that includes the following:
  - a. Configuration and integration with the Ohio Department of Job and Family Services scheduling software for job processing dependencies with the Data Warehouse environment.
  - b. Establish and maintain automated job processing and scheduling dependencies with the Data Warehouse environment. In addition, establish and maintain the Medicaid Decision Support System Automated job scheduling and processing calendars.
  - c. Establish issue tracking and configuration management for related software and migration processes.
  - d. Establish and implement performance monitoring tools and perform performance tuning of the system to meet Performance Standards.
  - e. Manage and conduct all required processing for data loads/unloads.
  - f. Ensure, verify and correct data integrity and quality issues.
  - g. Ensure and verify all update processes run appropriately.
  - h. Perform operating system, database and query tuning for optimum performance
  - i. Create appropriate database permissions
  - j. Provide production on call support to ensure timely completion of update cycles.
  - k. Provide documentation on system performance metrics
  - l. Correct any application defects affecting the successful migration of the solution to the Operational Phase.
  - m. Provide routine system metrics as follows:
    - Severity of problem;
    - Type of problem;
    - Number of problems;
    - Anticipated fix date;
    - Resolution;
    - Frequency of problem occurrence; and
    - Problem cause(s).
8. Initiate quality assurance activities that identify and verify the data has successfully loaded, is accurate and meets Performance Standards.
9. The Contractor must document the following:
  - a. Detail ETL Systems Design.
  - b. Data quality analysis identifying and documenting the business rules.
  - c. Mapping schema and business rules including metadata for ETL processes from source systems through the Data Warehouse to the Medicaid Decision Support System Solution.
  - d. Transformation and cleansing logic.
  - e. Error processing for ETL process, security modifications and enhancement documentation.
  - f. Updated physical and logical data model documentation.
10. The Contractor must maintain the automated tools to report daily, weekly, and monthly operational and performance statistics.
11. The solution must provide reports on a daily basis that compile and analyze statistics for the following:
  - a. Itemization of all extraneous, timed out or user cancelled data requests, and the length of time the data requests were active.
  - b. Analysis transactions, transaction times and types of analysis.
  - c. Completed and incomplete transactions and why a transaction was incomplete.
  - d. Itemization of all orphaned processing on the application server.
  - e. Trends across periods of time including daily, weekly, monthly and quarterly.
  - f. Itemization of run time statistics on update cycles.

**Ohio Department of Job and Family Services Responsibilities:**

1. Verify all hardware, software and network necessary for this phase is installed.
2. Provide feedback associated with Contractor's efforts in update cycle processing.
3. Perform security administration.
4. Review and comment on Contractor drafts of system and training materials.
5. Review and accept/reject the stabilization period certification acceptance form.
6. Provide feedback on system performance standards, response time and system operations.

7. Monitor network availability, throughput, and bandwidth available for concurrent users.
8. Review system metrics.
9. Review outcomes of quality assurance activities.
10. Provide the interface from the self-contained network perimeter via dual gigabit Ethernet interfaces with a mutually agreed upon stateful failover mechanism using active-active posture.
11. Provide networking and connectivity to interface with the self-contained network perimeter to include switches and firewalls that permit the use of https, encrypted network connections to application/web servers, secure socket layers, intrusion detection appliances, network management, Contractor remote access through VPN, power up to the cabinets, servers and storage.
12. Provide secure connectivity and access to all third parties. All network communications between the Contractor's infrastructure and the users of the Medicaid Decision Support System will traverse the Ohio Department of Job and Family Services secured network.
13. Attend Project Status meetings.

## **V. OPERATIONAL PHASE**

The Operational Phase comprises the day-to-day monitoring, technical assistance, performance tuning and routine ETL processes for the Medicaid Decision Support System. This phase is to ensure that the system continues to meet the mandatory baseline requirements for decision support and the performance expectations defined in the Performance Standards.

### **Contractor Responsibilities and Deliverables**

1. The Contractor must maintain all Operational Documents. In addition to Project documentation, the Contractor must provide the State with user and operations manuals in an electronic format that can be modified by the State. The Contractor must provide all operational documents in the Documentum eRoom including user manuals for system users that provides the log on and log off procedures and procedures for queries, building queries, reports, special conditions, system use, basic access, navigation instructions, etc. The Contractor must also provide hardcopy operations manuals for the State technical staff that contains procedures for start up and shut down, backup and recovery, configuration, software upgrades, system operation, maintenance and technical support including problem identification, initial diagnosis, and problem resolution.
2. The Contractor must provide all hardware, software, installation, and modification services and documentation.
3. The Contractor must provide onsite technical and user support (e.g., retrieving desired data; selectively viewing and presenting data; formatting and saving reports; specialized report development; alternative ways to group, present, or otherwise enhance the understanding of reports; interpreting query results, etc.) to respond to user questions and to direct problems to the proper resolution entity.
4. The Contractor must provide additional technical and user support through a help desk toll free number. All help related requests must be entered into an electronic help desk system and be logged and tracked to completion and for response metrics. The State must have the ability to initiate a help desk ticket through online, email or telephone access and view tickets. Help desk tickets must be responded to within one hour and substantive responses to user questions must be provided within four hours. Open inquiries must be completely resolved within 48 hours of being logged or as mutually agreed upon by the State and the Contractor.
5. The Contractor must provide technical and user support services for all aspects of the system not covered under separately executed license agreements resulting from this RFP. The Contractor must provide one full-time onsite technical resource per year for the life of the Contract for analytical support service to users and programs in areas of expertise including: identification of Fraud, Waste and Abuse; expertise in specialized areas such as pharmacy, long term care and dental knowledge; private sector health care standards related to Medicaid; specialized report development; HIPAA reporting requirements; decision support and modeling concepts.
6. The Contractor must maintain web based training applications that can be accessed by various users as a training application, tutorial, or reinforcement training. The web based training applications shall be accessible via a secured Internet log-on environment, 24/7 with the exception of the State-approved system maintenance periods. The Contractor must ensure the web based training applications and modules are consistent with the Contractor's training modules used by trainers in

hands-on facilitated training sessions. The web based training applications and modules must incorporate training cases for users to learn or enhance hands-on practice of skills, information processing, and system change control information dissemination.

7. The Contractor must provide ongoing hands on computer based training for new user sessions, refresher course sessions, or advanced training sessions. Each month, the Contractor must be prepared to deliver up to three formal training courses for the duration of the Operational Phase.
8. The Contractor must provide train the trainer training for up to five State staff who may take responsibility for the ongoing training sessions during the Operational Phase.
9. The Contractor must provide operational support for the Medicaid Decision Support System for the day-to-day operations and update processes that includes the following:
  - a. Configuration and integration with the Ohio Department of Job and Family Services scheduling software for related processing jobs that require running within the Data Warehouse environment.
  - b. Maintenance of job scheduling calendars and automation for the Medicaid Decision Support System processing.
  - c. Maintenance of all operations, technical and training documentation related to the system.
  - d. Issue tracking and configuration management for related software and migration processes.
  - e. Database software upgrades, operating system and related software as necessary to meet production and development requirements.
  - f. Establishment and implementation of performance monitoring tools and performance tuning of the system to meet Performance Standards.
  - g. Performance and management of data storage, disk and processing capacity planning and implementation of systems enhancements.
  - h. Management of data loads and unloads to and from production
  - i. Ensure, verify and correct data integrity and quality issues.
  - j. Ensure and verify backup processes run appropriately
  - k. Ensure and verify all update processes run appropriately
  - l. Perform daily monitoring for online and batch activity
  - m. Perform operating system and database and query tuning for optimum performance
  - n. Creation and migration of new databases and database changes to the production environment
  - o. Create, maintain, test and migrate all application software required to support the Medicaid Decision Support System application.
  - p. Assist the State development staff with problem resolution relating to Medicaid Decision Support System dependencies on Medicaid data sources.
  - q. Create and manage appropriate database permissions
  - r. Provide production on call support to ensure timely completion of update cycles.
  - s. Verify and ensure back ups for all database and software is functional
  - t. Perform database, software and related file recovery when required.
  - u. Prepare and maintain the Business Resumption and Disaster Recovery Plan
  - v. Ensure that appropriate backups of all data and related software is performed on a regular basis and that the backup media is protected and can be utilized for recovery purpose that includes disaster or accidental data or systems corruption or loss.
  - w. Communicate maintenance plans
  - x. Communicate production issues
  - y. Complete and prepare for distribution reports on system outages and resolution actions
  - z. Establish standards, timelines and deployment requirements for system software upgrades, including Operating Systems, databases, backup software, Web servers and related technology supporting the Medicaid Decision Support System. The Contractor must ensure that the base decision support software solution is upgraded and compatible with all other commercial software supporting the decision support system (e.g., operating, database, backup software, web browser, office automation, GIS or any related peripheral technology). The Contractor is therefore required to upgrade the base decision support software solution to operate, support and be compatible with new commercial third-party software release version(s) within one year of the release of a third-party software new release or upgrade.
  - aa. Provide ongoing documentation of system performance metrics
  - bb. Create transition plan
  - cc. Correction of application defects
  - dd. Provide on-line system performance and user utilization reports and graphs on a daily, weekly, monthly, quarterly and annual basis

- ee. Provide technical and user support
  - ff. Provide technical and user training
  - gg. Provide maintenance and support of the system including updates, patches and repairs, correction of application defects and onsite support
  - hh. Provide routine system metrics as follows:
    - Severity of problem;
    - Type of problem;
    - Number of problems;
    - Anticipated fix date;
    - Resolution;
    - Frequency of problem occurrence and problem cause(s).
  - ii. Plan and manage timeframes for correcting application defects.
10. The Contactor must continue Quality Assurance activities that identifies and establishes verification that the data has successfully loaded and the solution has accurate data and meets Performance Standards. Upon request by the State, the Contractor must provide a report that demonstrates compliance with Performance Standards within 72 hours or a mutually agreed upon time frame.
  11. The Contractor must maintain the tools to report daily, weekly, and monthly statistics.
  12. The solution must provide reports on a daily basis that compile and analyze statistics for the following:
    - a. Reports itemizing all extraneous, timed out or user cancelled data requests, and the length of time the data requests were active.
    - b. Reports of all analysis transactions, transaction times and types of analysis.
    - c. Reports of all completed and incomplete transactions and why a transaction was incomplete.
    - d. Reports itemizing all orphaned processing on the application server.
    - e. Reports must be able to show trend across periods of time including daily, weekly, monthly and quarterly.
    - f. Reports itemizing run time statistics on update cycles,
  13. The Contractor must conduct quarterly audit reviews to ensure the solution meets all Health Insurance Portability and Accountability Act, Medicaid confidentiality, and substance abuse confidentiality, State and federal regulations. Results of the audit must be generated in a quarterly report that must be provided to the State. The laws listed below are considered the most applicable to data privacy and security in the Medicaid environment.
    - a. Health Insurance Portability and Accountability Act (HIPAA), 42 USC §1320d and 45 CFR parts 160, 162, and 164.
    - b. Confidentiality of alcohol and drug abuse patient records regulation, (Substance Abuse Confidentiality) 42 CFR Part 2.
    - c. Safeguarding Information on Applicants and Recipients, (Medicaid Confidentiality) 42 CFR 431 Subpart F.
  14. Provide complete documentation that includes the following:
    - a. Physical and logical data model
    - b. Mapping from the source system to the Data Warehouse to the Medicaid Decision Support System
    - c. System configuration and diagrams for the hardware and software installation
    - d. Complete documentation defining all business rules and transformations within the ETL processes
  15. The Contractor must attend weekly and monthly Project meetings including creating and providing Weekly and Monthly Project Status Reports as outlined in the Initiation Phase.
  16. The Medicaid Decision Support System network infrastructure solution is required to be self-contained and in its own security perimeter. In securing the perimeter of the Contractor's network, the use of ICSA compliant firewalls is required. The handoff to the Ohio Department of Job and Family Services, according to the Contractor's best practices, may be a pair of firewalls, routers, load balancers or Ethernet switches. The Contractor shall not provision any Internet or TDM services directly to or directly to the inside of the Contractor's security perimeter.
  17. The network connectivity shall provision VPN remote access to the inside of its security perimeter through the Ohio Department of Job and Family Services as though a "third party". Remote access will first be to the Ohio Department of Job and Family Services, and the Ohio Department of Job and

Family Services will transport network communications over to the Medicaid Decision Support System via the singular dual gigabit Ethernet access point.

18. Vendor will provide and maintain all server, network, switches, hardware, racks for mounting hardware, power cabling inside of the racks, KVM switches and/or terminal servers for access to server consoles, monitors for KVM switches, applications/web pages/SSL devices to support https, encrypted network connections, and/or secure socket layers requirements within the Medicaid Decision Support System hardware and software solution.
19. Modification of the Data Warehouse and Data Marts must be performed using the existing data warehouse architecture for the DBMS, Data modeling and ETL. (AIX UDB, Informatica, Erwin All Fusion). The contractor may convert the extract processing from the ODFJS Data warehouse to the Medicaid Decision Support System using their own ETL tool, convert to Informatica or maintain and modify the existing COBOL processes that are currently extracting data for use in the current Medicaid Decision Support System.

#### **Ohio Department of Job and Family Services Responsibilities:**

1. Perform security administration functions for the maintenance of user login and passwords to the Medicaid Decision Support System solution.
2. Review and approve Contractor deliverables within agreed upon time frames for:
  - a. Changes to update schedules and processing
  - b. Test plans, documentation and systems change specifications
  - c. System performance metrics for response time and system operations
3. Purchase and renew software licensing required for the Data Warehouse and Medicaid Decision Support System.
4. Purchase additional hardware or software to meet Performance Standards impacted by the addition of new users and the enhanced or new data sources.
5. Provide support for the monitoring of network availability and throughput to analyze user connectivity and performance issues.
6. Assist the Contactor and as needed conduct analysis of the Operating System configuration and settings, hardware, storage and database to assess whether the architecture is operating effectively and efficiently.
7. Ensure adequate floor space, power, cooling and network connectivity for the operation of the system.
8. Provide support to assist in management of backup media relocation or retrieval from the State's disaster recovery storage site.
9. Work with the Contractor to establish priorities and direction for systems changes to the Data Warehouse that may impact update cycles and data availability.
10. Maintain the interface from the self-contained network perimeter via dual gigabit Ethernet interfaces with a mutually agreed upon stateful failover mechanism using active-active posture.
11. Maintain networking/connectivity to interface with the self-contained network perimeter to include switches and firewalls that permit the use of https, encrypted network connections to application/web servers, secure socket layers, intrusion detection appliances, network management, Contractor remote access through VPN, and power up to the cabinets, servers and storage.
12. Maintain secure connectivity and access to all third parties.

#### **VI. ENHANCEMENT PHASES**

The Enhancement Phases comprise a series of phases to add additional data to the Data Warehouse and to the new Medicaid Decision Support System from State agencies or Ohio Department of Job and Family Services sources. In these phases the Contractor will be performing requirements gathering and analysis, data modeling, data quality analysis, data mapping and transformation design, system testing, report and query design and modification of existing reports, creation of new reports, and the development of ETL processes required to populate the Data Warehouse and the Medicaid Decision Support System. Supplement Four contains information on the new and enhanced data sources to be included in the Data Warehouse and Medicaid Decision Support System. Record layout, physical model, logical model and data dictionary information is available for a subset of the new and enhanced data sources contained in Supplement Four. Supplement Seven contains a list of available supporting information for the data sources.

For this work the Contractor is expected to propose a team that will be dedicated to analysis, design development, and deployment of enhancement specifications. The Contractor may develop specifications that combine several of the new subject areas into a solution release. The Child Health data must be included in the first enhancement phase followed by additional new subject areas incrementally implemented within 90-120 days after State approval of the detailed specifications. The Contractor must work with State staff supporting the existing Data Warehouse and data aggregation architecture to ensure that these enhancements follow the State's standards, methods, and best practices for loading and managing the data in the Data Warehouse.

Subject area additions will comprise reoccurring phases for development of ETL processes to populate the existing Data Warehouse and the new Medicaid Decision Support System. These enhancements must include changes to existing reports or the addition of new reports to incorporate the additional data within the Medicaid Decision Support System.

The State may require the Contractor to complete a portion of the Enhancement Phases work or the State may cancel this work at any time during the life of the Contract.

### **Contractor Responsibilities:**

1. Project Management Project Plan and Project plan baselines
2. Perform analysis and design to meet agreed upon query, algorithm, and report requirements identified for each of the new data sources.
3. The Contractor must organize and conduct State joint application design (JAD) sessions to identify enhancement requirements and ensure that all enhancements are acceptable to the State including evaluation of business model and process changes.
4. Develop extract and load processes for each of the new data sources based upon design specifications that the State has signed off on. Development includes agreed upon changes to the ODFJS Data Warehouse and the new Medicaid DSS.
5. Develop new or modify existing report templates to enable the use of the new data sources as agreed upon during the Design Phase.
6. Conduct testing for ETL to the Data Warehouse and Medicaid DSS that includes unit, system and user acceptance testing of the load processes.
7. Provide support and resolve system performance issues and deficiencies. The Contractor must perform all necessary modifications to the solution to ensure system performance reaches acceptable levels in a production environment and meets the Performance Standards.
8. Provide user training on the new data sources within the Medicaid Decision Support System. The Contractor must provide the instructors, manuals, and handouts required for training. Training must consist of a combination of web-based computer training, hands-on, and lecture components.
9. Modify the disaster recovery plan, software installation procedures and operational procedures as needed to reflect the changes implemented with the new data sources.
10. Provide testing and Quality Assurance activities that identifies and establishes verification that the data and solution has successfully loaded, contains accurate data and meets RFP Performance Standards.
11. Provide complete documentation that includes the following:
12. Physical and logical data model
13. Mapping from the source system to the Data Warehouse to the Medicaid Decision Support System
14. Complete documentation defining all business rules and transformations within the ETL processes
15. Modification of the Data Warehouse and Data Marts must be performed using the existing data warehouse architecture for the DBMS, Data modeling and ETL. (AIX UDB, Informatica, Erwin All Fusion). The Contractor may convert the extract processing from the ODFJS Data warehouse to the Medicaid Decision Support System using their own ETL tool, convert to Informatica or maintain and modify the existing COBOL processes that are currently extracting data for use in the current Medicaid Decision Support System.
16. Provide a dedicated team for the analysis, design, development and development activities of the enhancements.
17. Provide support for development of new/updated reports development, design and deployment
  - a. Document how the modifications affect the creation of queries, algorithms and reports.
  - b. Thoroughly review, validate, and update standard reports, if necessary
  - c. Update written functional specification explaining the logic of the algorithm, alert or report
  - d. Provide testing and validation of the enhanced or new reports

**Ohio Department of Job and Family Services Responsibilities:**

1. Provide training and testing facilities and coordinate the State staff.
2. Coordinate State participation in design and specifications sessions.
3. Coordinate State participation in acceptance testing.
4. Review and approve specifications proposals.
5. Perform agreed upon administrative security processes and procedures.
6. Perform development, database modifications and implementation of changes to the Data Warehouse and data aggregates as mutually agreed upon.
7. Perform production monitoring, maintenance and modifications to the new subject area processing implemented in the Data Warehouse and data marts (after training and acceptance).
8. Procure newly identified software licensing and hardware as required.
9. Provide computer floor space and power connections for related equipment.
10. Provide network connectivity.
11. Provide required desktop hardware and office automation tools that are not Medicaid Decision Support System related.
12. Provide Cognos 8 (or higher), Documentum eRoom, ESRI, RequisitePro or Rose, Serena Collage and Informatica software licensing as required.
13. Review and approve all test and quality assurance plans and reports.
14. Monitor network availability, throughput, and bandwidth available for concurrent users.

**Contractor Deliverables:**

1. Prepare a detailed Project plan and scope document defining the work to be performed for the specified data source(s).
2. Revised capacity plan and requirements for additional hardware to support the new data sources.
3. Development and implementation of all ETL process to load the new data into the Data Warehouse and the Medicaid Decision Support System.
4. Testing documentation that identifies and verifies the data has successfully loaded, is accurate and meets performance standards.
5. Quality Assurance documentation that identifies and verifies the data and solution have successfully met all quality assurance requirements.
6. Security documentation that identifies and verifies the data and solution have successfully met all security requirements.
7. Revised Disaster Recovery Plan.
8. User and technical staff training in the use of the new data and reporting.
9. Detail ETL Systems Design document.
10. Data quality analysis and identifying and documenting business rules
11. Mapping schema and business rules including metadata for ETL process from source systems through the Data Warehouse to the Medicaid Decision Support System.
12. Transformation and cleansing logic.
13. Document error processing for ETL process security modifications and enhancement documentation
14. Updated physical and logical data model documentation.
15. Walk through of data quality analysis documentation, recommendations with State staff.
16. Walk through of the detail ETL and reporting design and specifications with State staff.
17. Design and implementation of the physical data base changes for the Medicaid Decision Support System.
18. ETL design, development, test plans, testing and implementation using Informatica for the Data Warehouse and data aggregates.
19. ETL design, development, test plans, testing and implementation of changes for Medicaid Decision Support System.
20. Provide support for updated security implementation, including creation/updating detailed description of the required security changes to be applied to the system for the new data sources, update security procedures and documentation and train State Staff on security administration changes.
21. Provide support for creation of new reports and algorithms including fraud and abuse algorithms based upon the enhancements.
22. Weekly and monthly status reports on design work, construction, testing and project schedules.
23. Perform necessary Medicaid Decision Support System software upgrades: The Contractor must follow deployment processes approved by the State. When installing software upgrades, the

Contractor must evaluate the impact on current configurations. If the proposed Medicaid Decision Support System includes Commercial Software products that are integral to the application and are licensed products for which their software license agreements include provisions for regular software upgrades, the Contractor must provide such upgrades as specified in the software license agreements throughout the term of said agreements.

#### **IV. TRANSITION PHASE – Optional Phase**

The Contractor must provide a Transition Plan, specifying how the Contractor will provide assistance in turning over all parts of the Medicaid Decision Support System in the event of Contract expiration or termination. At the time of transition, the State will determine which parts of the plan to implement.

The Contractor must provide for a smooth and timely transition of the system software, operations and maintenance to the State or its designated agent. The plan must include transition of all data, modules, equipment and software required to operate the Medicaid Decision Support System. The transition steps must include establishing a Project plan and deliverables schedule that includes onsite training for business and technical staff. The plan must identify the required staffing and knowledge base required of the staff that will be receiving the training.

#### **Contractor Responsibilities:**

At a minimum, for completion of this phase the Contractor must:

1. Develop and execute a Transition Plan to transfer all aspects of the Medicaid Decision Support System. The plan must be developed with and approved by the State. The plan must include all tasks and phases for transition, state resources required and a schedule with task duration, resource assignments, and expected completion date of the Transition Phase.
2. Transition all data, software, and documentation for system update processes and related maintenance.
3. Assess and recommend resources required by the State or designated agent to take over operation of the system, including:
  - a. Staffing requirements including details of required skill sets, roles and responsibilities
  - b. Additional facilities and hardware that may be necessary to support the operation including, but not limited to equipment, software, networking, telecommunications and office space
4. Provide documentation, including user manuals, operations manuals, and system documentation, in both hard and soft copy format, that identifies and provides instructions required to maintain and operate the system.
5. Document procedures and steps required to migrate and or update computer programs, scripts and related technical documentation.
6. Provide documentation for:
  - a. Physical and logical data models
  - b. Data mapping from the source systems into the solution that includes tables, columns and transformation business rules
7. Provide on-site training to State staff, or designated agent, in the operation of the Medicaid Decision Support System for:
  - a. Systems update processes
  - b. Script execution and scheduling
  - c. Identifying and correcting update processing errors or failures
  - d. Identifying and correcting performance problems for the DBMS
  - e. Identifying and correcting performance problems for systems operating system and hardware
  - f. Capacity planning and monitoring
  - g. Systems performance monitoring and reporting metrics
8. Provide on-site training to State staff or designated agent for:
  - a. Query construction, analysis, debugging and performance tuning.
  - b. ETL maintenance.
  - c. Software upgrade processes, steps and configuration.
  - d. Software and or script maintenance and migration.
  - e. Performance tuning.

- f. Designing and modifying scripts, software code, database and related technology utilized by the solution.
9. Provide an itemized report of all outstanding open user and technical issues.
10. Correct defects, at no cost to the State, which existed in the system prior to transition.
11. Two onsite FTEs to provide technical and business user support for 90 days after the transition to State staff or designated agent.

**Ohio Department of Job and Family Services Responsibilities:**

1. Notify the Contractor of the State's intent to transfer or replace the system at least nine months prior to the date determined by the State.
2. Review and approve the Transition Plan by working with the Contractor and assist the Contractor with the transfer of the Medicaid Decision Support System components to the State or designated agent.
3. Review and approve the recommended resource staffing and training requirements.
4. Provide State or designated staff for training in the operation of the Medicaid Decision Support System.
5. Coordinate the transfer of the Medicaid Decision Support System by providing a project manager and staffing for the defined staffing plan required to maintain the system.
6. Provide office space for the State staff assigned to be trained and perform support of the system.
7. Review and approve corrected defects that existed in the system prior to transition or caused by a lack of support during transition.

**Contractor Deliverables:**

The State must approve the content and format of all deliverables at the outset of the Transition Phase. The State reserves the right to reject any deliverable that is not in the proper format or does not appear to completely address the function of the deliverable requirement. The deliverables for this phase include:

1. Project plan for transition activities that includes timeline, tasks and resources assignments.
2. Onsite project manager and team to conduct training and management of the transition.
3. Status reports on transition progress and action items.
4. Current system hardware and software configuration documentation
5. Outstanding system problems and their status
6. Recommendations for ongoing operations and support containing, hardware, software, staffing and training requirements
7. Recommendations for system enhancements, modifications and corrective actions required to resolve any deficiencies
8. Systems operations documentation for maintaining and conducting data update processes
9. Application documentation on programs, scripts, processes and data models
10. Documentation on ETL mapping and transformation business rules
11. On site training for data update operations, maintenance, software installation, patching, backup recovery and related support activities that would allow the State or designated staff to maintain the usability of the Medicaid Decision Support System.
12. On site training for systems security administration
13. All training materials used for business and technical staff.
14. All training material must be provided in soft copy that allows the State to modify using office automation products compatible with Microsoft Office Suite.
15. All Medicaid Decision Support System documentation must be provided in soft copy format (e.g. software, files, system, technical and user operation manuals, etc.)
16. All custom documentation for technical operations manuals, processes, and procedures utilized in or to manage the operations for update processing cycles for data, software migration, release installations, and systems configuration specifications and methods must be provided in soft copy format compatible with Microsoft Office automation products.

**Contractor Responsibilities and Deliverables.** The Contractor must meet all RFP requirements and complete all Project milestones and Deliverables, as described in the Contractor's responsibilities and deliverables in the Scope of Work section.

**Maintain Project Plan.** The Contractor must update the Project Plan submitted with its Proposal (see Attachment Three) and submit a detailed Project Plan, in electronic and paper form, to the Project Representative for approval within 10 calendar days after the kick-off meeting. Thereafter, the Contractor must:

- Formally update the Project Plan, including work breakdown structure and schedule, and provide the updated Project plan as part of its monthly reporting requirements during the Project; and
- Ensure the Project Plan allows adequate time for the State to review, comment on, and approve all Deliverables.

The Project Plan must allow sufficient time for the State's staff to review all Deliverables. The State will determine the number of business days it needs for such reviews and provide that information to the Contractor after award and early in the development of the Project Plan. Should the State reject a Deliverable for any reason, the Contractor must correct all deficiencies and resubmit it for the State's review and approval until the State accepts the Deliverable. (See Attachment Three for components of the Project Plan.)

The Contractor must track work completed on each deliverable that properly identifies all costs under the Contract by category of Federal Financial Participation and provide documentation to support the State's claim for Federal Financial Participation (FFP) in accordance with State Medicaid Manual, Part 11.

**Meeting Attendance and Reporting Requirements.** The Contractor's Project management approach must adhere to the following Project meeting and reporting requirements:

- Immediate Reporting - The Project Manager or a designee must immediately report any Project staffing changes to the Project Representative (See: Attachment Four: Part Two: Replacement Personnel).
- Attend Weekly Status Meetings - The Project Manager and other Project team members must attend weekly status meetings with the Project Representative and other members of the Project teams deemed necessary to discuss Project issues. These weekly meetings must follow an agreed upon agenda and allow the Contractor and the State to discuss any issues that concern them.
- Provide Weekly Status Reports - The Contractor must provide written status reports to the Project Representative at least one full business day before each weekly status meeting.
- At a minimum, weekly status reports must contain the items identified below:
  - Updated GANTT chart, along with a copy of the corresponding Project Plan files (i.e. MS Project) on electronic media acceptable to the State;
  - Status of currently planned tasks, specifically identifying tasks not on schedule and a resolution plan to return to the planned schedule;
  - Issues encountered, proposed resolutions, and actual resolutions;
  - The results of any tests;
  - A Problem Tracking Report must be attached;
  - Anticipated tasks to be completed in the next week;
  - Task and Deliverable status, with percentage of completion and time ahead or behind schedule for tasks and milestones;
  - Proposed changes to the Project work breakdown structure and Project schedule, if any;
  - Identification of Contractor staff assigned to specific activities;
  - Planned absence of Contractor staff and their expected return date;
  - Modification of any known staffing changes; and
  - System integration activities.

The Contractor's proposed format and level of detail for the status report is subject to the State's approval.

- Prepare Monthly Status Reports - During the Project, the Contractor must submit a written monthly status report to the Project Representative by the fifth business day following the end of each month. At a minimum, monthly status reports must contain the following:
  - A description of the overall completion status of the Project in terms of the approved Project Plan (schedule and cost, if applicable);

- Updated Project work breakdown structure and Project schedule;
- The plans for activities scheduled for the next month;
- The status of all Deliverables, with percentage of completion;
- Time ahead or behind schedule for applicable tasks;
- A risk analysis of actual and perceived problems;
- Testing status and test results; and
- Strategic changes to the Project Plan, if any.

**Develop, Submit, and Update High-Level Plans.** As part of the Project, the Contractor must develop a high-level project management plan (Project Plan) and a System Development Life Cycle plan. The Contractor also must update the plans with more detail throughout subsequent Project phases to address, at a minimum, the following subjects:

Project Plan:

- Project Integration,
- Project Scope,
- Project Time,
- Project Quality,
- Project Staffing,
- Project Communications,
- Project Risk, and
- Project Procurement;

System Development Plan:

- Conversion plan,
- Testing plan (to include all test scripts and data required to test to the lowest level),
- Benchmark plan,
- Implementation plan,
- Training plan (for users, technical staff),
- System implementation plan,
- Change management plan,
- Transition (including system transition strategy, procedures),
- Quality Assurance, Configuration Management.

The Contractor must develop these plans from information that the State's Project personnel provide. These State personnel have varying percentages of their time to devote to this Project, and the Contractor must consider their time commitments to the Project in creating the Project schedule and when obtaining information from State staff to create the above plans.

The following Ohio Department of Job and Family Services technical staff will be available to support the proposed Medicaid Decision Support System implementation.

Resource	Position	% of Time
1	Information Technology Consultant 3	50%
1	Information Technology Consultant 1	100%
1	Senior Data Base Analyst	15%
1	Systems Programmer/Architect	50%
1	Data Warehouse Project Manager	50%
1	Data Modeler	75%
2	ETL Programmer	75%

**Liquidated Damages.** If the Contractor fails to meet the obligations in items A through E below for any reason other than an excusable delay, as defined elsewhere in the Contract, the State may assess liquidated damages in the amounts specified in items A through E below for every day of the occurrence or continuation of the failure, which ever is applicable, until the date this Contract is terminated. The liquidated damages are solely for addressing the State's damages for the delay during the time specified

above, which would be difficult to measure in actual damages. The liquidated damages are not intended as damages for termination of the Contract due to the Contractor's default, cost to the State to correct the failure itself or have the failure corrected by a third party, liability to others for the failure, or cost to cover after termination for the Contractor's failed performance. These are separate damages for which the State can seek to recover. The State also may provide the Contractor with written notice of its default under this section, which the Contractor must cure within 30 days. Should the Contractor fail to cure its default within the 30 day cure period, this Contract will terminate immediately for cause and the State will be entitled to damages in accordance with the applicable provisions elsewhere in this Contract for such a termination. Should the State assess liquidated damages or otherwise be entitled to damages under this provision, it may offset these damages from any Fees due under this Contract.

**A. Performance Standards.** The State will use baseline performance standards to assess system performance. The Performance Standards will be based on an increasing base of concurrent users over time in each proposed analytical solution (i.e., Business, Executive and Advanced users). Initial metrics will be assessed against a base of 300 total concurrent users with a 20% yearly increase of concurrent users over five years, to a maximum of 700 concurrent for all analytic solution type users. The Contractor must meet these Performance Standards on a daily basis and must provide online statistical performance reports and graphs as required below.

1. Navigation to specified screens, as mutually agreed upon during the Design Phase, that do not require execution of any SQL query to or within the application must occur within 5 seconds 95% of the time. The liquidated damages will be \$1000 per workday that screen response time does not meet this metric.
2. Specified screens, as mutually agreed upon during the Design Phase, used to build or construct a report must be able to complete within 20 seconds 95% of the time. The liquidated damages will be \$1000 per workday that screen response time does not meet this metric.
3. 80% of all submitted data requests that require a simple data analysis must complete within 15 minutes or less (i.e., a "simple" data analysis - 2 fact tables, 2 measures and 2 dimensions). The liquidated damages will be \$1000 per workday that response time does not meet this metric.
4. 90% of all submitted data requests that require a moderately complex data analysis must complete within 30 minutes or less (i.e., a "medium complexity" data analysis - 4 fact tables, 5 measures and 6 dimensions). The liquidated damages will be \$250 for each occurrence on each workday that response time does not meet this metric.
5. 95% of all submitted data requests that require a complex data analysis must complete within 120 minutes or less (i.e., a "complex" data analysis - 10 fact tables, 10 measures and 10 dimensions). The liquidated damages will be \$500 for each occurrence on each workday that response time does not meet this metric.
6. 100% of all submitted data requests must complete within 1440 minutes. The liquidated damages will be \$1000 for each workday that response time does not meet this metric
7. Monthly ETL end-to-end cycle to the Medicaid Decision Support System must be completed within 1440 minutes of the start of the process.

**B. Documentation.** The Contractor is responsible for providing to the State complete, accurate, and timely documentation of the Data Warehouse and Medicaid Decision Support System. Such documentation must be produced according to the specifications described within the RFP.

The liquidated damages will be \$100 for each workday that documentation is not submitted or is unacceptable to the State.

**C. Medicaid Decision Support System Monthly Update.** The Contractor must complete the monthly updates within the specified time periods. Monthly ETL end-to-end cycle to the Medicaid Decision Support System must be completed within 1440 minutes of the start of the process.

The liquidated damages will be \$1,000 for each workday that a monthly update is not completed on time. The monthly update cycle must be approved by the State before it is considered complete.

- D. Milestones or Phases.** Unless otherwise specified, milestones and Deliverables that occur during the Initiation, Design, Implementation, Stabilization, Operational, Enhancement and Transition Phases must be completed by the Contractor in final form on the dates specified in the Contractor's Project Plan as outlined in the RFP. The State must review and provide written acceptance of all milestones or Deliverables.

The liquidated damages will be \$1,000 per workday for each day the milestone or Deliverable is late or unacceptable.

- E. Correction of Deficiencies Identified by the State Requirements.** If the State identifies deficiencies in the Contractor's performance of requirements as describe in the RFP, not otherwise addressed in other liquidated or actual damages provisions, the State will require the Contractor to develop a corrective action plan within 10 workdays. The corrective action plan will be reviewed by the State within five workdays and modified by the Contractor in five workdays.

The liquidated damages shall be equal to \$500 per day for each day that the corrective action plan is late or not acceptable to the State and \$1,000 per day for each day that the deficiency is not corrected.

**Work Hours and Conditions.**

1. The Ohio Department of Job and Family Services' normal core business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. It is the Contractor's responsibility to ensure staff are working within these parameters and to communicate to the State's Project Manager when exceptions, such as requested time off, personal illness or emergencies arise, to ensure these situations will not impact the Project.
2. For onsite required Contractor staff, the Ohio Department of Job and Family Services will provide a workspace, workstation, telephone, and needed office supplies. The Contractor must assist the Ohio Department of Job and Family Services with the staffing administrative costs (i.e., the costs associated with workspace, workstation, telephone, needed office supplies) at the rate of \$2,000.00 per full time equivalent, per quarter

At the beginning of each biennium, at the sole discretion of the Ohio Department of Job and Family Services, the \$2,000.00 per full time equivalent per quarter rate may be reviewed and amended per the Ohio Department of Job and Family Services' current mandated standard for these costs. These costs are not disputable, nor negotiable.

3. Unusual working conditions may include, but are not limited to, operation of a computer terminal for long periods of time, working in excess of eight hours per day, working on Saturdays, Sundays and State holidays, and being on call 24 hours a day.

**PART TWO: SPECIAL PROVISIONS**

**Software Licenses.** The Contractor must provide or arrange for perpetual software licenses to be provided for all Key Commercial Software necessary to meet the requirements of this RFP. The State requires an enterprise license for all such Key Commercial Software. An enterprise license also gives the Ohio Department of Job and Family Services the right to copy the Key Commercial Software and run and use multiple instances of it, for the above purposes, if reasonably necessary to facilitate the authorized use of it, provided the Ohio Department of Job and Family Services owns or controls the computers on which the Key Commercial Software is installed. The Ohio Department of Job and Family Services may also copy the software for use on computers owned and controlled by third parties, if the purpose of doing so is to facilitate disaster recovery, emergency needs, including testing and training for such purposes, and to permit a third party to host the Key Commercial Software on behalf of the State in an outsourcing

arrangement. This agency license also gives the Ohio Department of Job and Family Services the right to provide the authorized individuals described above the right to access the Key Commercial Software remotely through a browser or client software and an Internet or similar connection for all uses and purposes identified above.

**Submittal of Deliverables.** The Contractor must perform its tasks in a timely and professional manner that produces Deliverables that fully meet the Contract's requirements. The Contractor must complete its work in steps that will result in Deliverables associated with those steps, and the Contractor must provide the required Deliverables no later than the due dates proposed in the RFP or included in the Contractor's Project Plan as approved by the State. At the time of delivery of a written Deliverable, the Contractor must submit an original and one copy of each Deliverable, plus an electronic copy. The Contractor must provide the electronic copy in a file format acceptable to the State. Also, with each Deliverable, the Contractor must submit a Deliverable Submittal Form signed by the Project Manager. (See Attachment Six of the RFP.)

By submitting a Deliverable, the Contractor represents that, to the best of its knowledge, it has performed the associated tasks in a manner that meets the Contract's requirements.

The Contractor must provide all Deliverables to the Project Representative, who will review (or delegate review of) the materials or documents within a reasonable time after receipt, as specified in the Project Plan.

If the State determines that a Deliverable is not in compliance, the Project Representative will note the reason for non-compliance on the Deliverable Submittal Form and send the form to the Project Manager. At no expense to the State, the Contractor then must bring the Deliverable into conformance and re-submit it to the Project Representative within ten business days.

If the State agrees the Deliverable is compliant, the Project Representative will indicate that by signing the Deliverable Submittal Form and returning a copy of it to the Contractor. In addition, if the Project Representative or designee determines that the State should make a payment associated with the Deliverable, the Project Representative will indicate that the payment should be made on the Deliverable Submittal Form.

The State form authorizing payment (Attachment Six) and the payment itself do not indicate that the State has accepted the Deliverables associated with the payment. The State's acceptance of the Deliverables that are part of developing the Project is conditioned on a successful performance test upon completion of the Project.

Status reports are not subject to a review and approval process.

**Special Maintenance Standards.** To minimize outages, system changes to hardware and software will require work to be performed off normal business hours (evenings, weekends and holidays). The operational update processes will require execution and monitoring off normal business hours.

All operational downtime will require prior approval by the State.

**The Contractor's Fee Structure.** The Contract award will be for a not-to-exceed fixed price, payable in accordance with the schedule below:

The Contractor will be paid based on the phases established for the Project. These phases are defined in the Scope of Work section of this RFP and comprise of the Initiation Phase, Design Phase, Implementation Phase, Stabilization Phase, Operational Phase, Transition Phase and Enhancement Phases. The hardware and installation will be paid in full upon acceptance when the Contractor has successfully installed and proven that the hardware is functional. The Key Commercial Software and Commercial Software including base software (e.g., operating system and DBMS) will be paid in full upon acceptance when the Contractor has successfully delivered the software. Acceptance of the hardware configuration will be based upon a signed Deliverable Submittal Form (Attachment Six) from the Contractor certifying that the configuration is operational (refer to Contractor Deliverables, Implementation

Phase). Offerors must provide a separate proposed cost for the Transition Phase and on going Operational Support. Proposed costs must be provided in the Cost Summary forms in Attachment Thirteen.

Upon receipt of a signed Deliverable Submittal Form (Attachment Six) indicating the State agrees that the Deliverable identified in the work breakdown structure is compliant or that the Contractor has met an applicable milestone and payment should be made, the Contractor may submit an invoice for that Deliverable or milestone, according to the payment schedule identified above.

The Contractor must track work completed on each Deliverable that properly identifies all costs under the Contract by category of Federal Financial Participation (FFP) and provide documentation to support the State's claim for Federal Financial Participation (FFP) in accordance with State Medicaid Manual, Part 11.

<b>Payment Milestone/Deliverable</b>	<b>Payment</b>	
Hardware and Installation	Paid in Full Upon Acceptance	
Key Commercial Software & Commercial Software	Full License Fee	
<b>Initiation Phase (8%)</b>		
Updated Project Plan and Project Schedule	0.5% Upon Acceptance	
Technical Environment Requirements Plan	2% Upon Acceptance	
Change Management Plan		
Communication Management Plan		
Document Management Plan		
Issue/Resolution Plan		
Quality Assurance Plan		
Risk Management Plan		
System and User Acceptance Testing Plan		
Training Plan		
Primary Contractor Project Site Plan		5.5% Upon Acceptance
<b>Design Phase (7%)</b>		
Configuration Management Plan		
Business Continuity Plan		
Physical and Logical Data Model Plan		
Technical and User Documentation Plan		
Security Plan		
System and User Acceptance Testing Plan		
Report Development, Design and Deployment Plan		
System Requirements Document		
Requirements Traceability Matrix		
Detailed Systems Design		
ETL System Design		
Architectural Component Procurement Plan		
Deployment Plan		
Reconciliation Procedures		7% Upon Acceptance
<b>Implementation Phase (35%)</b>		
Implementation Phase acceptance	35% Upon Acceptance	
<b>Operational Phase (50%)</b>		
Operational Phase acceptance	50% Upon Acceptance	
<b>Ongoing Operations</b>		
	25% of quoted annual Operational Cost to be paid quarterly	
<b>Transition Phase</b>		
	Paid in Full Upon Acceptance	
<b>Enhancement Phases</b>		
	Paid in Full Upon Acceptance	
	100% upon acceptance of each completed statement of work for a data source(s)	

**Reimbursable Expenses.** None.

**Bill to Address.** Ohio Department of Job and Family Services  
Attn: Accounts Payable  
Ohio Health Plans  
30 E. Broad St  
27th Floor  
Columbus, OH 43215

**Location of Data.** All Data related to this Project scope of work must reside in Ohio at the State of Ohio Computer Center.

## ATTACHMENT THREE: REQUIREMENTS FOR PROPOSALS

**Proposal Format.** Each Proposal must include sufficient data to allow the State to verify the total cost for the Project and all of the offeror's claims of meeting the RFP's requirements. Each Proposal must respond to every request for information in this attachment, whether the request requires a simple "yes" or "no" or requires a detailed explanation. Simply repeating the RFP's requirement and agreeing to comply may be an unacceptable response and may cause the Proposal to be rejected.

These instructions describe the required format for a responsive Proposal. The offeror may include any additional information it believes is relevant. An identifiable tab sheet must precede each section of a Proposal, and each Proposal must follow the format outlined below. All pages, except pre-printed technical inserts, must be sequentially numbered. Any material deviation from the format outlined below may result in a rejection of the non-conforming Proposal.

The technical Proposal may not exceed 250 8.5 by 11-inch pages. The offeror's Proposal may include 11 by 17-inch pages. Each 11 by 17-inch page will count as two pages. All pages must have 1-inch (or more) margins at the top, bottom, left and right sides of each page and with text in at least 10-point font size. A smaller font size may be used for graphics and Microsoft Project WBS text. Sections specifically excluded from the page count as indicated below and tables of contents, tables of figures, tab sheets, page dividers, or State-required supplements and State-required attachments such as the profile summaries, are excluded from the page limit.

\*Excluded from the 250-page limit.

Each Proposal must contain the following:

- Cover Letter
- Certification\*
- Location of Data
- Offeror Profile
- Offeror Profile Summary Forms\*
- Contractor Performance\*
- Minimum Financial Requirements
- Personnel Profile Summaries\*
- Proposed System Solution (Supplements Two, Three and Four are excluded from the page limit. All other proposed system solution requirements are included in the page limit.)
- Staffing Plan
- Time Commitment
- Assumptions
- Project Plan (The WBS\* is excluded from the page limit. All other Project plan requirements are included in the page limit.)
- Quality Assurance Plan
- Test Plan
- Training Plan
- Security Plan
- MITA Alignment
- Support Requirements
- System Development Life Cycle Overview
  - System Requirements Affirmation
  - Design
  - Development and Testing
  - Documentation and Training
  - System Deployment and Post-Deployment
- Equipment and System Elements
- Pre-Existing Materials
- Commercial Materials
- Proposed Changes to the Master Contract for Software Licensing\*
- Warranty for Commercial Materials
- Bond Commitment\*

Conflict of Interest Statement\*  
Proof of Insurance\*  
Payment Address\*  
Legal Notice Address\*  
W-9 Form\*  
Declaration Regarding Terrorist Organizations\*  
Cost Summary (must be separately sealed)\*

**Cover Letter. This section is included in the page limit.**

The offeror must include a cover letter in the form of a standard business letter that provides an executive summary of the solution the offeror plans to provide, and an individual authorized to legally bind the offeror must sign the letter. The letter also must include the following:

- a. A statement regarding the offeror's legal structure (e.g., an Ohio corporation), federal tax identification number, D-U-N-S number, and principal place of business;
- b. A list of the people who prepared the offeror's Proposal, including their titles;
- c. The name, phone number, fax number, email address, and mailing address of a contact person who has authority to answer questions regarding the Proposal;
- d. A list of all subcontractors, if any, that the offeror will use on the Project, if the State selects the offeror to do the work;
- e. For each proposed subcontractor, the offeror must attach a letter from the subcontractor, signed by someone authorized to legally bind the subcontractor, with the following included in the letter:
  1. The subcontractor's legal status, federal tax identification number, D-U-N-S number, and principal place of business address;
  2. The name, phone number, fax number, email address, and mailing address of a person who is authorized to legally bind the subcontractor to contractual obligations;
  3. A description of the work the subcontractor will do;
  4. A commitment to do the work if the offeror is selected;
  5. A statement that the subcontractor has read and understood the RFP and will comply with the requirements of the RFP;
  6. A statement that the subcontractor will maintain any permits, licenses, and certifications required to perform its portion of the work;
- f. A statement that the offeror's proposed solution for the Project meets all the requirements of this RFP;
- g. A statement that the offeror has not taken any exception to the terms and conditions in this RFP;
- h. A statement that the offeror does not assume there will be an opportunity to negotiate any aspect of its Proposal;
- i. A statement that the offeror will comply with all federal and Ohio laws, rules, and regulations, including the State's rules for conduct on its premises and data and network security;
- j. A statement that the offeror is proposing a Project Manager who is a regular, fulltime employee of the offeror;
- k. A statement that the offeror's regular, fulltime employees will perform at least 30% of the work on the Project;
- l. A statement that the offeror will not substitute, at Project start-up, personnel for those evaluated by the State, except when a candidate's unavailability is no fault of the offeror (e.g. Candidate is no longer employed by the Contractor, is deceased, etc.); and
- m. A statement that the offeror is not now subject to an "unresolved" finding for recovery under Revised Code Section 9.24 and that the offeror will notify the State anytime it becomes subject to such a finding before the award of a Contract arising out of this RFP.
- n. A statement that the offeror be in compliance with 42 United States Code ("USC") Sections 1320d through 1320d-8 and the implementing regulations found at 45 CFR 164.502(e) and 164.504(e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**All offerors must submit a response that contains an affirmative statement using the language in paragraphs a through m above.**

**Certification. This section is excluded from the page limit**

Each Proposal must include the following certification on company letterhead signed by an individual authorized to legally bind the offeror:

(Insert offeror's name) affirms that, if awarded the Contract, it will be the prime Contractor on the Project, and its proposed Project Manager is and will remain a regular, full-time employee of (insert offeror's name) during the Project.

(Insert offeror's name) affirms that it will not and will not allow others to perform work for the State of Ohio outside of any geographic restrictions in the RFP or at any location not disclosed in its proposal without express written authorization from the Project Representative. (Insert offeror's name) also affirms that it will not and will not allow others to take data that belongs to the State of Ohio outside any geographic restrictions in the RFP or any locations disclosed in its proposal without express written authorization from the Project Representative.

(Insert offeror's name) affirms that all personnel provided for the Project will have a valid I-9 form on file with (Insert offeror's name) and will have presented valid employment authorization documents, if they are not United States citizens.

(Insert offeror's name) affirms that any small business program participants will provide necessary data to ensure program reporting and compliance.

(Insert offeror's name) is and will remain during performance of the Contract a separate and independent enterprise from the State of Ohio, the Office of Information Technology, and the «AGENCY». (Insert offeror's name) has a full opportunity to find other business opportunities and has made a significant investment in its business. Additionally, (insert offeror's name) will retain sole and absolute control over the manner and means of carrying out its obligations and activities under the Contract. The Contract will not create any joint employment relationship between (insert offeror's name), any of its personnel, its subcontractors, or their personnel and the State of Ohio, the Office of Information Technology, or the «AGENCY».

(Insert offeror's name) affirms that the people supplied under the Contract are either (1) employees of (insert offeror's name), with (insert offeror's name) withholding all appropriate taxes, deductions, and contributions required under law, or (2) independent contractors to (insert offeror's name).

(Insert offeror's name) affirms that it has obtained a written acknowledgement from its independent contractors that they are and will remain separate and independent enterprises from the State of Ohio, the Office of Information Technology, and the «AGENCY» for all purposes, including the application of the Fair Labor Standards Act, Social Security Act, Federal Unemployment Tax Act, Federal Insurance Contributions Act, the Internal Revenue Code, Ohio tax law, worker's compensation law, and unemployment insurance law.

**Location of Data. This section is included in the page limit.**

As part of its Proposal, the offeror must disclose the following:

1. The location(s) where the offeror and its subcontractors will perform all services;
2. The location(s) where the offeror and its subcontractors will maintain or make any State data applicable to the Contract available; and
3. The offeror's and its subcontractors' principal places of business.

**Offeror Profile. This section is included in the page limit.**

Each Proposal must include a profile of the offeror's capability, capacity, and relevant experience working on projects similar to this Project. The profile also must include the offeror's legal name, address, telephone number, and fax number; home office location; date established; ownership (such as public firm, partnership, or subsidiary); firm leadership (such as corporate officers or partners); number of employees; number of employees the offeror will engage in tasks directly related to the Project; and any other background information that will help the State gauge the ability of the offeror to fulfill the obligations of the Contract.

**Contractor Performance. This section is excluded from the page limit**

The offeror must complete Attachment Seven, Contractor Performance Form.

**Minimum Financial Requirements. This section is included in the page limit.**

If the offeror has audited financial statements, it must provide its them for the past three years. If the offeror's most recently completed fiscal year is not yet audited, the previous three years may be acceptable. If the offeror has no audited financial records, it may submit its financial statements for the last three years without an auditor's certification.

**Offeror Profile Summary Form. This section is excluded from the page limit.**

This RFP includes an Offeror Profile Summary Form as an attachment. The offeror must use this form and fill it out completely to provide the required information.

**The Offeror Profile Summary Form contained in this document has been customized for the applicable offeror requirements. (Refer to Attachment Eight.) Each page of the form may contain minor variations. If an offeror elects to duplicate the form electronically, the offeror must carefully review each page of the form to ensure that it has been copied accurately. Failure to duplicate the form exactly may lead to the rejection of the offeror's Proposal.**

Each offeror must meet all the mandatory requirements in the RFP. If an offeror does not meet all the mandatory requirements, the State may reject the offeror's Proposal as non-responsive.

The various sections of the Offeror Profile Summary Forms are described below:

- a) **Mandatory Experience and Qualifications.** The offeror must complete this section to demonstrate that it has the experience needed to meet the RFP's mandatory requirements. (Refer to Attachment Eight.) For each reference, the offeror must provide the following information:
  - **Contact Information.** The offeror must provide a client contact name, title, phone number, email address, company name, and mailing address. The offeror also must include the same information for an alternate client contact, in case the State cannot reach the primary contact. Failure to provide this information or providing information that is inaccurate or out of date may result in the State not including the reference in the evaluation process or rejecting the offeror's Proposal. The contact information given must be for a person within the client's organization and not a co-worker or a contact within the offeror's organization, subsidiaries, partnerships, etc.
  - **Project Name.** The offeror must provide the name of the project where it obtained the mandatory experience.
  - **Dates of Experience.** The offeror must complete this area with a beginning month and year and an ending month and year to show the length of time the offeror performed the work, not just the length of time the offeror was engaged by the reference.
  - **Description of the Related Service Provided.** The State will not assume that, since the experience requirement is provided at the top of the page, all descriptions on that page relate to that requirement. The offeror must reiterate the experience being described, including the

capacity in which the work was performed and the role of the offeror on the Project. It is the offeror's responsibility to customize the description to clearly substantiate the qualification.

- Description of how the related service shows the offeror's experience, capability, and capacity to develop the Deliverables and to achieve this Project's milestones.

The offeror must list each project experience separately and completely every time it is referenced, regardless of whether it is on the same or different pages of the form.

- b) **Required Experience and Qualifications.** The offeror must complete this section to demonstrate that it meets the requirements for experience. For each reference, the offeror must provide the information in the same manner as described above under item a, Mandatory Experience and Qualifications.

**THE OFFEROR MAY NOT USE THE EXPERIENCE OR QUALIFICATIONS OF A SUBCONTRACTOR TO MEET ANY OF THE ABOVE MANDATORY QUALIFICATIONS OR EXPERIENCE. THESE MUST BE FULFILLED EXCLUSIVELY THROUGH THE QUALIFICATIONS AND EXPERIENCE OF THE OFFEROR. If the offeror seeks to meet any of the other qualifications and experience through a subcontractor, the offeror must identify the subcontractor by name in the appropriate part of the Offeror Profile Summary Form, in Attachment Eight to this RFP, for each reference.**

**Personnel Profile Summaries.** Each Proposal must include a profile for each key member of the proposed work team. This RFP includes Personnel Profile Summary Forms as Attachment Nine, and the offeror must use these forms and fill them out completely for each reference.

**The Personnel Profile Summary Forms contained in this RFP have been customized for the applicable candidate requirements. Each page of the forms may contain minor variations. If an offeror elects to duplicate the forms electronically, the offeror must carefully review each form to ensure that it has been copied accurately. Failure to duplicate the forms exactly may lead to the rejection of the offeror's Proposal.**

The offeror must propose a Project team that collectively meets all the requirements in this RFP, as demonstrated through the Personnel Profile Summary Forms. Each team member may have mandatory requirements listed in this RFP that the team member must individually meet. The offeror must name all candidates proposed, and each must meet the technical experience for the candidate's position.

The State will not consider a candidate's overlapping months of experience toward meeting the experience requirements in this RFP. Therefore, for each requirement for a key position, the Personnel Profile Summary Forms for the candidate must demonstrate that the candidate meets the requirement through a work experience that does not overlap in time with any other work experience used to meet any other requirement for the position.

The offeror must demonstrate that all candidate requirements have been met by using the Personnel Profile Summary Forms. The various sections of the forms are described below:

- a) **Candidate References.** If the offeror provides less than three projects, the offeror must explain why. The State may reject the Proposal if less than three projects are given for a candidate.
- b) **Education and Training.** The offeror must use this section to list the education and training of the proposed candidate and demonstrate, in detail, the proposed candidate's ability to properly perform under the Contract. The offeror must show how the candidate's education and training relates to the requirements of the RFP.
- c) **Mandatory Experience and Qualifications.**

The offeror must complete this section to show how a candidate meets the mandatory experience requirements, if any are applicable to that candidate. If any candidate does not meet the mandatory requirements for the position the candidate is proposed to fill, the offeror's Proposal may be rejected as non-responsive.

For each reference, the offeror must provide the following information:

- Candidate's Name.
- Contact Information. The offeror must completely fill out the client contact name, title, phone number, email address, company name, and mailing address. The offeror must include the same information for an alternate client contact, in case the State cannot reach the primary contact. Failure to provide this information may result in the State not including the reference experience in the evaluation process. It also may be a basis for rejecting the Proposal as non-responsive. The offeror must give contact information for a person in the client's organization and not a co-worker or a contact in the offeror's organization, subsidiaries, partnerships, etc.
- Dates of Experience. The offeror must complete this section with a beginning month and year and an ending month and year to show the length of time a candidate performed the technical experience being described, not just the length of time the candidate worked for the company.
- Description of the Related Service Provided. The State will not assume that, since the technical requirement is provided at the top of the page, all descriptions on that page relate to that requirement. The offeror must reiterate the technical experience being described, including the capacity in which the candidate gained the experience and the role of the candidate in the project as it relates to this Project. It is the Contractor's responsibility to customize the description to clearly substantiate the candidate's qualification.

The candidate's project experience must be listed separately and completely every time it is referenced, regardless of whether it is on the same or different pages of the form.

- d) Required Experience and Qualifications. The offeror must complete this section to show how its candidate meets the experience requirements. (Refer to Attachment Nine.) For each reference, the following information must be provided:

- Candidate's Name.
- Contact Information. The client contact name, title, phone number, email address, company name, and mailing address must be completely filled out. The same information must be included for an alternate client contact, in case the State cannot reach the primary contact. Failure to provide requested contact information may result in the State not including the experience in the evaluation process or rejecting the offeror's Proposal. The contact information given must be for a person within the client's organization and not a co-worker or a contact within the offeror's organization, subsidiaries, partnerships etc.
- Dates of Experience. The offeror must complete this section with a beginning month and year and an ending month and year to show the length of time the candidate performed the technical experience being described, not just the length of time the candidate worked for the company.
- Description of the Related Service Provided. The State does not assume that, since the technical requirement is provided at the top of the page, all descriptions on that page relate to that requirement. Offerors must reiterate the technical experience being described, including the capacity in which the experience was performed and the role of the candidate in the project as it relates to this Project. It is the offeror's responsibility to customize the description to clearly substantiate the candidate's qualification.

The candidate's project experience must be listed separately and completely every time it is referenced, regardless of whether it is on the same or different pages of the form.

**Proposed System Solution. Supplements Two, Three and Four are excluded from the page limit. All other proposed system solution requirements are included in the page limit.**

The offeror must describe in detail how its proposed solution meets the RFP requirements including Supplements Two, Three and Four of this RFP. For the requirements identified in Attachment Two, Scope of Work, the offeror must describe in detail how requirements will be met. In Supplements Two and Three a field will be provided under each requirement. The offeror must describe in detail how each requirement will be met in the provided Supplement. A separate section must be provided to describe how the offeror will add or enhance the data sources identified in Supplement Four. The offeror may not simply state that the proposed solution will meet or exceed the specified requirements. Instead, the offeror must provide a written narrative that shows that the offeror understands the functionality and the technical requirements of this RFP and how the offeror's proposed solution meets those requirements.

All the specifications given in this RFP for equipment and other system elements are minimum system requirements. The offeror may recommend features or other elements in excess of the minimum but must clearly identify them as such, provide the rationale behind the recommendations, and explain how they will benefit the State. The recommendations may not result in additional evaluation credit being given.

**Staffing Plan. This section is included in the page limit.**

The offeror must provide a staffing plan that identifies all the personnel by position that the offeror proposes and that are required to do the Project. The staffing plan must show each individual's responsibilities on the Project. The State also requires a staffing plan that matches the proposed Project key personnel and qualifications to the activities and tasks that will be completed on the Project. In addition, the plan must have the following information:

- A matrix matching each team member to the staffing requirements in this RFP;
- A contingency plan that shows the ability to add more staff if needed to ensure meeting the Project's due date(s); and
- The number of people onsite at the State location at any given time to allow the State to plan for the appropriate workspace.

**Time Commitment. This section is included in the page limit.**

The offeror must submit a statement and a chart that clearly indicate the time commitment of the proposed Project Manager and the offeror's proposed team members for this Project during each phase of the System Development Life Cycle. The offeror also must include a statement indicating to what extent, if any, the Project Manager may work on other projects during the term of the Contract. The State may reject any Proposal that commits the proposed Project Manager or any proposed key Project personnel to other projects during the term of the Project, if the State believes that any such commitment may be detrimental to the offeror's performance.

**Assumptions. This section is included in the page limit.**

The offeror must list all the assumptions the offeror made in preparing the Proposal. If any assumption is unacceptable to the State, the State may reject the Proposal. No assumptions may be included regarding negotiation, terms and conditions, or requirements.

**Project Plan. This section is included in the page limit.**

The State encourages responses that demonstrate a thorough understanding of the nature of the Project and what the Contractor must do to get the Project done properly. To this end, the offeror must submit a Project Plan that the offeror will use to create a consistent and coherent management plan for the Project. The Project Plan must include detail sufficient to give the State an understanding of how the offeror's knowledge and approach will:

- Manage the Project;
- Guide Project execution;

- Document planning assumptions and decisions;
- Facilitate communication among stakeholders;
- Define key management review as to content, scope, and schedule; and
- Provide a baseline for progress measurement and Project control.

The State seeks insightful responses that describe proven, state-of-the-art methods. Recommended solutions should demonstrate that the offeror will be prepared to quickly undertake and successfully complete the required tasks. The offeror's Project Plan should clearly and specifically identify personnel assignments and the number of hours by individual for each task.

The Project Plan must clearly address each phase described in Attachment Two (Initiation, Design, Implementation, Stabilization, Operational and the initial Enhancement Phase). Additionally, the offeror must indicate in the Project Plan for each task, multiple iterations for each set of Deliverables that correspond with the Contractor's Fee Structure section.

The Contractor should use the chart included in Attachment 12 as a guideline to build its Project Plan. The graphical illustration in Attachment 12 represents the State's initial view of the overall Data Warehouse and Medicaid Decision Support System timeline. The Contractor must comply with the following constraints when developing its Project Plan.

1. The Design Phase must begin immediately after the Initiation Phase and last no more than 3 weeks.
2. The Implementation Phase must begin after acceptance of the Design Phase and last no more than 6 months. Mandatory Baseline requirements must be completed during this phase.
3. There must be no overlap between Stabilization Phase and the Performance Period.
4. The Contractor must provide an error free Stabilization Phase for two months after acceptance of the Implementation Phase.
5. The Contractor must complete the work on all data sources included in Supplement Four of the RFP by June 2009.
6. The Contractor must provide training and support throughout the life of the Contract.

At a minimum, the offeror's Project Plan must include the following:

- Description of the Project management approach;
- Scope statement that includes the Project objectives and the Project Deliverables and milestones;
- Work breakdown structure as a baseline scope document that includes Project elements. The work breakdown structure must show the elements at a level of detail that demonstrates the offeror's understanding of the effort required to do the work. The work breakdown structure also must have increasingly descending levels of detailed definition added as the Project continues. The work breakdown structure must clearly address the Initiation Phase, Design Phase, Implementation Phase, Stabilization Phase, Operational Phase and Enhancement Phases. The Project elements must include, at a minimum, scope definition, requirements gathering, design, development, conversion, testing, benchmarking, implementation, training, and transition, as applicable;
- Detailed Project schedule for all Project phases, Deliverables and milestones. The offeror's proposal must specifically address the Project Initiation, Design, Implementation, Stabilization, Operational and Enhancement Phases. The offeror must provide the Project schedule as a Microsoft Project Gantt chart, showing all major Project tasks on a week-by-week schedule to serve as the basis for managing the Project. The schedule must clearly demonstrate how the Project will become fully operational by the delivery date. The offeror must give dates for when all Deliverables and milestones will be completed and start and finish dates for tasks. The offeror also must identify and describe all risk factors associated with the forecasted milestone schedule;
- Who is assigned responsibility for each Deliverable within the work breakdown structure to the level at which control will be exercised;
- Performance measurement baselines for technical scope and schedule;
- Major milestones and target date(s) for each milestone that are consistent with this RFP's dates;
- Key or required staff and their expected effort;

- High-level subsidiary Project management plans:
  - Integration management,
  - Scope management,
  - Schedule management,
  - Cost management,
  - Quality management,
  - Staffing management,
  - Communications management, and
  - Risk management (including constraints and assumptions, planned responses and contingencies);
- Description of the offeror's proposed organization(s) and management structure responsible for fulfilling the Contract's requirements;
- Definition of the review processes for each milestone and Deliverable (e.g. mandatory design review) and a description of how the parties will conduct communication and status review;
- Description of the Project issue resolution process; and
- If the offeror chooses to use subcontractors, this part of the offeror's Proposal must describe its approach to managing its subcontractors effectively.

**Quality Assurance Plan. This section is included in the page limit.**

The State encourages responses that demonstrate a thorough understanding of Quality Assurance. A Quality Assurance Plan defines the techniques, procedures, and methodologies that will be used during the Project to assure the timely delivery of the software that meets specified requirements within Project resources.

The Quality Assurance Plan must provide a detailed narrative explaining how the offeror will address the following components during the Project life cycle(s):

1. Meeting documented evaluation and acceptance standards,
2. Providing feedback on how development efforts are conforming to various development standards,
3. Documenting software test results match business requirements and specifications and adhere to acceptance standards, and
4. Providing quality metrics and baselines for further implementation efforts.

At a minimum, the offeror's Quality Assurance Plan must include and address the following:

- Introduction
  - Purpose
  - Scope
- Program Management and Planning
  - Quality Assurance Plan
  - Organization
  - Tasks
  - Software Training
  - Quality Assurance Personnel
- Quality Assurance Program Requirements
- Quality Assurance Program Audits
  - Scheduled Audits
  - Unscheduled Audits
  - Audit Reports
- Quality Assurance Records
  - Quality Assurance Status Reports
  - Software Documentation
  - Requirements Traceability
  - Software Development Process
  - Project reviews
  - Formal Reviews

- Informal Reviews
- Tools and Techniques
- Software Configuration Management
- Release Procedures
- Change Control
- Problem Reporting
- Software Testing
  - Unit Test
  - Integration Test
  - System Testing
  - Validation Testing
- Project Metrics

**Test Plan. This section is included in the page limit.**

The State encourages responses that demonstrate a thorough understanding of structured testing methods and test plan dependencies to well documented operational requirements. The process of preparing standardized test plans is a way to document efforts needed to validate the acceptability of a software product, and document metrics that can be utilized to improve implementation efforts and establish defect performance baselines. The offeror must submit a Test Plan that describes the objectives, scope, approach, and focus of a testing effort.

The Test Plan must provide a detailed narrative describing the offeror's testing approach throughout the Project life cycle(s): At a minimum, the offeror's Test Plan must include and address the following:

- Title
- Identification of software including version/release numbers
- Revision history of document including authors, dates, and approvals
- Table of Contents
- Purpose of document and intended audience
- Objective of testing effort
- Software product overview
- Relevant related document list, such as requirements, design documents, other test plans, etc.
- Relevant standards or legal requirements
- Traceability requirements
- Relevant naming conventions and identifier conventions
- Overall software project organization and personnel/contact-info/responsibilities
- Test organization and personnel/contact-info/responsibilities
- Assumptions and dependencies
- Project risk analysis
- Testing priorities and focus
- Scope and limitations of testing
- Test outline - a decomposition of the test approach by test type, feature, functionality, process, system, module, etc. as applicable
- Outline of data input equivalence classes, boundary value analysis and error classes
- Test environment - hardware, operating systems, other required software, data configurations, and interfaces to other systems
- Test environment validity analysis - differences between the test and production systems and their impact on test validity.
- Test environment setup and configuration issues
- Software migration and CM processes
- Test data setup requirements
- Database setup requirements
- Outline of system-logging/error-logging/other capabilities, and tools such as screen capture software, that will be used to help describe and report bugs or test incidents.

- Discussion of any specialized software or hardware tools that will be used by testers to help track the cause or source of bugs.
- Test automation - justification and overview
- Test tools to be used, including versions, patches, etc.
- Test script/test code maintenance processes and version control
- Problem tracking and resolution - tools and processes
- Project test metrics to be used
- Reporting requirements and testing deliverables
- Software entrance and exit criteria
- Initial testing period and criteria
- Test suspension and restart criteria
- Personnel allocation
- Personnel pre-training needs
- Test site/location
- Open issues log

**Training Plan. This section is included in the page limit.**

The State encourages responses that demonstrate a thorough understanding of training techniques and practices. The Training Plan will demonstrate the use of instructors, manuals and handouts required for training. The plan needs to describe the use of computer based and web based training applications, hands-on training, and lecture based training. The plan must indicate how these different approaches maintain consistency with each other. The plan also must illustrate how these approaches are modified as the software applications are changed. The offeror must submit a Training Plan that describes the approach, methods, tools, and techniques for both technical and user training needs demonstrating regular and individualized training.

The Training Plan must confirm that the offeror's proposed Training Plan will include the following and provide a detailed narrative describing how the listed components will be addressed during the Project life cycle(s):

- Title
- Revision history of document including authors, dates, approvals
- Table of Contents
- Purpose of Training Plan
- Scope and limitations of training
  - Intended audience
  - Objective of training effort and the benefits
  - Training requirements
  - Qualification of course materials
  - Qualification of instructors
  - Qualification of course classes and personnel being covered
  - Training software products, Tools and Techniques including versions, patches, etc.
- Training organization and personnel/contact-info/responsibilities
- Assessment of the technical strengths and weaknesses of the organization being trained highlighting the gaps between the knowledge and skills needed for the organization
- Training priorities and focus
- Curriculum describing course descriptions, intended audience (e.g. beginner, intermediate, advanced), recommended sequencing of the courses, length of the course, planned frequency of course, course development), and method of delivery (e.g. hands on CBT, online, WebEx seminar, etc.)
- Training material, software and tool maintenance processes and version control
- Training environment - hardware, operating systems, other required software, data configurations, interfaces to other systems
- Training environment validity analysis - differences between the training and production systems

- and their impact on training quality
- Training environment setup and configuration issues
- Training data setup requirements
- Training database setup requirements
- Training Evaluation and Tracking Procedures

**Security Plan. This section is included in the page limit.**

The State encourages responses that demonstrate a thorough understanding of system and data security including system integrity, data integrity, sensitive confidential restricted data, access controls, risk assessment, data stewardship, and security awareness training to well documented operational security requirements. The goal of the Security Plan should be to determine an appropriate level of security suitable for Medicaid data. The offeror must submit a sample Security Plan that describes the objectives, scope, approach, and focus of system and data security that meets Health Insurance Portability and Accountability Act (HIPAA), Medicaid confidentiality, substance abuse confidentiality, and State and federal regulations.

The Security Plan must include the following and provide a detailed narrative describing how the listed components will be addressed during the Project life cycle(s):

- Title
- Revision history of document including authors, dates, approvals
- Table of Contents
- Purpose of document, intended audience
- Objective of security efforts
- Security product overview
- Relevant security related document list, such as requirements, design documents, other security plans, etc.
- Relevant State and Federal standards or legal requirements
- Open Security issues log
- Security Awareness Training Plan
- Sensitive Confidential Data and Restricted Fields
  - Restricted data and restricted fields are expected to be tailored to the specific needs and circumstances of each workgroup area, but at a minimum must comply with Health Insurance Portability and Accountability Act, Medicaid Confidentiality and Substance Abuse Confidentiality State and Federal Regulations.
  - Identification of the units who have rights to view the data
  - Implementation, audit and enforcement plan to protect the security of restricted data for specific individuals or business areas.
  - Include measures to adequately protect restricted data from the point at which it enters the solution.
  - Reason for user and workgroup access rights
  - Include data inventory requirements, to ensure that security is addressed for all locations and all workgroups where restricted data is used
  - Identification of individual fields that need restricted including workgroups that will have access to the restricted data, location and 'owners'
  - Categories of confidentiality, integrity, data availability, work groups, and redactable fields
- Access Controls
  - Describe access control methods to ensure that only authorized users are able to view or report on restricted Data. Describe access control methods that:
    - authenticate the identity of a user requesting access to Restricted Data,
    - authorize or deny access to the Restricted Data based on that identity, and
    - Produce a log of the user's identity and the actions taken.
  - Address activity data logs that will be used in compliance with user privacy protection
  - Address the method of control that will be used to test and maintain security on a regular basis to ensure its integrity.

- Server and System Security
- Encryption Methods
- Security Risk Assessment and Safeguards
- Annual Process for Security Review
  - Describe annual control methods to test security

**MITA Alignment. This section is included in the page limit.**

The proposed solution must align with the MITA architecture.

Basic MITA Requirements: The offeror must describe how the proposed solution meets the following MITA requirements and indicate where in its Proposal the requirements are addressed:

- a. Industry based, open architectural standards;
- b. Modular components;
- c. Relational database;
- d. Web and real-time processing;
- e. Rules engine management;
- f. Data privacy, security, and integrity with access limited by staff role; and
- g. Interoperable systems that support e-communication and processing between systems.

Long-term MITA Vision: The offeror must describe its long-term vision for MITA and lay out a framework and roadmap to achieve MITA maturity and capability to level five as outlined below over a ten year period from the start date of this Project. <http://www.cms.hhs.gov/MedicaidInfoTechArch/>

**MITA Maturity Model Example of Levels**

Level 1	Level 2	Level 3	Level 4	Level 5
Agencies comply with mandatory changes but lack technical flexibility. Program changes are costly and time consuming to implement.	Agencies introduce elements of flexibility in program design and selection of technology driven by requirements to manage costs and implement new programs.	Agencies improve on flexibility and adaptability through implementation of shared and extensible business services, adoption of national standards, increased collaboration among intra-state agencies, and use of state/regional information exchange.	Agencies benefit from immediate access to clinical data to speed up response time and improve accuracy of results in critical business processes.	Agencies extend the capability of flexibility and adaptability through national interoperability. Agencies collaborate on response to changes and share solutions intra- and inter-state.

**Support Requirements. This section is included in the page limit.**

The offeror must describe the support it wants from the State other than what the State has offered in this RFP. Specifically, the offeror must address the following:

- Nature and extent of State support required in terms of staff roles, percentage of time available, and so on;
- Assistance from State staff and the experience and qualification levels required; and
- Other support requirements.

The State may not be able or willing to provide the additional support the offeror lists in this part of its Proposal. The offeror therefore must indicate whether its request for additional support is a requirement for its performance. If any part of the list is a requirement, the State may reject the offeror's Proposal, if the State is unwilling or unable to meet the requirements.

**System Development Life Cycle Overview. This section is included in the page limit.**

The State seeks insightful responses that describe proven, lifecycle system development methods. Recommended solutions must demonstrate that the offeror will be prepared to quickly undertake and successfully complete the required tasks.

The offeror must use Attachment Ten to describe the System Development Life Cycle phases, including the activities, milestones, and Deliverables associated with each phase. These phases must be consistent with the proposed system development methodology to effectively plan, organize, control, and manage this Project. The description must be sufficiently detailed to demonstrate the offeror's knowledge and understanding of the Project. The description may define other activities or Deliverables that are not Project requirements but that the offeror deems necessary or appropriate. If additional activities or Deliverables are included, the offeror must describe them in detail and explain why the offeror recommends them. The offeror must make the System Development Life Cycle steps as complete and detailed as possible by including key activities and Deliverables for at least the following System Development Life Cycle Phases:

- Requirements,
- Design,
- Development,
- Testing,
- Documentation and Training,
- Deployment, and
- Post-Deployment.

**System Requirements Affirmation.** The offeror must fully describe how it will use systems analysis techniques to affirm the requirements identified for the Project.

**Design.** The offeror must fully describe its proposed design for the Deliverables, including the design approach, methods, tools, and techniques for completing the technical design process. The offeror must depict the design in sufficient detail to allow the State to verify that the design meets all the requirements in this RFP.

The offeror must fully describe how the design will be represented, such as through written specifications, design diagrams, a system prototype, CASE tool software, etc.

At a minimum, the offeror's design approach must include the following design phase activities:

- High-Level
- Detail
- Documentation and Testing
- Approval

**Development and Testing.** The offeror's Proposal must describe the offeror's development approach, methods, tools, and techniques for completing the development process. Of particular importance are the offeror's testing strategies for unit, system, user acceptance, volume, and regression testing.

**Documentation and Training.** The offeror must describe its proposed approach, methods, tools, and techniques for user and systems documentation and training. In addition, the Proposal must include the activities the offeror will use to train the State Project staff on the offeror's system development methodology.

**System Deployment and Post-Deployment.** The offeror must describe its proposed approach, methods, tools, and techniques for deploying and installing the new system and maintaining its operation throughout the Operational Phase. The offeror also must describe its approach to installation and maintenance.

**Equipment and System Elements. This section is included in the page limit.**

The offeror must identify all proposed equipment needed for the Project during the installation, customization (as applicable), implementation, and ongoing operations. The offeror's Proposal must include the proposed manufacturer's name and model for all equipment. Additionally, the offeror must identify any equipment that the State will require for the implementation and ongoing operation of the Project that is not otherwise specified in this RFP.

The equipment and other system specifications in this RFP are minimum Project requirements. The offeror may include features, equipment, or other elements in excess of the minimum but must clearly identify them as such. All elements of the proposed solution must meet the mandatory technical requirements for the Project. If any element of the proposed solution does not meet the minimum requirements, the offeror's Proposal may be rejected as non-responsive.

**Pre-existing Materials. This section is included in the page limit.**

The offeror must list any Pre-existing Materials it owns that will be included in a Deliverable if the offeror wants a proprietary notice on copies that the State distributes. For example, the offeror may have standard user interfaces or standard shells that it incorporates in what is otherwise custom software. (See the Ownership of Deliverables section of the General Terms and Conditions.) The State may reject any Proposal that includes existing materials for a custom solution, if the State believes that such is not appropriate or desirable for the Project.

**Commercial Materials. This section is included in the page limit.**

The offeror must list any commercial and proprietary materials that the offeror will deliver that are easily copied, such as Commercial Software, and in which the State will have less than full ownership ("Commercial Materials"). Generally, these will be from third parties and readily available in the open market. The offeror need not list patented parts of equipment, since they are not readily copied. If the offeror expects the State to sign a license for the Commercial Material, the offeror must include the license agreement as an attachment. But for Key Commercial Software, the offeror may not include a standard license agreement; rather, the offeror must comply with the next section's requirements regarding Attachment Eleven. If the State finds any provisions of any proposed license agreement objectionable and cannot or does not negotiate an acceptable solution with the licensor, regardless of the reason and in the State's sole discretion, then the offeror's Proposal may be rejected. If the State is not going to sign a license, but there will be limits on the State's use of the Commercial Materials different from the standard license in the General Terms and Conditions, then the offeror must detail the unique scope of license here. Any deviation from the standard license, warranty, and other terms in Attachment Four also may result in a rejection of the offeror's Proposal.

**Proposed Changes to the Master Contract for Software Licensing. This section is excluded from the page limit.**

If the offeror seeks changes to Attachment Eleven, the Master Contract for Software Licensing, the offeror must identify those changes, with the precise alternative language the offeror seeks, and include the markup of the Master Contract for Software Licensing as an attachment to its Proposal. Generalized objections to the Master Contract's terms and conditions are not acceptable. The State may reject any Proposal with extensive changes to the Master Contract or with changes that the State finds objectionable. Alternatively, the State may seek to negotiate over proposed changes to attempt to make them acceptable to the State. The State, in its sole and exclusive judgment, will determine whether any changes are acceptable and whether any negotiations make the proposed changes acceptable to the State.

**Warranty for Commercial Materials. This section is included in the page limit.**

If the offeror proposes a Deliverable that contains Commercial Software with warranty terms that differ from the warranty terms in Attachment Four, other than Key Commercial Software, which must be dealt with in accordance with the preceding section, then the scope of warranty must be detailed here. This is required even if the State will not be expected to sign a license for the Deliverable. Any deviation from the standard warranty in Attachment Four may result in a rejection of the offeror's Proposal.

**Bond Commitment. This section is excluded from the page limit.**

The selected offeror must provide a performance bond. The amount of the performance bond must be equal to at least ten percent of the total amount of the Contract, and the bond must remain in place through the term of the Contract and may be renewed or continued annually with the approval of the State. Therefore, each offeror must enclose a letter of commitment from a bonding company for an appropriate performance bond with its Proposal.

The offeror must list the actual cost of securing the performance bond in its Cost Summary, Attachment Thirteen. The State will pay only the actual cost of the performance bond and may request a certified copy of the invoice from the bonding company for documentation. If the cost of the bond on the Cost Summary and the cost shown on the bonding company's invoice do not match, the State will pay whichever is less.

**Conflict of Interest Statement. This section is excluded from the page limit.**

Each Proposal must include a statement indicating whether the offeror or any people that may work on or benefit from the Project through the offeror have a possible conflict of interest (e.g., employed by the State of Ohio, etc.) and, if so, the nature of that conflict. The State may reject a Proposal in which an actual or apparent conflict is disclosed. The State also may terminate the Contract if it discovers any actual or apparent conflict of interest that the offeror did not disclose in its Proposal.

**Proof of Insurance. This section is excluded from the page limit.**

The offeror must provide the certificate of insurance in the form that Attachment Four requires. The policy may be written on an occurrence or claims made basis.

**Payment Address. This section is excluded from the page limit.**

The offeror must give the address to which the State should send payments under the Contract.

**Legal Notice Address. This section is excluded from the page limit.**

The offeror must give the name, title, and address to which the State should send legal notices under the Contract.

**W-9 Form. This section is excluded from the page limit.**

The offeror must complete the attached W-9 form in its entirety. The offeror must submit at least one originally signed W-9. All other copies of a Proposal may contain copies of the W-9. The offeror must indicate on the outside of the binder which Proposal contains the originally signed W-9.

**Declaration Regarding Terrorist Organizations. This section is excluded from the page limit.**

The offeror must complete a Declaration Regarding Material Assistance/Non-assistance to a Terrorist Organization in its entirety. The offeror must submit at least one originally signed copy of this form, which should be included with the offeror's originally signed Proposal. All other copies of the offeror's Proposal may contain copies of this form. The form is available at: <http://www.homelandsecurity.ohio.gov>.

**Cost Summary. This section is excluded from the page limit.**

This RFP includes a Cost Summary Form provided as an attachment. Offerors may not reformat this form. Each offeror must complete the Cost Summary Form in the exact format provided, since the State may reject any Proposal with a reformatted Cost Summary Form or that is not separately sealed. (See: Part Three: General Instructions, Proposal Submittal.)

The Cost Summary Form must not include exceptions, additional terms and conditions, or assumptions.

The offeror's total cost for the entire Project must be represented as the not-to-exceed fixed price.

**The State will not be liable for or pay any Project costs that the offeror does not identify in its Proposal.**

## ATTACHMENT FOUR: GENERAL TERMS AND CONDITIONS

### PART ONE: PERFORMANCE AND PAYMENT

**Statement of Work.** The RFP and the Contractor's Proposal (collectively, the "RFP Documents") are a part of this Contract and describe the work (the "Project") the Contractor will do and any materials the Contractor will deliver (the "Deliverables") under this Contract. The Contractor must do the Project in a professional, timely, and efficient manner and will provide the Deliverables in a proper fashion. The Contractor also must furnish its own support staff necessary for the satisfactory performance of the Project.

The Contractor will consult with the appropriate State representatives and others necessary to ensure a thorough understanding of the Project and satisfactory performance. The State may give instructions to or make requests of the Contractor relating to the Project, and the Contractor will comply with those instructions and fulfill those requests in a timely and professional manner. Those instructions and requests will be for the sole purpose of ensuring satisfactory completion of the Project and will not amend or alter the scope of the Project.

**Term.** Unless this Contract is terminated or expires without renewal, it will remain in effect until the Project is completed to the satisfaction of the State, including all optional renewal periods for maintenance or continuing commitments, and the Contractor is paid. However, the current General Assembly cannot commit a future General Assembly to an expenditure. Therefore, this Contract will automatically expire at the end of each biennium, the first of which is June 30, 200X. The State may renew this Contract in the next biennium by issuing written notice to the Contractor of the decision to do so. This expiration and renewal procedure also will apply to the end of any subsequent biennium during which the Project continues, including any optional renewal periods. Termination or expiration of this Contract will not limit the Contractor's continuing obligations with respect to Deliverables that the State paid for before termination or limit the State's rights in such.

The State's funds are contingent upon the availability of lawful appropriations by the Ohio General Assembly. If the General Assembly fails to continue funding for the payments and other obligations due as part of this Contract, the State's obligations under this Contract will terminate as of the date that the funding expires without further obligation of the State.

The Project has a completion date that is identified in the RFP Documents. The RFP Documents also may have several dates for the delivery of Deliverables or reaching certain milestones in the Project. The Contractor must make those deliveries, meet those milestones, and complete the Project within the times the RFP Documents require. If the Contractor does not meet those dates, the Contractor will be in default, and the State may terminate this Contract under the termination provision contained below.

The State also may have certain obligations to meet. Those obligations, if any, are also listed in the RFP Documents. If the State agrees that the Contractor's failure to meet the delivery, milestone, or completion dates in the RFP Documents is due to the State's failure to meet its own obligations in a timely fashion, then the Contractor will not be in default, and the delivery, milestone, and completion dates affected by the State's failure to perform will be extended by the same amount of time as the State's delay. The Contractor may not rely on this provision unless the Contractor has in good faith exerted reasonable management skill to avoid an extension and has given the State meaningful written notice of the State's failure to meet its obligations within five business days of the Contractor's realization that the State's delay may impact the Project. The Contractor must deliver any such notice to both the Project Representative and Procurement Representative and title the notice as a "Notice of State Delay." The notice must identify any delay in detail, as well as the impact the delay has or will have on the Project. Unless the State decides, in its sole and exclusive judgment, that an equitable adjustment in the Contractor's Fee is warranted in the case of an extended delay, an extension of the Contractor's time to perform will be the Contractor's exclusive remedy for the State's delay. Should the State determine that an equitable adjustment in the Contractor's Fee is warranted, the equitable adjustment will be handled as a Change Order under the Changes Section of this Contract, and the extension of time and equitable adjustment will be the exclusive remedies of the Contractor for the State's delay.

The State seeks a complete Project, and the Contractor must provide any incidental items omitted in the RFP Documents as part of the Contractor's not-to-exceed fixed price. The Contractor also must fully identify, describe, and document all systems that are delivered as a part of the Project. All hardware, software, supplies, and other required components (such as documentation, conversion, training, and maintenance) for the Project to be complete and useful to the State are included in the Project and the not-to-exceed fixed price.

**Compensation.** In consideration of the Contractor's promises and satisfactory performance, the State will pay the Contractor the amount(s) identified in the RFP Documents (the "Fee"), plus any other expenses identified as reimbursable in the RFP Documents. In no event, however, will payments under this Contract exceed the "not-to-exceed" amount in the RFP Documents without the prior written approval of the State and, when required, the Ohio Controlling Board and any other source of funding. The Contractor's right to the Fee is contingent on the complete and satisfactory performance of the Project or, in the case of milestone payments or periodic payments of an hourly, daily, weekly, monthly, or annual rate, all relevant parts of the Project tied to the applicable milestone or period. Payment of the Fee also is contingent on the Contractor delivering a proper invoice and any other documents the RFP Documents require. An invoice must comply with the State's then current policies regarding invoices and their submission. The State will notify the Contractor in writing within 15 business days after it receives a defective invoice of any defect and provide the information necessary to correct the defect.

The Contractor must send all invoices under this Contract to the "bill to" address in the RFP Documents or in the applicable purchase order.

The State will pay the Contractor interest on any late payment, as provided in Section 126.30 of the Ohio Revised Code (the "Revised Code"). If the State disputes a payment for anything covered by an invoice, within 15 business days after receipt of that invoice, the State will notify the Contractor, in writing, stating the grounds for the dispute. The State then may deduct the disputed amount from its payment as a nonexclusive remedy. If the Contractor has committed a material breach, in the sole opinion of the State, the State also may withhold payment otherwise due to the Contractor. Both parties will attempt to resolve any claims of material breach or payment disputes through discussions among the Project Manager, the Contractor's Project executive, the Project Representative, and the State Contract Management Administrator. The State will consult with the Contractor as early as reasonably possible about the nature of the claim or dispute and the amount of payment affected. When the Contractor has resolved the matter to the State's satisfaction, the State will pay the disputed amount within 30 business days after the matter is resolved. The State has no obligation to make any disputed payments until the matter is resolved, and the Contractor must continue its performance under this Contract pending resolution of the dispute or claim.

If the State has already paid the Contractor on an invoice but later disputes the amount covered by the invoice, and if the Contractor fails to correct the problem within 30 calendar days after written notice, the Contractor must reimburse the State for that amount at the end of the 30 calendar days as a nonexclusive remedy for the State. On written request from the Contractor, the State will provide reasonable assistance in determining the nature of the problem by giving the Contractor reasonable access to the State's facilities and any information the State has regarding the problem.

If the RFP Documents provide for any retainage, the State will withhold from each invoice paid the percentage specified in the RFP Documents as retainage. The State will pay the retainage only after the State has accepted the Project, and then only in accordance with the payment schedule specified in the RFP Documents. The State will withhold all amounts under this section arising from claims or disputes in addition to any retainage specified in the RFP Documents.

The State may pay any part of the not-to-exceed fixed price identified in the RFP documents as being for a license in Commercial Material from a third party in accordance with the applicable license agreement, if the license agreement addresses payment. For all Key Commercial Software with a license agreement substantially in the form of Attachment Eleven, payment of any license or support fees will be governed exclusively by that license agreement.

**Reimbursable Expenses.** The State will pay all reimbursable expenses identified in the RFP Documents, if any, in accordance with the terms in the RFP Documents and, where applicable, Section 126.31 of the Revised Code. The Contractor must assume all expenses that it incurs in the performance of this Contract that are not identified as reimbursable in the RFP Documents.

In making any reimbursable expenditure, the Contractor always must comply with the more restrictive of its own, then current internal policies for making such expenditures or the State's then current policies. All reimbursable travel will require the advance written approval of the State's Project Representative. The Contractor must bill all reimbursable expenses monthly, and the State will reimburse the Contractor for them within 30 business days of receiving the Contractor's invoice.

**Right of Offset.** The State may set off the amount of any Ohio tax liability or other obligation of the Contractor or its subsidiaries to the State, including any amounts the Contractor owes to the State under this or other contracts, against any payments due from the State to the Contractor under this or any other contracts with the State.

**Certification of Funds.** None of the rights, duties, or obligations in this Contract will be binding on the State, and the Contractor will not begin its performance, until all the following conditions have been met:

- (a) All statutory provisions under the Revised Code, including Section 126.07, have been met;
- (b) All necessary funds are made available by the appropriate State entities;
- (c) If required, the Controlling Board of Ohio approves this Contract; and
- (d) If the State is relying on federal or third-party funds for this Contract, the State gives the Contractor written notice that such funds are available.

**Employment Taxes.** All people furnished by the Contractor (the "Contractor Personnel") are employees or subcontractors of the Contractor, and none are or will be deemed employees or contractors of the State. No Contractor Personnel will be entitled to participate in, claim benefits under, or become an "eligible employee" for purposes of any employee benefit plan of the State by reason of any work done under this Contract. The Contractor will pay all federal, state, local, and other applicable payroll taxes and make the required contributions, withholdings, and deductions imposed or assessed under any provision of any law and measured by wages, salaries, or other remuneration paid by or which may be due from the Contractor to the Contractor Personnel. The Contractor will indemnify, defend (with the consent and approval of the Ohio Attorney General), and hold the State harmless from and against all claims, losses, liability, demands, fines, and expense (including court costs, defense costs, and redeemable attorney fees) arising out of or relating to such taxes, withholdings, deductions, and contributions with respect to the Contractor Personnel. The Contractor's indemnity and defense obligations also apply to any claim or assertion of tax liability made by or on behalf of any Contractor Personnel or governmental agency on the basis that any Contractor Personnel are employees or contractors of the State, that the State is the "joint employer" or "co-employer" of any Contractor Personnel, or that any Contractor Personnel are entitled to any employee benefit offered only to eligible regular fulltime or regular part-time employees of the State.

**Sales, Use, Excise, and Property Taxes.** The State is exempt from any sales, use, excise, and property tax. To the extent sales, use, excise, or any similar tax is imposed on the Contractor in connection with the Project, such will be the sole and exclusive responsibility of the Contractor. Further, the Contractor will pay such taxes, together with any interest and penalties not disputed with the appropriate taxing authority, whether they are imposed at the time the services are rendered or a later time.

## **PART TWO: PROJECT AND CONTRACT ADMINISTRATION**

**Related Contracts.** The Contractor warrants that the Contractor has not and will not enter into any contracts without written approval of the State to perform substantially identical services for the State, such that the Project duplicates the work done or to be done under the other contracts.

**Other Contractors.** The State may hold other contracts for additional or related work, including among others independent verification and validation (IV&V) work for this Project. The Contractor must fully cooperate with all other contractors and State employees and coordinate its work with such other

contractors and State employees as may be required for the smooth and efficient operation of all related or additional work. The Contractor may not act in any way that may unreasonably interfere with the work of any other contractors or the State's employees. Further, the Contractor must fully cooperate with any IV&V contractor assigned to this Project. Such cooperation includes expeditiously providing the IV&V contractor with full and complete access to all Project work product, records, materials, personnel, meetings, and correspondence as the IV&V contractor may request. Additionally, the Contractor must include the obligations of this provision in all its contracts with its subcontractors that work on this Project.

**Subcontracting.** The Contractor may not enter into subcontracts related to the Project after award without written approval from the State. Nevertheless, the Contractor will not need the State's written approval to subcontract for the purchase of commercial goods that are required for satisfactory completion of the Project. All subcontracts will be at the sole expense of the Contractor unless expressly stated otherwise in the RFP Documents.

The State's approval of the use of subcontractors does not mean that the State will pay for them. The Contractor will be solely responsible for payment of its subcontractor and any claims of subcontractors for any failure of the Contractor or any of its other subcontractors to meet the performance schedule or performance specifications for the Project in a timely and professional manner. The Contractor will hold the State harmless for and will indemnify the State against any such claims.

The Contractor assumes responsibility for all Deliverables whether it, a subcontractor, or third-party manufacturer produces them in whole or in part. Further, the Contractor will be the sole point of contact with regard to contractual matters, including payment of all charges resulting from the Contract. Further, the Contractor will be fully responsible for any default by a subcontractor, just as if the Contractor itself had defaulted.

If the Contractor uses any subcontractors, each subcontractor must have a written agreement with the Contractor. That written agreement must incorporate this Contract by reference. The agreement also must pass through to the subcontractor all provisions of this Contract that would be fully effective only if they bind both the subcontractor and the Contractor. Among such provisions are the limitations on the Contractor's remedies, the insurance requirements, record keeping obligations, and audit rights. Some sections of this Contract may limit the need to pass through their requirements to subcontracts to avoid placing cumbersome obligations on minor subcontractors. This exception is applicable only to sections that expressly provide an exclusion for small-dollar subcontracts. Should the Contractor fail to pass through any provisions of this Contract to one of its subcontractors and the failure damages the State in any way, the Contractor must indemnify the State for the damage.

**Record Keeping.** The Contractor must keep all financial records in accordance with generally accepted accounting principles consistently applied. The Contractor also must file documentation to support each action under this Contract in a manner allowing the documentation to be readily located. Additionally, the Contractor must keep all Project-related records and documents at its principal place of business or at its office where the work was performed.

In addition, the Contractor must keep a separate account for the Project (the "Project Account"). All payments made from the Project Account may be only for obligations incurred in the performance of this Contract and must be supported by contracts, invoices, vouchers, and any other data needed to audit and verify the payments. All payments from the Project Account must be for obligations incurred only after the effective date of this Contract, unless the State has given specific written authorization for making prior payments from the Project Account.

**Audits.** During the term of this Contract and for three years after the payment of the Contractor's Fee, on reasonable notice, and during customary business hours, the State may audit the Contractor's records and other materials that relate to the Project. This audit right also applies to the State's duly authorized representatives and any person or organization providing financial support for the Project.

Unless it is impracticable to do so, the Contractor must keep all records related to this Contract in a single location, either at the Contractor's principle place of business or its place of business where the work was done. If this is not practical, the Contractor must assume the cost of collecting, organizing, and relocating

the records and any technology needed to access the records to the Contractor's office nearest Columbus, Ohio whenever the State or anyone else with audit rights requests access to the Contractor's Project records. The Contractor will do so with all due speed, not to exceed ten business days.

If any audit reveals any material deviation from the Project's specifications, any misrepresentation, or any overcharge to the State, the State will be entitled to recover damages, as well as the cost of the audit.

For each subcontract in excess of \$25,000.00, the Contractor must require its subcontractors to agree to the requirements of this section and the record-keeping section. Subcontracts with smaller amounts involved need not meet this requirement, but the Contractor may not artificially break up contracts with its subcontractors to take advantage of this exclusion.

**Insurance.** The Contractor must provide the following insurance coverage at its own expense throughout the term of this Contract:

- (a) Workers' compensation insurance, as required by Ohio law, and, if some of the Project will be done outside Ohio, the laws of the appropriate state(s) where work on the Project will be done. The Contractor also must maintain employer's liability insurance with at least a \$1,000,000.00 limit.
- (b) Commercial General Liability insurance coverage for bodily injury, personal injury, wrongful death, and property damage. The defense cost must be outside of the policy limits. Such policy must designate the State of Ohio as an additional insured, as its interest may appear. The policy also must be endorsed to include a blanket waiver of subrogation. At a minimum, the limits of the insurance must be:

- \$ 2,000,000 General Aggregate
- \$ 2,000,000 Products/Completed Operations Aggregate
- \$ 1,000,000 Per Occurrence Limit
- \$ 1,000,000 Personal and Advertising Injury Limit
- \$ 100,000 Fire Legal Liability
- \$ 10,000 Medical Payments

The policy must be endorsed to provide the State with 30-days prior written notice of cancellation or material change to the policy. And the Contractor's Commercial General Liability must be primary over any other insurance coverage.

- (c) Commercial Automobile Liability insurance with a combined single limit of \$500,000.
- (d) Professional Liability insurance covering all staff with a minimum limit of \$1,000,000 per incident and \$3,000,000 aggregate. If the Contractor's policy is written on a "claims made" basis, the Contractor must provide the State with proof of continuous coverage at the time the policy is renewed. If for any reason the policy expires, or coverage is terminated, the Contractor must purchase and maintain "tail" coverage through the applicable statute of limitations.

The certificate(s) must be in a form that is reasonably satisfactory to the State as to the contents of the policies and the quality of the insurance carriers. All carriers must have at least an "A-" rating by A.M. Best.

**State Personnel.** During the term of this Contract and for one year after completion of the Project, the Contractor may not hire or otherwise contract for the services of any State employee involved directly or indirectly with the Project.

**Performance Bond.** The Contractor must provide the Procurement Representative with a performance bond in the amount required by the RFP Documents within 30 business days after receipt of a purchase

order for this Contract. The bond must be issued by a company authorized by Ohio's Department of Insurance to do business in Ohio and must indemnify the State against all direct damages it suffers from any failure of the Contractor to perform properly.

Failure of the Contractor to provide the performance bond on or before the date it is required will result in a breach of this Contract without a cure period and termination or suspension (or ultimately both) of this Contract for cause. The performance bond must remain in place through the term of the Contract but may be renewed or continued annually with the approval of the State. Further, the terms of the bond must reflect the terms of this section, or the State will reject it and treat the failure of conformance as a failure by the Contractor to deliver the bond in a timely fashion.

Concurrent with the delivery of the performance bond, the Contractor must provide the State with a certified copy of the invoice for the bond from the bonding company. The State will reimburse the Contractor for the lesser of the amount of the performance bond reflected on the bonding company's certified invoice or the cost shown on the Cost Summary of the Contractor's proposal.

**Replacement Personnel.** If the RFP Documents contain the names of specific people who will work on the Project, then the quality and professional credentials of those people were material factors in the State's decision to enter into this Contract. Therefore, the Contractor must use all commercially reasonable efforts to ensure the continued availability of those people. Also, the Contractor may not remove those people from the Project without the prior written consent of the State, except as provided below.

The Contractor may remove a person listed in the RFP Documents from the Project, if doing so is necessary for legal or disciplinary reasons. However, the Contractor must make a reasonable effort to give the State 30 calendar days' prior, written notice of the removal.

If the Contractor removes a person listed in the RFP Documents from the Project for any reason other than those specified above, the State may assess liquidated damages in the amount of [\[\\$1,500.00\]](#) for every day between the date on which the individual was removed and the date that this Contract is terminated or the individual's qualified replacement, selected in accordance with the process identified in this section, starts performing on the Project. The State also may provide the Contractor with written notice of its default under this section, which the Contractor must cure within 30 days. Should the Contractor fail to cure its default within the 30 day cure period, this Contract will terminate immediately for cause, and the State will be entitled to damages in accordance with the Suspension and Termination Section of this Contract due to the termination. Should the State assess liquidated damages or otherwise be entitled to damages under this provision, it may offset these damages from any Fees due under this Contract.

The Contractor must have qualified replacement people available to replace any people listed in the RFP Documents by name or identified as a key individual on the Project. When the removal of a listed person is permitted under this Section, or if a person becomes unavailable, the Contractor must submit the resumes for two replacement people to the State for each person removed or who otherwise becomes unavailable. The Contractor must submit the two resumes, along with such other information as the State may reasonably request, within five business days after the decision to remove a person is made or the unavailability of a listed person becomes known to the Contractor.

The State will select one of the two proposed replacements or will reject both of them within ten business days after the Contractor has submitted the proposed replacements to the State. The State may reject the proposed replacements for any legal reason. Should the State reject both replacement candidates due to their failure to meet the minimum qualifications identified in the RFP Documents, or should the Contractor fail to provide the notice required under this Section or fail to provide two qualified replacement candidates for each removed or unavailable person, the Contractor will be in default and the cure period for default specified elsewhere in this Contract will not apply. In any such case, the State will have the following options:

- (a) The State may assess liquidated damages in the amount of [\[\\$1,500.00\]](#) for every day between the date on which the Contractor failed to provide the applicable notice, failed to

provide the two replacement candidates, or the date the State rejected all candidates for cause and the date on which the Contractor effects a cure or the Contract expires without renewal or is terminated.

- (b) The State may terminate this Contract immediately for cause and without any cure period.

Should the State exercise its option under item (a) above, it nevertheless will be entitled anytime thereafter to exercise its option under item (b) above. Additionally, should the State terminate this Contract under this provision, it will be entitled to damages in accordance with the Suspension and Termination Section of this Contract due to the termination. Should the State assess liquidated damages or otherwise be entitled to damages under this provision, it may offset these damages from any Fees due under this Contract.

The State may determine that the proposed replacement candidates meet the minimum qualifications of this Contract and still substantially reduce the value the State perceived it would receive through the effort of the original individual(s) the Contractor proposed and on whose credentials the State decided to enter into this Contract. Therefore, the State will have the right to reject any candidate that the State determines may provide it with diminished value.

Should the State reject both proposed candidates for any legal reason other than their failure to meet the minimum qualifications identified in the RFP Documents, the State may terminate this Contract for its convenience.

The State has an interest in providing a healthy and safe environment for its employees and guests at its facilities. The State also has an interest in ensuring that its operations are carried out in an efficient, professional, legal, and secure manner. Therefore, the State will have the right to require the Contractor to remove any individual involved in the Project, if the State determines that any such individual has or may interfere with the State's interests identified above. In such a case, the request for removal will be treated as a case in which an individual providing services under this Contract has become unavailable, and the Contractor must follow the procedures identified above for replacing unavailable people. This provision also applies to people that the Contractor's subcontractors engage, if they are listed by name or as a key person in the RFP Documents.

**Suspension and Termination.** The State may terminate this Contract if the Contractor defaults in meeting its obligations under this Contract and fails to cure its default within the time allowed by this Contract, or if a petition in bankruptcy (or similar proceeding) has been filed by or against the Contractor. The State also may terminate this Contract if the Contractor violates any law or regulation in doing the Project, or if it appears to the State that the Contractor's performance is substantially endangered through no fault of the State. In any such case, the termination will be for cause, and the State's rights and remedies will be those identified below for termination for cause.

On written notice, the Contractor will have 30 calendar days to cure any breach of its obligations under this Contract, provided the breach is curable. If the Contractor fails to cure the breach within 30 calendar days after written notice, or if the breach is not one that is curable, the State will have the right to terminate this Contract immediately on notice to the Contractor. The State also may terminate this Contract in the case of breaches that are cured within 30 calendar days but are persistent. "Persistent" in this context means that the State has notified the Contractor in writing of the Contractor's failure to meet any of its obligations three times. After the third notice, the State may terminate this Contract on written notice to the Contractor without a cure period if the Contractor again fails to meet any obligation. The three notices do not have to relate to the same obligation or type of failure. Some provisions of this Contract may provide for a shorter cure period than 30 calendar days or for no cure period at all, and those provisions will prevail over this one. If a particular section does not state what the cure period will be, this provision will govern.

The State also may terminate this Contract for its convenience and without cause or if the Ohio General Assembly fails to appropriate funds for any part of the Project. If a third party is providing funding for the Project, the State also may terminate this Contract should that third party fail to release any Project funds. The RFP Documents normally identify any third party source of funds for the Project, but an absence of such in the RFP Documents will not diminish the State's rights under this section.

The notice of termination, whether for cause or without cause, will be effective as soon as the Contractor receives it. Upon receipt of the notice of termination, the Contractor must immediately cease all work on the Project and take all steps necessary to minimize any costs the Contractor will incur related to this Contract. The Contractor also must immediately prepare a report and deliver it to the State. The report must be all-inclusive and must detail the work completed at the date of termination, the percentage of the Project's completion, any costs incurred in doing the Project to that date, and any Deliverables completed or partially completed but not delivered to the State at the time of termination. The Contractor also must deliver all the completed and partially completed Deliverables to the State with its report. However, if the State determines that delivery in that manner would not be in its interest, then the State will designate a suitable alternative form of delivery, which the Contractor must honor.

If the State terminates this Contract for cause, it will be entitled to cover for the Project by using another Contractor on such commercially reasonable terms as the State and the covering contractor may agree. The Contractor will be liable to the State for all costs related to covering for the Project to the extent that such costs, when combined with payments already made to the Contractor for the Project before termination, exceed the costs that the State would have incurred under this Contract. The Contractor also will be liable for any other direct damages resulting from its breach of this Contract or other action leading to termination for cause.

If the termination is for the convenience of the State, the Contractor will be entitled to compensation for any work on the Project that the Contractor has performed before the termination. Such compensation will be the Contractor's exclusive remedy in the case of termination for convenience and will be available to the Contractor only once the Contractor has submitted a proper invoice for such, with the invoice reflecting the amount that the State determines it owes to the Contractor. The State will make that determination based on the lesser of the percentage of the Project completed or the hours of work performed in relation to the estimated total hours required to perform the entire Project.

The State will have the option of suspending rather than terminating the Project, if the State believes that doing so would better serve its interests. In the event of a suspension for the convenience of the State, the Contractor will be entitled to receive payment for the work performed before the suspension. In the case of suspension of the Project rather than termination for cause, the Contractor will not be entitled to any compensation for any work performed. If the State reinstates the Project after suspension for cause, rather than terminating this Contract after the suspension, the Contractor may be entitled to compensation for work performed before the suspension, less any damage to the State resulting from the Contractor's breach of this Contract or other fault. Any amount due for work before or after the suspension for cause will be offset by any damage to the State from the default or other event giving rise to the suspension.

In the case of a suspension for the State's convenience, the State will calculate the amount of compensation due to the Contractor for work performed before the suspension in the same manner as provided in this section for termination for the State's convenience. The Contractor will not be entitled to compensation for any other costs associated with a suspension for the State's convenience, and the State will make no payment under this provision to the Contractor until the Contractor submits a proper invoice. If the State decides to allow the Work to continue rather than terminating this Contract after the suspension, the State will not be required to make any payment to the Contractor other than those payments specified in this Contract and in accordance with the payment schedule specified in this Contract for properly completed Work.

Any notice of suspension, whether with or without cause, will be effective immediately on the Contractor's receipt of the notice. The Contractor will prepare a report concerning the Project just as is required by this Section in the case of termination. After suspension of the Project, the Contractor may not perform any work without the consent of the State and may resume work only on written notice from the State to do so. In any case of suspension, the State retains its right to terminate this Contract rather than to continue the suspension or resume the Project. If the suspension is for the convenience of the State, then termination of the Contract will be a termination for convenience. If the suspension is with cause, the termination will also be for cause.

The State may not suspend the Project for its convenience more than twice during the term of this Contract, and any suspension for the State's convenience may not continue for more than 30 calendar days. If the Contractor does not receive notice to resume or terminate the Project within the 30-day suspension, then this Contract will terminate automatically for the State's convenience at the end of the 30 calendar day period.

Any default by the Contractor or one of its subcontractors will be treated as a default by the Contractor and all of its subcontractors. The Contractor will be solely responsible for satisfying any claims of its subcontractors for any suspension or termination and must indemnify the State for any liability to them. Notwithstanding the foregoing, each subcontractor must hold the State harmless for any damage caused to them from a suspension or termination. They must look solely to the Contractor for any compensation to which they may be entitled.

**Representatives.** The State's representative under this Contract will be the person identified in the RFP Documents or in a subsequent notice to the Contractor as the "Project Representative." The Project Representative will review all reports the Contractor makes in the performance of the Project, will conduct all liaison with the Contractor, and will accept or reject the Deliverables and the completed Project. The Project Representative may delegate his responsibilities for individual aspects of the Project to one or more managers, who may act as the Project Representative for those individual portions of the Project.

The Contractor's Project Manager under this Contract will be the person identified on the RFP Documents as the "Project Manager." The Project Manager will be the Contractor's liaison with the State under this Contract. The Project Manager also will conduct all Project meetings and prepare and submit to the Project Representative all reports, plans, and other materials that the RFP Documents require from the Contractor.

Either party, upon written notice to the other party, may designate another representative. However, the Contractor may not replace the Project Manager without the approval of the State if that person is identified in the RFP Documents by name or as a key individual on the Project.

**Work Responsibilities.** The State will be responsible for providing only those things, if any, expressly identified in the RFP Documents. If the State has agreed to provide facilities or equipment, the Contractor, by signing this Contract, warrants that the Contractor has either inspected the facilities and equipment or has voluntarily waived an inspection and will work with the equipment and facilities on an "as is" basis.

The Contractor must assume the lead in the areas of management, design, and development of the Project. The Contractor must coordinate the successful execution of the Project and direct all Project activities on a day-to-day basis, with the advice and consent of the Project Representative. The Contractor will be responsible for all communications regarding the progress of the Project and will discuss with the Project Representative any issues, recommendations, and decisions related to the Project.

If any part of the Project requires installation on the State's property, the State will provide the Contractor with reasonable access to the installation site for the installation and any site preparation that is needed. After the installation is complete, the Contractor must complete an installation letter and secure the signature of the Project Representative certifying that installation is complete and the Project, or applicable portion of it, is operational. The letter must describe the nature, date, and location of the installation, as well as the date the Project Representative certified the installation as complete and operational.

Unless otherwise provided in the RFP Documents, the Contractor is solely responsible for obtaining all official permits, approvals, licenses, certifications, and similar authorizations required by any local, state, or federal agency for the Project and maintaining them throughout the duration of this Contract.

**Changes.** The State may make reasonable changes within the general scope of the Project. The State will do so by issuing a written order under this Contract describing the nature of the change ("Change Order"). Additionally, if the State provides directions or makes requests of the Contractor without a

change order, and the Contractor reasonably believes the directions or requests are outside the specifications for the Project, the Contractor may request a Change Order from the State. The parties will handle such changes as follows: The Contractor will provide pricing to the State. The State will execute a Change Order once it and the Contractor have agreed on the description of and specifications for the change, as well as any equitable adjustments that need to be made in the Contractor's Fee or the performance schedule for the work. Then within five business days after receiving the Change Order, the Contractor must sign it to signify agreement with it.

If a change causes an increase in the cost of, or the time required for, the performance of the Project, the Contractor must notify the State in writing and request an equitable adjustment in its Fee, the delivery schedule, or both before the Contractor signs the Change Order. If the Contractor claims an adjustment under this section in connection with a change to the Project not described in a written Change Order, the Contractor must notify the State in writing of the claim within five business days after the Contractor is notified of the change and before work on the change begins. Otherwise, the Contractor will have waived the claim. In no event will the State be responsible for any increase in the Fee or revision in any delivery schedule unless the State expressly ordered the relevant change in writing and the Contractor has complied with the requirements of this section. Provided the State has complied with the procedure for Change Orders in this section, nothing in this clause will excuse the Contractor from proceeding with performance of the Project, as changed.

Where an equitable adjustment to the Contractor's Fee is appropriate, the State and the Contractor may agree upon such an adjustment. If the State and the Contractor are unable to agree, either party may submit the dispute to the senior management of the Contractor and the senior management of the State's Office of Information Technology for resolution. If within 30 calendar days following referral to senior management, the claim or dispute has not been resolved, the Contractor must submit its actual costs for materials needed for the change (or estimated amount if the precise amount of materials cannot be determined) and an estimate of the hours of labor required to do the work under the Change Order. The Contractor must break down the hours of labor by employee position, and provide the actual hourly pay rate for each employee involved in the change. The total amount of the equitable adjustment for the Change Order then will be made based on the actual cost of materials (or estimated materials) and actual rate for each person doing the labor (based on the estimated hours of work required to do the change). Labor rates will be increased by 25% to cover benefits and taxes. The equitable adjustment for the Change Order then will be set based on this amount, plus 15% to cover overhead and profit. This amount will be the not-to-exceed amount of the Change Order. If the change involves removing a requirement from the Project or replacing one part of the Project with the change, the State will get a credit for the work no longer required under the original scope of the Project. The credit will be calculated in the same manner as the Contractor's Fee for the change, and the not-to-exceed amount will be reduced by this credit.

The Contractor is responsible for coordinating changes with its subcontractors and adjusting their compensation and performance schedule. The State will not pay any subcontractor for the Change Order. If a subcontractor will perform any work under a Change Order, that work must be included in the Contractor's not-to-exceed amount and calculated in the same manner as the Contractor's equitable adjustment for the portion of the work the Contractor will perform. The Contractor will not receive an overhead percentage for any work a subcontractor will do under a Change Order.

If the RFP Documents provide for the retainage of a portion of the Contractor's Fee, all equitable adjustments for Change Orders also will be subject to the same retainage, which the State will pay only on completion and acceptance of the Project, as provided in the RFP Documents.

**Excusable Delay.** Neither party will be liable for any delay in its performance that arises from causes beyond its control and without its negligence or fault. The delayed party must notify the other promptly of any material delay in performance and must specify in writing the proposed revised performance date as soon as practicable after notice of delay. In the event of any such excusable delay, the date of performance or of delivery will be extended for a period equal to the time lost by reason of the excusable delay. The delayed party also must describe the cause of the delay and what steps it is taking to remove the cause. The delayed party may not rely on a claim of excusable delay to avoid liability for a delay if the delayed party has not taken commercially reasonable steps to mitigate or avoid the delay. Things that

are controllable by the Contractor's subcontractors will be considered controllable by the Contractor, except for third-party manufacturers supplying commercial items and over whom the Contractor has no legal control.

**Independent Status of the Contractor.** The parties are independent of one another, and the Contractor's Personnel may act only in the capacity of representatives of the Contractor and not as representatives of the State. Further, the Contractor's Personnel will not be deemed for any purpose to be employees, representatives, or agents of the State. The Contractor assumes full responsibility for the actions of the Contractor's Personnel while they are performing under this Contract and will be solely responsible for paying the Contractor's Personnel (including withholding, and paying income taxes and social security, workers' compensation, disability benefits and the like). The Contractor may not commit, and is not authorized to commit, the State in any manner. The Contractor's subcontractors will be considered the agents of the Contractor for purposes of this Contract.

**Publicity.** The Contractor may not advertise or publicize that it is doing business with the State or use this Contract or the Contractor's relationship with the State as a marketing or sales tool, unless the State agrees otherwise in writing.

### **PART THREE: OWNERSHIP AND HANDLING OF INTELLECTUAL PROPERTY AND CONFIDENTIAL INFORMATION**

**Confidentiality.** The State may disclose to the Contractor written material or oral or other information that the State treats as confidential ("Confidential Information"). Title to the Confidential Information and all related materials and documentation the State delivers to the Contractor will remain with the State. The Contractor must treat such Confidential Information as secret, if it is so marked, otherwise identified as such, or when, by its very nature, it deals with matters that, if generally known, would be damaging to the best interests of the public, other contractors, potential contractors with the State, or individuals or organizations about whom the State keeps information. By way of example, information must be treated as confidential if it includes any proprietary documentation, materials, flow charts, codes, software, computer instructions, techniques, models, information, diagrams, know-how, trade secrets, data, business records, or marketing information. By way of further example, the Contractor also must treat as confidential materials such as police and investigative records, files containing personal information about individuals or employees of the State, such as personnel records, tax records, and so on, court and administrative records related to pending actions, any material to which an attorney-client, physician-patient, or similar privilege may apply, and any documents or records excluded by Ohio law from public records disclosure requirements.

The Contractor may not disclose any Confidential Information to third parties and must use it solely to do the Project. The Contractor must restrict circulation of Confidential Information within its organization and then only to people in the Contractor's organization that have a need to know the Confidential Information to do the Project. The Contractor will be liable for the disclosure of such information, whether the disclosure is intentional, negligent, or accidental, unless otherwise provided below.

The Contractor will not be liable for any unintentional disclosure of Confidential Information that results despite the Contractor's exercise of at least the same degree of care as it normally takes to safeguard its own secrets, except when the Contractor's procedures are not reasonable given the nature of the Confidential Information or when the disclosure nevertheless results in liability to the State.

The Contractor will not incorporate any portion of any Confidential Information into any work or product, other than a Deliverable, and will have no proprietary interest in any of the Confidential Information. Furthermore, the Contractor must cause all of its Personnel who have access to any Confidential Information to execute a confidentiality agreement incorporating the obligations in this section.

The Contractor's obligation to maintain the confidentiality of the Confidential Information will not apply where such: (1) was already in the Contractor's possession before disclosure by the State, and such was received by the Contractor without obligation of confidence; (2) is independently developed by the Contractor; (3) is or becomes publicly available without breach of this Contract; (4) is rightfully received by the Contractor from a third party without an obligation of confidence; (5) is disclosed by the Contractor

with the written consent of the State; or (6) is released in accordance with a valid order of a court or governmental agency, provided that the Contractor (a) notifies the State of such order immediately upon receipt of the order and (b) makes a reasonable effort to obtain a protective order from the issuing court or agency limiting disclosure and use of the Confidential Information solely for the purposes intended to be served by the original order of production. The Contractor must return all originals of any Confidential Information and destroy any copies it has made on termination or expiration of this Contract.

The Contractor may disclose Confidential Information to its subcontractors on a need-to-know basis, but the Contractor first must obligate them to the requirements of this section.

**Ownership of Deliverables.** The State owns all Deliverables that the Contractor produces under this Contract, including any software modifications, and documentation, with all rights, title, and interest in all intellectual property that come into existence through the Contractor's custom work being assigned to the State. Additionally, the Contractor waives any author rights and similar retained interests in custom-developed material. The Contractor must provide the State with all assistance reasonably needed to vest such rights of ownership in the State. The Contractor will retain ownership of all tools, methods, techniques, standards, and other development procedures, as well as generic and preexisting shells, subroutines, and similar material incorporated into any custom Deliverable ("Pre-existing Materials"), if the Contractor provides the non-exclusive license described in the next paragraph.

The Contractor may grant the State a worldwide, non-exclusive, royalty-free, perpetual license to use, modify, and distribute all Pre-existing Materials that are incorporated into any custom-developed Deliverable rather than grant the State ownership of the Pre-existing Materials. The State may distribute such Pre-existing materials to third parties only to the extent required by governmental funding mandates. The Contractor may not include in any custom Deliverable any intellectual property unless such has been created under this Contract or qualifies as Pre-existing Material. If the Contractor wants to incorporate any Pre-existing Materials into a custom Deliverable, the Contractor must first disclose that desire to the State in writing and seek the State's approval for doing so in advance. The State will not be obligated to provide that approval, unless the Contractor disclosed its intention to do so in the RFP Documents. On the Contractor's request, the State will incorporate into any copies of a custom Deliverable any proprietary notice that the Contractor included with the original copy, if that notice is reasonably necessary to protect the Contractor's interest in any Pre-existing Materials contained in the custom Deliverable.

Subject to the limitations and obligations of the State with respect to Pre-existing Materials, the State may make all custom Deliverables available to the general public without any proprietary notices of any kind.

For Deliverables that include custom materials such as software, scripts, or similar computer instructions developed for the State, the State is entitled to the source material. Scripts and similar functionality may not be locked or otherwise protected from access by the State, unless the State has any passwords or other tools necessary to access the material. Source material must include annotations or comments according to industry standards. Further, the State is entitled to any working papers the Contractor has developed during the performance of the Project that would reasonably assist the State in using the Deliverables that include source materials or that would help the State protect its interests in the Deliverable or update, modify or otherwise maintain the Deliverable. This also includes all design and architectural materials, such as schemas.

**License in Commercial Material.** As used in this section, "Commercial Material" means anything that the Contractor or a third party has developed at private expense, is commercially available in the marketplace, subject to intellectual property rights, and readily copied through duplication on magnetic media, paper, or other media. Examples include written reports, books, pictures, videos, movies, computer programs, and computer source code and documentation. It does not include Key Commercial Software that will be governed by Attachment Eleven, Master Contract for Software Licensing, but does include other Commercial Software.

Any Commercial Material that the Contractor intends to deliver as a Deliverable must have the scope of the license granted in such material disclosed in the RFP Documents or as an attachment referenced in

the RFP Documents, if that scope of license is different from the scope of license contained in this section for Commercial Materials.

Except for Commercial Material that is software ("Commercial Software"), if the Commercial Material is copyrighted and published material, then the State will have the rights permitted under the federal copyright laws for each copy of the Commercial Material delivered to it by the Contractor.

Except for Commercial Software, if the Commercial Material is patented, then the State will have the rights permitted under the federal patent laws for each copy of the Commercial Material delivered to it by the Contractor.

Except for Commercial Software, if the Commercial Material consists of trade secrets, then the State will treat the material as confidential. In this regard, the State will assume all obligations with respect to the Commercial Material that the Contractor assumes under the Confidentiality section of this Contract with respect to the State's Confidential Information. Otherwise, the State will have the same rights and duties permitted under the federal copyright laws for each copy of the Commercial Material delivered to it by the Contractor, whether or not the material is copyrighted when delivered to the State.

For Commercial Software, the State will have the rights in items (1) through (6) of this section with respect to the software. The State will not use any Commercial Software except as provided in items (1) through (6) of this section or as expressly stated otherwise in this Contract. The Commercial Software may be:

- (1) Used or copied for use in or with the computer or computers for which it was acquired, including use at any State installation to which such computer or computers may be transferred;
- (2) Used or copied for use in or with a backup computer for disaster recovery and disaster recovery testing purposes or if any computer for which it was acquired is inoperative;
- (3) Reproduced for safekeeping (archives) or backup purposes;
- (4) Modified, adapted, or combined with other computer software, but the modified, combined, or adapted portions of the derivative software incorporating any of the Commercial Software will be subject to same restrictions set forth in this Contract;
- (5) Disclosed to and reproduced for use on behalf of the State by support service contractors or their subcontractors, subject to the same restrictions set forth in this Contract; and
- (6) Used or copied for use in or transferred to a replacement computer.

Commercial Software delivered under this Contract is licensed to the State without disclosure restrictions unless it is clearly marked as confidential or secret. The State will treat any Commercial Software that is marked as confidential or secret as Confidential Information to the extent that such is actually the case.

Key Commercial Software will be covered by a separate Master Contract for Software Licensing, in the form of Attachment Eleven. When such a Master Contract is executed, it will be a separate agreement and not part of this Contract, though the Contractor remains responsible for ensuring that the completed Project, including any Key Commercial Software, meets the requirements of this Contract and performs according to the RFP Documents' requirements.

#### **PART FOUR: REPRESENTATIONS, WARRANTIES, AND LIABILITIES**

**General Warranties.** The Contractor warrants that the recommendations, guidance, and performance of the Contractor under this Contract will: (1) be in accordance with sound professional standards and the requirements of this Contract and without any material defects; and (2) unless otherwise provided in the RFP Documents, be the work solely of the Contractor. The Contractor also warrants that: (1) no Deliverable will infringe on the intellectual property rights of any third party; and (2) the Contractor's work and the Deliverables resulting from that work will be merchantable and fit for the particular purposes described in the RFP Documents.

Additionally, with respect to the Contractor's activities under this Contract, the Contractor warrants that: (1) the Contractor has the right to enter into this Contract; (2) the Contractor has not entered into any

other contracts or employment relationships that restrict the Contractor's ability to perform the contemplated services; (3) the Contractor will observe and abide by all applicable laws and regulations, including those of the State regarding conduct on any premises under the State's control and security for the State's data, systems, and networks; (4) the Contractor has good and marketable title to any goods delivered under this Contract and in which title passes to the State; (5) all hardware, software, firmware, and similar devices and materials provided under this Contract will be designed to operate without regard to the turning of a century and process dates in a manner that takes into account dates occurring before and after the turning of a century; (6) the Contractor has the right and ability to grant the license granted in any Deliverable in which title does not pass to the State; and (7) the Contractor is not subject to any unresolved findings of the Auditor of State under Revised Code Section 9.24 and will not become subject to an unresolved finding that prevents the extension or renewal of this Contract.

The warranties regarding material defects, merchantability, and fitness are one-year warranties. All other warranties will be continuing warranties. If any portion of the Project fails to comply with these warranties, and the Contractor is so notified in writing, the Contractor must correct such failure with all due speed or must refund the amount of the compensation paid for such portion of the Project. The Contractor also must indemnify the State for any direct damages and claims by third parties based on a breach of these warranties. This obligation of indemnification will not apply where the State has modified or misused the Deliverable and the claim is based on the modification or misuse. The State will give the Contractor notice of any such claim as soon as reasonably practicable. If a successful claim of infringement is made, or if the Contractor reasonably believes that an infringement claim that is pending may actually succeed, the Contractor must do one of the following things: (1) modify the Deliverable so that it is no longer infringing; (2) replace the Deliverable with an equivalent or better item; (3) acquire the right for the State to use the infringing Deliverable as it was intended for the State to use under this Contract; or (4) remove the Deliverable and refund the amount the State paid for the Deliverable and the amount of any other Deliverable or item that requires the availability of the infringing Deliverable for it to be useful to the State.

**Software Warranty.** If this Contract involves software as a Deliverable, then, on acceptance and for 12 months after the date of acceptance of any Deliverable that includes software, the Contractor warrants as to all software developed under this Contract that: (a) the software will operate on the computer(s) for which the software is intended in the manner described in the relevant software documentation, the Contractor's Proposal, and the RFP Documents; (b) the software will be free of any material defects; (c) the Contractor will deliver and maintain relevant and complete software documentation, commentary, and source code; and (d) the source code language used to code the software is readily available in the commercial market, widely used and accepted for the type of programming involved, and support programming in the language is reasonably available in the open market; and (e) the software and all maintenance will be provided in a professional, timely, and efficient manner.

For Commercial Software licensed from a third party that is incorporated into a Deliverable, and for which the State has not signed a separate license agreement governing that Commercial Software's warranties, the Contractor represents and warrants that it has done one of the following things: (a) obtained the right from the third-party licensor to commit to the warranties and maintenance obligations in this Section; (b) obtained a binding commitment from the licensor to make those warranties and maintenance obligations directly to the State; or (c) fully disclosed in the RFP Documents any discrepancies between the requirements of this section and the commitment the third-party licensor has made.

In addition, for Commercial Software that is incorporated into a Deliverable, the Contractor will: (a) maintain or cause the third-party licensor to maintain the Commercial Software so that it operates in the manner described in the RFP Documents (or any attachment referenced in the RFP Documents) and relevant Commercial Software documentation; (b) supply technical bulletins and updated user guides; (c) supply the State with updates, improvements, enhancements, and modifications to the Commercial Software and documentation and, if available, the commentary and the source code; (d) correct or replace the Commercial Software and/or remedy any material programming error that is attributable to the Contractor or the third-party licensee; (e) maintain or cause the third-party licensor to maintain the Commercial Software and documentation to reflect changes in the subject matter the Commercial Software deals with; (f) maintain or obtain a commitment from the third-party licensor to maintain the

Commercial Software so that it will properly operate in conjunction with changes in the operating environment in which it is designed to operate.

For purposes of the warranties and the delivery requirements in this Contract, software documentation means well written, readily understood, clear, and concise instructions for the software's users as well as a system administrator. The software documentation will provide the users of the software with meaningful instructions on how to take full advantage of all of the capabilities designed for end users. It also means installation and system administration documentation for a system administrator to allow proper control, configuration, and management of the software. Source code means the uncompiled operating instructions for the software. However, the Contractor will not be obligated to provide source code for Commercial Software unless it is readily available from the licensor. The source code must be provided in the language in which it was written and will include commentary that will allow a competent programmer proficient in the source language to readily interpret the source code and understand the purpose of all routines and subroutines contained within the source code.

**Equipment Warranty.** If any electrical equipment, mechanical device, computer hardware, telecommunications hardware, or other type of physical machinery ("Equipment") will be a part of any Deliverable, the following warranties apply. The Contractor warrants that the Equipment fully complies with all government environmental and safety standards applicable to the Equipment. The Contractor also warrants for one year from the acceptance date of the Equipment that the Equipment will perform substantially in accordance with specifications described in the RFP Documents, the user manuals, technical materials, and related writings published by the manufacturer for the Equipment. The foregoing warranties will not apply to Equipment that is modified or damaged after title passes to the State.

The Contractor must notify the State in writing immediately upon the discovery of any breach of the warranties given above.

The Contractor must do the following if any Equipment does not meet the above warranties:

- (a) Cause the Equipment to perform as required, or, if that is not commercially practicable, then;
- (b) Grant the State a refund equal to the amount the State paid for the Equipment or, if such has not been individually priced, the manufacturer's suggested retail price for the Equipment.

Except where the Contractor's breach of a warranty makes it not possible for the State to do so, the State will return the affected Equipment to the Contractor in the case of a refund under the previous paragraph.

**GENERAL EXCLUSION OF WARRANTIES. THE CONTRACTOR MAKES NO WARRANTIES, EXPRESS OR IMPLIED, OTHER THAN THOSE EXPRESS WARRANTIES CONTAINED IN THIS CONTRACT.**

**Indemnity for Property Damage and Bodily Injury.** The Contractor must indemnify the State for all liability and expense resulting from bodily injury to any person (including injury resulting in death) and damage to tangible or real property arising out of the performance of this Contract, provided that such bodily injury or property damage is due to the negligence or other tortious conduct of the Contractor, its employees, agents, or subcontractors. The Contractor will not be responsible for any damages or liability to the extent caused by the negligence or willful misconduct of the State, its employees, other contractors, or agents.

**Limitation of Liability.** Neither party will be liable for any indirect, incidental, or consequential loss or damage of the other party, including but not limited to lost profits, even if the parties have been advised, knew, or should have known of the possibility of such damages. Additionally, neither party will be liable to the other for direct or other damages in excess of two times the not-to-exceed fixed price of this Contract. The limitations in this paragraph do not apply to any obligation of the Contractor to indemnify the State against claims made against it or for damages to the State caused by the Contractor's negligence or other tortious conduct.

## PART FIVE: ACCEPTANCE AND MAINTENANCE

**Standards of Performance and Acceptance.** There will be a period for performance testing of the completed Project. During the performance period, the State, with the assistance of the Contractor, will perform acceptance testing. The performance period will last up to 90 calendar days, during which time the Project must meet the standard of performance required by the RFP Documents for 30 consecutive calendar days. The performance criteria in the RFP Documents will be supplemented with the relevant user manuals, technical materials, and related writings, to the extent that the specifications in those writings supplement and refine rather than contradict the performance criteria in the RFP Documents. Acceptance of the Project depends on a successful completion of the performance period defined in this section and the RFP Documents. This section applies to the Project, and any part of it, as well as replacements or substitutes for the Project after completion of a successful performance period.

If the Project does not meet the standard of performance during the initial performance period, the State will give the Contractor details about the problems in a timely manner and in a useful and relevant form. Until the Contractor demonstrably corrects all outstanding problems, the second performance period will not start, and the State will not accept the Project (or part thereof). The second performance test will continue on a day-by-day basis until the standard of performance is met for a total of 30 consecutive calendar days or until the 90-day performance period has ended without meeting the standard of performance.

If the Project fails to meet the standard of performance after 90 calendar days from the start of the second performance period, the Contractor will be in default and will not have a cure period. In addition to all other remedies the State may have under this Contract, the State may request a correction or replacement of the relevant portion of the Project.

The Project may have components that can be tested for acceptance individually. If that is so, there may be acceptance criteria listed on the RFP Documents for each part of the Project that will be independently tested and accepted. However, unless the RFP Documents expressly provide otherwise, the failure of any independently tested component to meet its acceptance criteria will give the State the right to reject the entire Project. Alternatively, if the State determines that it is in the State's interest to reject only the part of the Project that was independently and unsuccessfully tested, it may do so. If the State chooses this option, the State will be entitled to a refund or credit toward the Contractor's Fee equal to the cost of acquiring a replacement for the rejected component.

The acceptable level of performance for the Project will be 98.5%, unless otherwise specified in the RFP Documents. The performance level for the Project is computed by dividing the sum of the uptime by the number of working hours during the test time. "Uptime" means the total hours, rounded to the nearest quarter hour, during which all components of the Project are operational and all functions of the Project are available to its users. The number of "working hours" means the total number of working hours for the period during which the Project was scheduled to be available to its users. Uptime and downtime will be measured in hours and quarter hours.

The Project "downtime" is that period when any part of the Project is inoperable due to failure of the Project or a particular Deliverable to operate according to the specifications in the RFP Documents, the user documentation, or the published technical specifications. During a period of downtime, the State may use operable components of the Project when that will not interfere with repair of inoperable components of the Project. Downtime will start from the time the State notifies the Project Manager of the inoperable condition of the Project until the Project is returned in proper operating condition.

The Project will not be accepted until the performance period is complete.

Should it be necessary, the State may delay the start of the performance period, but the delay will not exceed 30 consecutive calendar days after the scheduled date for implementation of the Project. Such a delay will not be considered a suspension of work under the Suspension and Termination section of this Contract.

**Passage of Title.** Title to any Deliverable will pass to the State only on acceptance of the Deliverable. All risk of loss, regardless of the cause, will remain with the Contractor until title to the Deliverable passes to the State.

**Software Maintenance.** If this Contract involves software as a Deliverable, then, during the warranty period, as well as any optional maintenance periods that the State exercises, the Contractor must correct any material programming errors that are attributable to the Contractor within a reasonable period of time. However, the State must notify the Contractor, either orally or in writing, of a problem with the software and provide sufficient information for the Contractor to identify the problem.

The Contractor's response to a programming error will depend upon the severity of the problem. For programming errors that slow the processing of data by a small degree, render minor and non-mandatory functions of the System inoperable or unstable, or require users or administrators to employ workarounds to fully use the software, Contractor will respond to the request for resolution within four business hours. Furthermore, the Contractor must begin working on a proper solution for the problem within one business day, dedicating the resources required to fix the problem. For any defects with more significant consequences, including those that render key functions of the system inoperable or significantly slow processing of data, the Contractor will respond within two business hours of notice. The Contractor also must begin working on a proper solution for the problem immediately after responding and, if requested, provide onsite assistance and dedicate all available resources to resolving the problem.

For software classified as Commercial Software in the Ownership of Deliverables section and for which the State has not signed a separate license agreement, the Contractor must acquire for the State the right to maintenance for one year. That maintenance must be the third-party licensor's standard maintenance program, but at a minimum, that maintenance program must include all, updates, patches, and fixes to the software. It also must include a commitment to keep the software current with the operating environment in which it is designed to function (and, if applicable, the subject matter covered by the software) and to correct material defects in the software in a timely fashion. Additionally, the Contractor must obtain a commitment from the licensor to make maintenance available for the product for at least four years after the first year of maintenance. The Contractor also must obtain a commitment from the licensor to limit increases in the annual Fee for maintenance to no more than 7% annually. If the licensor is unable to provide maintenance during that five-year period, then the licensor must be committed to doing one of the following two things: (a) give the State a *pro rata* refund of the license fee based on a five-year useful life; or (b) release the source code for the software (except third party software) to the State for use by the State solely for the purpose of maintaining the copy(ies) of the software for which the State has a proper license. For purposes of receiving the source code, the State agrees to treat it as confidential and to be obligated to the requirements under the Confidentiality section of this Contract with respect to the source code. That is, with respect to the source code that the State gets under this section, the State will do all the things that the Confidentiality section requires the Contractor to do in handling the State's Confidential Information.

**Equipment Maintenance.** If this Contract involves Equipment as a Deliverable, then, upon Equipment delivery and for 12 months after acceptance, the Contractor must provide Equipment maintenance to keep the Equipment in or restore the Equipment to good working order. If the State exercises its right to any optional maintenance periods, the Contractor's obligations hereunder will extend to those periods as well. This maintenance must include preventative and remedial maintenance, installation of safety changes, and installation of engineering changes based upon the specific needs of the individual item of Equipment. This maintenance must include the repair, replacement, or exchange deemed necessary to keep the Equipment in good working condition. For purposes of this Contract, Equipment restored to good working condition means Equipment that performs in accordance with the manufacturer's published specifications and the RFP Documents.

The Contractor must exert its best efforts to perform all fault isolation and problem determination attributed to the Equipment covered under this Contract.

The following services are outside the scope of this Contract:

- a. Maintenance to bring the Equipment into compliance with any law, rule, or regulation if such law, rule, or regulation was not in effect on the acceptance date.
- b. Repair and replacement work or increase in maintenance time as a result of damage or loss resulting from casualty or the State's misuse of the Equipment, damage resulting from improper packing or failure to follow prescribed shipping instructions (if such is done by the State), failure of electrical power, air conditioning or humidity control, use of supplies not approved by the original manufacturer of the Equipment as described or included in the Contractor's Proposal, or causes other than ordinary use of the Equipment.
- c. Furnishing supplies or accessories, making specification changes, or adding or removing approved accessories, attachments, or other devices.
- d. Maintenance or any increase in maintenance time resulting from any maintenance or inappropriate connection to other equipment (not done by the Contractor) that results in damage to the Equipment.
- e. Activities required to restore the Equipment to good operating condition if the problem has resulted from someone other than Contractor's authorized service personnel repairing, modifying, or performing any maintenance service on the Equipment.

**Equipment Maintenance Standards.** This section applies if Equipment will be a Deliverable under this Contract.

The Contractor must complete all remedial Equipment maintenance within eight business hours after notification by the State that maintenance is required. In the case of preventative maintenance, the Contractor must perform such in accordance with the manufacturer's published schedule and specifications. If maintenance is not completed or substitute equipment provided within eight hours after notification by the State, the Contractor will be in default.

All maintenance also must meet any standards contained in the RFP Documents. Failure of the Contractor to meet or maintain these requirements will provide the State with the same rights and remedies specified elsewhere in the RFP Documents for default, except that the Contractor will only have eight hours to remedy the default.

The Contractor must provide adequate staff to provide the maintenance required by this Contract.

**Equipment Maintenance Continuity.** This section applies if Equipment will be a Deliverable under this Contract.

If the Contractor is unable to provide maintenance services to meet the State's ongoing performance requirements for Equipment delivered under this Contract, and if, in the State's sole opinion, the Contractor is unlikely to resume providing warranty services that meet the State's ongoing performance requirement, the Contractor will be in default. The State then will be entitled to the remedies in the default section of this Contract. However, the State will also be entitled to the following items from the Contractor: (a) all information necessary for the State to perform the maintenance, including logic diagrams, maintenance manuals and system and unit schematics, as modified by the Contractor; and (b) a listing of suppliers capable of supplying necessary spare parts.

Any information in items (a) and (b) above that is rightfully identified by the Contractor as confidential information will be maintained in confidence by the State, except where disclosure to a third party is necessary for the State to continue the maintenance. However, any third party to whom disclosure is made must agree to hold such proprietary information in confidence and to make no further disclosure of it. Further, any such confidential information will be used solely to perform the Contractor's maintenance obligations hereunder and will be returned to the Contractor upon completion of such use.

**Principal Period of Maintenance (General).** This section applies if software or Equipment will be a Deliverable under this Contract.

The Contractor must make maintenance available nine working hours per weekday, between 8:00 a.m. and 5:00 p.m. Travel time and expenses related to remedial and preventive maintenance will not be considered billable but will be included in the Contractor's firm, fixed Fee for the Project during the warranty period and a part of the annual maintenance Fee during later annual maintenance periods.

**Maintenance Access (General).** This section applies if software or Equipment will be a Deliverable under this Contract.

The Contractor must keep the Project in good operating condition during the warranty period and any annual maintenance period during which the State contracts for continued maintenance. The State will provide the Contractor with reasonable access to the Project to perform maintenance. All maintenance that requires the Project to be inoperable must be performed outside the State's customary working hours, except when the Project is already inoperable. Preventive or scheduled maintenance will be performed at mutually agreeable times, within the parameters of the manufacturer's published schedule.

**Key Maintenance Personnel (General).** This section applies if software or Equipment will be a Deliverable under this Contract.

The Contractor must identify all key people responsible for providing maintenance on the Project, furnish the State with a means of identifying these people, furnish the State with their credentials, and notify the State at least 30 calendar days in advance of any reductions in staffing levels of key people at the office serving the State.

## **PART SIX: CONSTRUCTION**

**Entire Document.** This Contract is the entire agreement between the parties with respect to its subject matter and supersedes any previous statements or agreements, whether oral or written.

**Binding Effect.** This Contract will be binding upon and inure to the benefit of the respective successors and assigns of the State and the Contractor.

**Amendments – Waiver.** No change to any provision of this Contract will be effective unless it is in writing and signed by both parties. The failure of either party at any time to demand strict performance by the other party of any of the terms of this Contract will not be a waiver of those terms. Waivers must be in writing to be effective, and either party may at any later time demand strict performance.

**Severability.** If any provision of this Contract is held by a court of competent jurisdiction to be contrary to law, the remaining provisions of this Contract will remain in full force and effect to the extent that such does not create an absurdity.

**Construction.** This Contract will be construed in accordance with the plain meaning of its language and neither for nor against the drafting party.

**Headings.** The headings used herein are for the sole sake of convenience and may not be used to interpret any section.

**Notices.** For any notice under this Contract to be effective, it must be made in writing and sent to the address of the appropriate contact provided elsewhere in the Contract, unless such party has notified the other party, in accordance with the provisions of this section, of a new mailing address. This notice requirement will not apply to any notices that this Contract expressly authorized to be made orally.

**Continuing Obligations.** The terms of this Contract will survive the termination or expiration of the time for completion of Project and the time for meeting any final payment of compensation, except where such creates an absurdity.

**Time.** Unless otherwise expressly provided, any reference in this document to a number of days for an action or event to occur means calendar days, and any reference to a time of the day, such as 5:00 p.m., is a reference to the local time in Columbus, Ohio.

## **PART SEVEN: LAW AND COURTS**

**Compliance with Law.** The Contractor must comply with all applicable federal, state, and local laws while performing under this Contract.

**Drug-Free Workplace.** The Contractor must comply with all applicable state and federal laws regarding keeping a drug-free workplace. The Contractor must make a good faith effort to ensure that all the Contractor's Personnel, while working on state property, will not have or be under the influence of illegal drugs or alcohol or abuse prescription drugs in any way.

**Conflicts of Interest.** None of the Contractor's Personnel may voluntarily acquire any personal interest that conflicts with their responsibilities under this Contract. Additionally, the Contractor may not knowingly permit any public official or public employee who has any responsibilities related to this Contract or the Project to acquire an interest in anything or any entity under the Contractor's control, if such an interest would conflict with that official's or employee's duties. The Contractor must disclose to the State knowledge of any such person who acquires an incompatible or conflicting personal interest related to this Contract. The Contractor also must take steps to ensure that such a person does not participate in any action affecting the work under this Contract. However, this will not apply when the State has determined, in light of the personal interest disclosed, that person's participation in any such action would not be contrary to the public interest.

**Ohio Ethics and Elections Law.** The Contractor certifies that it is currently in compliance and will continue to adhere to the requirements of the Ohio ethics law, Ohio Revised Code Section 102.04. The Contractor further acknowledges that it has read the requirements of Section 3517.13 regarding limitations on political contributions as a basis for eligibility for participation in State contracts and certifies that the Contractor and all applicable personal and business associates are in compliance with Section 3517.13(J)(1) of the Revised Code and will remain in compliance with the provisions of Section 3517.13 for the duration of this Contract and with all applicable provisions that extend beyond the expiration of this Contract.

**Unresolved Finding for Recovery.** If the Contractor was subject to an unresolved finding of the Auditor of State under Revised Code Section 9.24 on the date the parties sign this Contract, the Contract is void. Further, if the Contractor is subject to an unresolved finding of the Auditor of State under Revised Code Section 9.24 on any date on which the parties renew or extend this Contract, the renewal or extension will be void.

**Equal Employment Opportunity.** During the Project, the Contractor must not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, disability, age, or Vietnam-era veteran status ("Protected Status"). The Contractor must ensure that applicants for employment and employees are treated without regard to their Protected Status.

The Contractor must post notices with the provisions of this section in conspicuous places that are available to employees and applicants and must state in all solicitations and advertisements for employees that it is an equal opportunity employer.

**Injunctive Relief.** Nothing in this Contract is intended to limit the State's right to injunctive relief, if such is necessary to protect its interests or to keep it whole.

**Assignment.** The Contractor may not assign this Contract or any of its rights or obligations under this Contract without the prior, written consent of the State. The State is not obligated to provide its consent to any proposed assignment.

**Governing Law.** This Contract will be governed by the laws of Ohio, and venue for any disputes will lie exclusively with the appropriate court in Franklin County, Ohio.

**Health Insurance Portability and Accountability Act.** The Contractor and its subcontractors will ensure that all work done under this Contract will comply with the requirements of Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the regulations under it.

**ATTACHMENT FIVE  
SAMPLE CONTRACT**

**A CONTRACT BETWEEN  
THE OFFICE OF INFORMATION TECHNOLOGY  
ON BEHALF OF THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
AND**

\_\_\_\_\_  
(CONTRACTOR)

**THIS CONTRACT, which results from RFP 0A1011, entitled Enhanced Data Warehouse and Medicaid Decision Support System** is between the State of Ohio, through the Office of Information Technology, on behalf of the Ohio Department of Job and Family Services, and \_\_\_\_\_ (the "Contractor").

This Contract consists of this RFP, including all attachments, written amendments to this RFP, the Contractor's Proposal, and written, authorized amendments to the Contractor's Proposal. It also includes any materials incorporated by reference in the above documents, any purchase orders, and Change Orders issued under the Contract. The form of the Contract is this one page attachment to the RFP, which incorporates by reference all the documents identified above. The General Terms and Conditions for the Contract are contained in another attachment to the RFP. If there are conflicting provisions among the documents that make up the Contract, the order of precedence for the documents is as follows:

1. This RFP, as amended;
2. The documents and materials incorporated by reference in the RFP;
3. The Contractor's Proposal, as amended, clarified, and accepted by the State; and
4. The documents and materials incorporated by reference in the Contractor's Proposal.

Notwithstanding the order listed above, Change Orders and amendments issued after the Contract is executed may expressly change the provisions of the Contract. If they do so expressly, then the most recent of them will take precedence over anything else that is part of the Contract.

This Contract has an effective date of the later of \_\_\_\_\_, 20\_\_\_\_, or the occurrence of all conditions precedent specified in the General Terms and Conditions.

**TO SHOW THEIR AGREEMENT**, the parties have executed this Contract as of the dates below.

CONTRACTOR

STATE OF OHIO  
OFFICE OF INFORMATION TECHNOLOGY

**SAMPLE - DO NOT FILL OUT**

By:

By: R. Steve Edmonson

Title:

Title: Director, Office of Information Technology  
State Chief Information Officer

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

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

**ATTACHMENT SIX  
SAMPLE DELIVERABLE/MILESTONE SUBMITTAL FORM**

<b>Client Name:</b>	[Insert Client Name]
<b>Project Name:</b>	[Insert Project Name]
<b>Contract Number:</b>	[Insert Contract Number]
<b>Deliverable To Be Reviewed or Milestone Attained:</b>	[Insert Deliverable/Milestone Name and Work Breakdown Structure Task #]
<b>Date Deliverable Submitted for Review or Milestone Achievement Date:</b>	[Insert Applicable Date]

The [insert Deliverable/milestone name] Deliverable/milestone is complete. This Deliverable/milestone has been completed/attained by [insert Corporate name] in accordance with the requirements specified in the RFP and Project Plan. Please obtain signatures below indicating the compliance of [insert Deliverable/milestone name]. Please obtain all signatures within **XX** calendar days of the Submitted or Achievement Date, above, [insert date **XX** calendar days from submitted date].

Please contact \_\_\_\_\_ at **XXX-XXX** with any questions.

Sincerely,

[Insert Company Name]  
[Insert Project Name] Project Manager

\_\_\_\_\_  
Printed Name  
Contractor Project Manager  
{Same as person signing above}

<p><b>COMPLIANT:</b> Deliverable Payment Authorized:    Yes _____ No _____ N/A _____</p> <p>_____ Signature of State Project Representative/Date</p>
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<p><b>NOT COMPLIANT:</b> Describe reason(s) for non-compliance: (Continue on back if necessary)</p> <p>_____ Signature of State Project Representative/ Date      Payment <u>Not</u> Authorized</p>
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**ATTACHMENT SEVEN**  
**CONTRACTOR PERFORMANCE FORM**

The offeror must provide the following information for the past seven years. Please indicate yes or no in each column.

Yes/No	Description
	The offeror has had a contract terminated for default or cause. If so, the offeror must submit full details, including the other party's name, address, and telephone number.
	The offeror has been assessed any penalties in excess of \$10,000, including liquidated damages, under any of its existing or past contracts with any organization (including any governmental entity). If so, the offeror must provide complete details, including the name of the other organization, the reason for the penalty, and the penalty amount for each incident.
	The offeror was the subject of any governmental action limiting the right of the offeror to do business with that entity or any other governmental entity.
	Trading in the stock of the company has ever been suspended with the date(s) and explanation(s).
	The offeror, any officer of the offeror, or any owner of a 20% interest or greater in the offeror has filed for bankruptcy, reorganization, a debt arrangement, moratorium, or any proceeding under any bankruptcy or insolvency law, or any dissolution or liquidation proceeding.
	The offeror, any officer of the offeror, or any owner with a 20% interest or greater in the offeror has been convicted of a felony or is currently under indictment on any felony charge.

If the answer to any item above is affirmative, the offeror must provide complete details about the matter. While an affirmative answer to any of these items will not automatically disqualify an offeror from consideration, at the sole discretion of the State, such an answer and a review of the background details may result in a rejection of the offeror's Proposal. The State will make this decision based on its determination of the seriousness of the matter, the matter's possible impact on the offeror's performance on the Project, and the best interests of the State.

**ATTACHMENT EIGHT  
OFFEROR PROFILE SUMMARY**

**OFFEROR MANDATORY REQUIREMENTS**

**MANDATORY REQUIREMENT:**

<b>Company Name:</b>	<b>Contact Name:</b> (Indicate Primary or Alternate)  <b>Contact Title:</b>
<b>Company Address:</b>	<b>Contact Phone Number:</b>  <b>Contact Email Address:</b>
<b>Project Name:</b>	<b>Beginning Date of Expr: / Ending Date of Expr:</b> Month/Year                      Month/Year
<b>List Related Service Provided:</b>  Describe how the Related Service shows the offeror's experience, capability, and capacity to develop the Deliverables or to achieve the milestones for this Project:	

SAMPLE



**ATTACHMENT NINE  
PERSONNEL PROFILE SUMMARY**

**CANDIDATE REFERENCES**

<b>Candidate's Name:</b>
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**References.** Provide three references for which the proposed candidate has successfully demonstrated meeting the requirements of the RFP on projects of similar size and scope in the past five years. The name of the person to be contacted, phone number, company, address, brief description of project size and complexity, and date (month and year) of employment must be given for each reference. These references must be able to attest to the candidate's specific qualifications.

The reference given should be a person within the client's organization and not a co-worker or a contact within the offerors organization.

If less than three references are provided, the offeror must explain why. The State may disqualify the Proposal if less than three references are given.

<b>Client Company:</b>	<b>Client Contact Name:</b>	<b>Client Contact Title:</b>	
<b>Client Address:</b>		<b>Client Contact Phone Number:</b>	
<b>Project Name:</b>		<b>Beginning Date of Employment:</b> Month/Year	<b>Ending Date of Employment:</b> Month/Year
<b>Description of services provided that are in line with those to be provided as part of this Project:</b>			
<b>Description of how client project size and complexity are similar to this project:</b>			

**ATTACHMENT NINE  
PERSONNEL PROFILE SUMMARY  
CANDIDATE EDUCATION AND TRAINING**

<b>Candidate's Name:</b>
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**Education and Training.** This section must be completed to list the education and training of each proposed candidate and must demonstrate in detail the proposed candidate's ability to properly execute the Contract based on the relevance of the education and training to the requirements of the RFP.

EDUCATION AND TRAINING	MONTHS/ YEARS	WHERE OBTAINED	DEGREE/MAJOR YEAR EARNED
<b>College</b>			
<b>Technical School</b>			
<b>Other Training</b>			

SAMPLE

**ATTACHMENT NINE  
PERSONNEL PROFILE SUMMARY**

**CANDIDATE MANDATORY REQUIREMENTS  
{Insert Candidate Position}**

<b>Candidate's Name:</b>
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**Requirement:** {List a candidate mandatory requirement}

<b>Company Name:</b>	<b>Contact Name:</b> Primary or Alternate	<b>Contact Title:</b>	
<b>Address:</b>		<b>Contact Phone Number:</b>	
		<b>Email Address:</b>	
<b>Project Name:</b>	<b>Beginning Date of Expr:</b> Month/Year	<b>Ending Date of Expr:</b> Month/Year	
<b>Description of technical experience, capacity performed, and role that is related to services to be provided for this Project:</b>			

**SAMPLETEXT**

**ATTACHMENT NINE  
PERSONNEL PROFILE SUMMARY**

**CANDIDATE REQUIREMENTS  
{Insert Candidate Position}**

<b>Candidate's Name:</b>
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**Requirement:** {List a candidate requirement}

<b>Company:</b>	<b>Contact Name:</b> Primary or Alternate	<b>Contact Title:</b>	
<b>Address:</b>		<b>Contact Phone Number:</b>	
		<b>Email Address:</b>	
<b>Project Name:</b>	<b>Beginning Date of Expr: Month/Year</b>	<b>Ending Date of Expr: Month/Year</b>	
<b>Description of technical experience, capacity performed, and role that is related to services to be provided for this Project:</b>			
<p align="center"><b>SAMPLETEXT</b></p>			

**ATTACHMENT TEN**

**SYSTEM DEVELOPMENT LIFE CYCLE OVERVIEW**

***Use one sheet (or set of sheets) for each System Development Life Cycle Phase proposed by the offeror.***

Additional sheets may be added, if needed, to incorporate all the activities, milestones, and Deliverables and related descriptions.

**System Development Life Cycle Phase:** \_\_\_\_\_

**List System Development Life Cycle Phase activities and milestones:**

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**Provide a description for each of the System Development Life Cycle Phase activities and milestones listed above, referencing how all the Project requirements in the RFP will be addressed.**

**List System Development Life Cycle Phase Deliverables:**

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**Provide a description for each of the System Development Life Cycle Phase Deliverables listed above, referencing how all the Project requirements in the RFP will be addressed.**

## ATTACHMENT ELEVEN

### MASTER CONTRACT FOR SOFTWARE LICENSING (MLA NUMBER [0000000])

**THIS CONTRACT** (the "Contract") is between the State of Ohio (the "State"), through the Office of Information Technology ("OIT"), Investment and Governance Division, with offices at 30 East Broad Street, Columbus, Ohio 43215, and *[Company name of the Contractor]* (the "Contractor"), with offices at *[street address, city, state and zip code for the Contractor]*, and whose Federal Tax ID Number is *[the Contractor's TIN]* and D-U-N-S Number is *[the Contractor's D-U-N-S]*.

### BACKGROUND

The State and the Contractor have entered into this Contract to provide the terms and conditions under which the Contractor will grant one or more perpetual, nonexclusive licenses to the State to use certain software that the Contractor publishes or markets (the "Software"). Any such licenses will be described in one or more schedules to this Contract ("Schedules") and will include a license to use the Software's user and technical documentation (the "Documentation"). It also may include a license to use the Software's source code and related material ("Source Code"), if it is so indicated elsewhere in this Contract or on the applicable Schedule. Additionally, this Contract governs the Contractor's obligation to provide the State with assistance troubleshooting the Software and with updates, correction, enhancements, and new releases of the Software ("Support").

### PART I: LICENSE AND USE

- 1. Grant of License.** The Contractor grants to the State a nonexclusive, nontransferable, and perpetual license to use the executable code version of the Software identified in each Schedule under this Contract, along with the related Documentation, and if indicated in an applicable Schedule, the Source Code for the Software. The license begins on the date identified in the applicable Schedule as the start date for the license (the "Start Date"). Unless indicated otherwise in this Contract, such use will be limited to use solely for the exercise of any function of State government by any State agency or political subdivision of the State ("Affiliated Entities"). The applicable Schedule governing the license will describe the scope of each license granted to the State in further detail, and the State agrees to limit its use of the Software as described in the applicable Schedule. The State may not republish the Software or the Documentation or distribute it to any third party, unless and only to the extent that this Contract or the scope of license in the applicable Schedule expressly so permits. The State will have a right to use the Software at any of its locations worldwide, subject only to applicable restrictions on export of technology from the US, the scope of license in the applicable Schedule, and the restrictions in this Contract on using the Software in hazardous environments.
- 2. Generated Files.** "Generated Files" are files that the State creates using the Software and in which the State's data or results from the State's instructions are stored. Examples of such files could include, among others, text files generated with a word processor, data tables created with a database engine, and image files created with a graphics application. Applications consisting of instruction sets created with a programming language that the Contractor licensed to the State also would be considered Generated Files. As between the State and the Contractor, the State will own all Generated Files that the State prepares by using the Software, excluding such portions of the Generated Files that consist of embedded portions of the Software. The Contractor or its licensors will retain ownership of any portions of the Software embedded into Generated Files. But the Contractor grants to the State a nonexclusive, royalty-free right to reproduce and distribute to third parties any portions of the Software embedded in any Generated Files that the State creates while using the Software in the manner in which the Software is designed to be used. In the State's distribution of the Generated Files, the State may not use the Contractor's name, logo, or trademarks, except to the extent that such are incorporated in such Generated Files by the design of the Software when used as intended.
- 3. License Restrictions.** The State may not reverse engineer, de-compile, or disassemble any Software for which it is not licensed to use the Software's Source Code. Additionally, the State may not assign, transfer, or redistribute the Software to any party in whole or in part, except as expressly provided by this Contract or the applicable Schedule. It also may not rent, time share, or operate a service bureau with respect to the Software. And the State may not charge a fee to any third party for access to or use of the Software, unless this Contract or the applicable Schedule permits such. (One Affiliated Entity using the Software on behalf of another Affiliated Entity is not the operation of a service bureau for purposes of this Contract, even if the Affiliated Entity charges the other Affiliated Entity for the costs of the service.) Additionally, except as authorized in this Contract or the applicable Schedule, the State may not

grant any sublicense to access or use the Software. Notwithstanding the foregoing, and provided they have agreed in writing to honor the terms of this Contract, the State's Affiliated Entities may use the Software in the same manner as the State, subject to the applicable limits on the license and the obligations contained in this Contract. Further, for any Software designed for communications, such as e-commerce applications, or for Web presentations, the State may communicate with third parties using the Software and use the Software for presentations to third parties via the Internet. Additionally, the State engages various contractors to do work for it, and the State may provide such contractors with access to and use of the Software solely for use on behalf of the State, including in a facilities management, hosting, disaster recovery, or outsourcing arrangement. But the State may not provide access to the Software to any such contractors except for use solely on behalf of the State.

- 4. Locking Devices.** Some Software may require the use of a key to prevent unauthorized installation and use of the Software, but the Software may not include expiration codes, "time bombs", or similar devices that can disable the software once a proper key is provided. Further, the software may not contain any routines, functions, or devices that can or are designed to transmit or transfer any data surreptitiously to the Contractor or any other party. Nor may the software contain any routines, functions, or similar devices designed to permit the Contractor or a third party to surreptitiously access data on the State's network or on any of the State's computers. Should the State need assistance with a key or similar device to use the Software within the State's scope of license, the Contractor will assist the State at any time and without charge or fee, regardless of whether such Software is then under Support.
- 5. Copies.** In addition to the copies of the Software authorized by the license in the applicable Schedule, the State may make a reasonable number of copies of the Software for backup, archival, disaster recovery, testing, development, and image management purposes. And the State may use these copies for such purposes without paying any additional fee or charge, so long as any such additional copies are not used in a production environment while the production copy or copies of the Software are used for production. No other copies of the Software may be made by or for the State. With respect to the Documentation for any Software, the State may make as many copies of it in either paper-based or electronic form as the State may reasonably require for its own internal purposes. Additionally, the State may incorporate portions of the Documentation in other materials, such as training and reference manuals, provided that such materials are used solely for the internal purposes of the State and the use bears a reasonable nexus to the State's use of the Software. Each copy of the Software or Documentation that the State makes must bear the same copyright and other proprietary notices that appear on the original copy provided to the State. If the Contractor has granted the State a license to use the Source Code for the Software, the State may make a reasonable number of copies of the Source Code, may modify it, compile it, and otherwise use it as reasonably necessary to support its licensed use of the Software.
- 6. Hazardous Environments.** The State recognizes that some Software may not be designed or intended for use as or with online control equipment or systems in hazardous environments requiring fail-safe performance. This includes equipment or systems such as those used in the operation of nuclear facilities, aircraft navigation, air traffic control, direct life support machines, and munitions. It also includes any other equipment or systems in which the State reasonably can foresee that failure of the Software could lead to death, personal injury, or severe physical or environmental damage. For any Software designated as not intended for hazardous environments in the applicable Schedule, the State may not use or permit the use of the Software in conjunction with any such equipment or systems.
- 7. Object Reassignment.** Any Software licensed by the number of items that it may be used on, by, or in conjunction with, such as nodes, computers, users, or sites ("Objects"), may be reassigned to other, similar Objects within the State at any time and without any additional fee or charge. For example, a computer-specific license may be transferred to another computer, a site license may be transferred to another site, and a named user license may be assigned to another user. But any such reassignment must be in conjunction with termination of use by or with the previous Object, if such termination is required to keep the total number of licensed Objects within the scope of the applicable license. Should the State require a special code, a unique key, or similar device to reassign the Software as contemplated by this section, the Contractor will provide such a code, key, or similar device to the State at any time and without a fee or charge, regardless of whether such Software is then under Support. A later section in this Contract governs assignment of the State's license in any Software to a successor in interest.
- 8. Upgrades, Updates, and Corrections.** All portions of the Software, including any corrections, patches, service packs, updates, upgrades, and new versions and releases are the property of Contractor, are part of the Software, and are governed by the State's license in the Software. In no event will the Software or any modification of it be

deemed a work made for hire, even if the Contractor has made the modification expressly for the State, unless the parties agree otherwise in writing.

## PART II: FEES AND PAYMENT

1. **Fees.** The State will pay to the Contractor the fees for licensing the Software identified in each Schedule under this Contract ("License Fees"), as well as all applicable fees for Support of the Software ("Support Fees") that are identified in any Schedule under this Contract. The License Fee for each license is due and payable on the 30<sup>th</sup> day after the later of the date on which the applicable license starts (the "Start Date") or the date the State receives a proper invoice for the License Fee at the office designated in the applicable purchase order. A Support Fee will be due payable on the 30<sup>th</sup> day after the later of the date on which the applicable period of Support (the "Support Period") begins or the date the State receives a proper invoice for the Support Fee at the office designated in the applicable purchase order. The State will not be obligated to acquire or renew Support for any Software unless it issues a purchase order for such.
2. **Taxes.** The State is exempt from all sales, use, excise, property, and similar taxes ("Taxes"). To the extent any Taxes are imposed on the Contractor in connection with this Contract or the Software, the Contractor must pay such Taxes, together with any interest and penalties not properly disputed with the appropriate taxing authority.
3. **Invoices.** The Contractor must submit an original invoice with three copies to the office designated in the purchase order as the "bill to" address. To be a proper invoice, the invoice must include the following information:
  - (1) Name and address of the Contractor, as designated in this Contract.
  - (2) The Contractor's federal tax identification number, as designated in this Contract.
  - (3) The Contractor's invoice remittance address, as designated in this Contract.
  - (4) The purchase order number authorizing the delivery of the Software or Support.
  - (5) A description of what the Contractor delivered, including, as applicable, the time period, serial number, unit price, quantity, and total price of the Software and Support. If the invoice is for Software with multiple installments of the License Fee, the Contractor also must include the payment number (e.g., 11 of 36).

If an invoice does not meet this section's requirements, or if the Contractor fails to give proper notice of a price increase (see the Pricing section below), the State will send the Contractor written notice. The State will send the notice, along with the improper invoice, to the Contractor's address designated for receipt of purchase orders within 15 days. The notice will contain a description of the defect or impropriety and any additional information the Contractor needs to correct the invoice. If such notification has been sent, the payment due date will be 30 days after the State receives a corrected and proper invoice or the applicable Start Date in the Schedule, whichever is later.

The date the State issues a warrant (the State's equivalent to a check) in payment of an invoice will be considered the date payment is made. Without diminishing the Contractor's right to timely payment, the payment will be overdue only if it is not received by the 30th day after the payment's due date. If the State has not issued payment by then, interest will begin to accrue under Ohio Revised Code ("Code") Section 126.30.

4. **Non-Appropriation of Funds.** The State's funds are contingent on the availability of lawful appropriations by the Ohio General Assembly. If the Ohio General Assembly fails to continue funding for the Fees due hereunder, as determined by the Director of the Office of Information Technology, this Contract will terminate with respect to the Software or Support affected by the non-appropriation as of the date that the funding expires, and the State will have no further obligation to make any payments. This provision will not alter the rights of the State in any Software or to any Support for which the State already has made payment at the time of the non-appropriation.
5. **OBM Certification.** This Contract is subject to Code Section 126.07. All orders and Schedules under this Contract are void until the Director of the Office of Budget and Management for the State certifies that there is a balance in the appropriation available to pay for the order.
6. **Currency.** The State will make all payments under this Contract by warrant (the State's equivalent to a check) in US Dollars, regardless of the location where the Support is provided or the Software is located.

7. **Disputed Amounts.** The parties will resolve any amounts disputed under this Contract expeditiously and in good faith by having the representatives of the parties who signed this Contract enter into informal discussions. Once resolved through the dispute resolution process, the amount must be paid within 30 days of the resolution. If the State disputes any amount under this Contract in good faith, the State may withhold its payment pending resolution notwithstanding anything to the contrary elsewhere in this Contract.
8. **Pricing.** Subject to the limitations in this section, the Contractor may modify its pricing for Software or Support at any time and without notice to the State. But no such change will apply to any Software or Support that the State orders or for which it receives an invoice before the effective date of the change. Nor will any price increase apply to any Software for which the State and the Contractor have entered in to a Price-hold Addendum; the pricing for such Software will be fixed for the term of the price-hold. Additionally, for seven years from the date of the State's first license of any Software, the State will be entitled to acquire additional licenses for the same Software at a discount that is equal to the discount extended to the State for the initial license of the Software, even though the list price for the Software may have increased. Such licenses will be granted under the terms contained in this Contract via the execution of a Schedule hereto. Thereafter, the State will not be obligated to pay more than the Contractor's then current, published License Fee for any such Software, less the discount described in the following sentence. For all additional licenses acquired more than seven years after the initial license in the same Software, the State still will be entitled to a discount of █% from the then current list price for the license. Support Fees under this Contract may not increase from one Support Period to the next by more than █ percent for any license in the Software. Further, in no event will the Support Fee the State pays be greater than the fee paid by any other customer of the Contractor for the same type license.

### **PART III: CONTRACT ADMINISTRATION**

1. **Term.** Once entered into, the term of this Contract will be from the date the duly authorized representative of the State signed it through June 30, 200█. Expiration of this Contract without renewal will not affect any licenses granted to the State before the expiration. It also will not affect the rights and the responsibilities of the parties with respect to such licenses.
2. **Renewal.** The State may renew this Contract for additional one-year terms, subject to and contingent on the discretionary decision of the Ohio General Assembly to appropriate funds for this Contract in each new biennium. Any such renewal of this Contract also is subject to the satisfactory performance of the Contractor and the needs of State. The State's failure to renew this Contract will not affect any licenses granted to the State before the expiration. It also will not affect the rights and the responsibilities of the parties with respect to such licenses.
1. **Delivery.** The Contractor must deliver all Software licensed under this Contract to the State F.O.B. at the State's site specified in the applicable Schedule. If the Contractor and the State agree so in writing, the Contractor may deliver any Software licensed under this Contract via electronic transmission over the Internet, provided the Contractor maintains sufficient bandwidth to accommodate delivery in this fashion. Upon physical delivery or successful completion of an electronic transmission, title to any media on which the Software and Documentation are contained and risk of loss of the Software and Documentation will pass to the State.
2. **Schedules.** For all Software that the State licenses, the Contractor and the State will enter into a written Schedule to this Contract, signed by duly authorized representatives of both parties. The Schedule will describe the Software, the license granted in the Software, and the date the license starts ("Start Date"). It also will identify the License Fee for the license granted, the number of physical copies of the media on which the Software is shipped, and the operating system or systems for which the Software is designed. In addition, the Schedule will identify the Support Fee or the percentage of the License Fee used to calculate the Support Fee. All additional Software that the State seeks to license from the Contractor under this Contract, as well as all additional licenses that the State wishes to acquire in Software already licensed under this Contract, will be subject to the Contractor's prior, written approval in each such case. But the Contractor will consent for any Software that is covered by a Price-hold Addendum. The Contractor also must consent for any Software that is or designed to operate in conjunction with Software already acquired by the State under this Contract, if the Software at issue is generally available to other customers and the State is not in material breach of this Contract.
3. **Confidentiality.** Each party may disclose to the other written material or oral or other forms of information that it treats as confidential ("Confidential Information"). Title to any Confidential Information one party delivers to the other will remain with the disclosing party or its licensors. Each party agrees to treat any Confidential Information it

receives from the other party as secret, if it is so marked, otherwise identified as such, or when, by its very nature, it deals with matters that, if generally known, would be damaging to the best interests of the other party or its licensors.

The Contractor's Confidential Information may include the Software and Documentation, if the Software and Documentation are the trade secrets of Contractor and marked as such in a reasonable manner. Information of the State that the Contractor must presume to be Confidential Information, regardless of whether it is marked as such, includes any proprietary documentation, materials, flow charts, codes, software, computer instructions, techniques, models, information, diagrams, know-how, data, business records, and business plans. Such also includes files containing personal information about other contractors or employees of the State, such as personnel records, and any material to which an attorney-client, physician-patient, or similar privilege may apply. It also includes any State records that Ohio law excludes from public records disclosure requirements.

Each party agrees not to disclose any Confidential Information of the other to any third parties and to use it solely to meet its obligations under this Contract or as otherwise contemplated under this Contract. Additionally, each party will restrict circulation of Confidential Information within its organization and permit access to it only by people who have a need to know the Confidential Information for the purposes contemplated by this Contract. The receiving party will be liable to the disclosing party for any damages that result from its improper or unauthorized disclosure of any Confidential Information.

Except for Software, Source Code, or Documentation that represents Confidential Information, neither party may incorporate any portion of the other party's Confidential Information into any work or product. With respect to Software, Source Code, or Documentation that is Confidential Information, the foregoing will not apply to any portion of the Software incorporated into Generated Files by the design of the Software when used as intended. Nor will the foregoing apply to portions of the Documentation that the State incorporates into material such as training and reference manuals in accordance with this Contract's applicable provisions. And the foregoing will not apply to any Source Code properly licensed to the State that the State modifies for use within the scope of its license in the applicable Software. Furthermore, the receiving party must cause all of its personnel who have access to any Confidential Information of the other party to execute a confidentiality agreement incorporating the obligations of this section. Additionally, for any director, officer, employee, partner, agent, or subcontractor of the Contractor ("Contractor Personnel") that require access to the State's premises, the State may require an individual non-disclosure agreement incorporating the terms of this section to reinforce the importance of such obligations. The State may bar any Contractor Personnel who refuse to execute such a non-disclosure agreement from entering the State's facilities.

The receiving party's obligation to maintain the secrecy of the Confidential Information will not apply where it:

- (a) Was already in the receiving party's possession before disclosure by the other party, and the receiving party obtained it without an obligation of confidence;
- (b) Is independently developed by the receiving party;
- (c) Is or becomes publicly available without breach of this Contract;
- (d) Is rightfully obtained by the receiving party from a third party without an obligation of confidence;
- (e) Is disclosed by the receiving party with the written consent of the other party; or
- (f) Is released in accordance with a valid order of a court or governmental agency, provided that the receiving party:
  - (1) Notifies the other party of such order immediately upon receipt of the order; and
  - (2) Makes a reasonable effort to obtain a protective order from the issuing court or agency limiting disclosure and use of the Confidential Information solely for the purposes intended to be served by the original order of production.

Except for properly licensed Software, Source Code, or Documentation that contains Confidential Information, the receiving party must return or destroy all copies of any Confidential Information when it is no longer needed for the receiving party to perform under this Contract, but in any case, no later than on termination of this Contract. For properly licensed Software, Source Code, and Documentation that represents Confidential Information, the State may retain it for so long as the State has a valid license in it.

The receiving party may disclose Confidential Information to its contractors on a need-to-know basis, but only after they have agreed in writing to be obligated to the requirements of this section.

- 4. Escrow.** Except for Software that the Contractor delivers to the State with its Source Code, the Contractor must escrow the Source Code for all Software with Escrow Associates, LLC (the "Agent") under an existing escrow agreement between the State and the Agent. The Agent may release the Source Code to the State on the occurrence of any of the following:
- (a) The Contractor ceases business without a successor in interest that assumes all the Contractor' obligations under this Contract;
  - (b) The Contractor files or has filed against it a petition in bankruptcy or similar proceeding that is not dismissed within 60 days;
  - (c) The Contractor stops supporting any Licensed Software;
  - (d) The State terminates this Contract for cause; or
  - (e) The Contractor materially or consistently fails to perform its Support obligations in a timely and professional manner.

The release will apply only to the Source Code for Software affected by the triggering event. The Source Code for the Software will be in the form customarily used by programmers to read and modify such Source Code. It also will include all supporting documentation and annotations reasonably required for productive use of the Source Code by a competent programmer skilled in the programming language in which the Source Code is written. The Contractor will deliver to the Agent the Source Code for each version or release of the Software that the State acquires. The State will be solely responsible for paying all escrow fees associated with the escrow agreement, and upon any release of Source Code from escrow, the State will treat the material as Confidential Information and use it solely to maintain the Software for its own internal purposes.

The escrow agreement with the Agent is a supplementary agreement to this Contract, within the meaning of Title 11, Section 365(n), of the United States Code, and neither the Contractor nor its trustee in bankruptcy may interfere with the State's license in the Software or right to access any Source Code by virtue of any bankruptcy proceedings.

From time to time, the State may change the company it uses as the Agent. The State will do so only on written notice to the Contractor and will use only a US-based, well-recognized escrow company.

- 5. Insurance.** During any Support Period for which the State has paid the applicable Support Fee, the Contractor must purchase and maintain the following minimum insurance coverages at its sole expense:
- (A) Worker's compensation insurance covering all employees to comply with the laws of the state or states where operations are conducted and employer's liability insurance with a limit of not less than \$1,000,000. If operations are conducted in a monopolistic state, the employer's liability insurance must be provided through a stop gap endorsement.
  - (B) General liability insurance covering all operations under this Contract, with a combined single limit of not less than \$1,000,000 each occurrence. The policy must include with its other coverages products and completed operations, broad form property damage, blanket contractual liability coverage, independent contractors (work sublet) and cross liability.
  - (C) Automobile liability insurance covering all automotive equipment used in performing under this Contract (whether owned, non-owned, or hired) with a combined single limit of not less than \$1,000,000 each accident.

The policies specified in (A) above must be with companies acceptable to the State and endorsed to waive rights of subrogation against the State. The policies specified in (B) and (C) above must be endorsed to include the State as an additional insured with respect to operations performed under this Contract. All the above policies must be primary to any policies the State purchases or maintains.

The Contractor must furnish the State with an insurance certificate as evidence of the above coverages and requirements. The certificate also must contain the following statement:

"Thirty days' prior written notice will be given to the State of Ohio in the event of cancellation or material change in coverage."

The coverages required represent the State's minimum requirements, and they may not be construed to void or limit the Contractor's indemnity obligations under this Contract.

6. **Excusable Delay.** Neither party will be liable for any delay in its performance under this Contract that arises from causes beyond its control and without its negligence or fault. The delayed party must notify the other promptly of any material delay in performance and must specify in writing the proposed revised performance date as soon as practicable after notice of delay. For any such excusable delay, the date of performance or delivery will be extended for a period equal to the time lost by reason of the excusable delay. The delayed party must also describe the cause of the delay and what steps it is taking or will take to remove the cause. The delayed party may not rely on a claim of excusable delay to avoid liability for a delay if the party has not taken commercially reasonable steps to mitigate or avoid the delay.
7. **Network Security.** The Contractor may not connect to the State's internal computer network without the prior, written consent of the State, which the State will reasonably provide if necessary or appropriate for the Contractor to provide Support. But as a condition of connecting to the State's computer network, the Contractor must secure its own connected systems in a manner consistent with the State's then-current security policies, which the State will provide to the Contractor on request. The State may audit the Contractor's security measures in effect on any such connected systems without notice. The State also may terminate the Contractor's network connections immediately should the State determine that the Contractor's security measures are not consistent with the State's policies or are otherwise inadequate given the nature of the connection or the data or systems to which the Contractor may have access.
8. **Termination.** This Contract will continue in full force and effect unless terminated according to the terms of this Contract. Either party may terminate this Contract at any time on 30 days prior written notice to the other party or in the event of any default by the other party, which the defaulting party fails to cure within 30 days after written notice. Either party also may terminate this Contract upon any sale of a majority interest in the other party to a third party or if a receiver, liquidator, trustee, or like official is appointed for the other party or any substantial portion of its property. Additionally, either party may terminate this Contract if the other party files or consents to any petition in bankruptcy or other insolvency proceedings or makes any assignment for the benefit of its creditors. Termination of this Contract will not extinguish any of the rights and obligations of a party under this Contract that, by the terms of that right or obligation, continue after the date of termination. And no termination will extinguish any of the rights or obligations that, by their very nature, must continue after termination to give full effect to the purpose of those rights and obligations. Termination of this Contract will not entitle the State to any refund of any License or Support Fee, nor will it extinguish any license or price-hold the State has acquired in any Software before the date of termination, except as provided in the next paragraph.

With or without terminating this Contract in accordance with the paragraph above, on 30 days prior written notice to the State, the Contractor may terminate any license in any Software granted to the State under this Contract. But the Contractor may do so only if the State materially breaches any terms of this Contract with respect to the license or licenses the Contractor seeks to terminate. Such termination notice will be effective 30 days after the State receives it, provided that the State does not cure its breach of this Contract within those 30 days. All Software licenses not affected by the State's breach will remain in place and unaffected by the termination. Any such termination will be in addition to any other remedies the Contractor may have under this Contract for the State's breach.

#### **PART IV: WARRANTIES, LIABILITIES, AND REMEDIES**

1. **Warranties.** The Contractor warrants for one year from the Start Date that the Software will be free of material defects and will function in substantial conformance to its Documentation when used in the operating environment for which it is intended and in accordance with its Documentation. The Contractor also warrants that the Software will be merchantable and fit for the particular purpose for which the State acquired it. Moreover, the Contractor warrants that the Software will be free of viruses at the time of its delivery under this Contract. Additionally, the Contractor warrants that all media on which the Software is delivered to the State will be free from defects for one year after delivery to the State.
2. **Warranty Exclusions.** The Contractor's warranties with respect to the Software's performance in accordance with its Documentation, its fitness, and its merchantability do not cover any error caused by any change to the Software made by any party other than the Contractor and not at the Contractor's request or otherwise in accordance with this Contract or the Software's Documentation. It also does not cover damage to the Software caused by accident, neglect, or misuse of the Software by any party other than the Contractor or anyone else acting on the Contractor's behalf. Further, the State's use of the Software in an operating environment or in conjunction with a hardware

platform that does not meet the Contractor's minimum specifications, as set out in the applicable Schedule or Documentation, may result in errors or failures that are outside the scope of the Contractor's warranty. Additionally, use of the Software in combination with other software, hardware, firmware, data, or technology not licensed or approved by the Contractor in writing may cause failures that also are outside the scope of the Contractor's warranty, provided that the Software is not designed or intended for use with such items.

**THE EXPRESS WARRANTIES IN THIS CONTRACT ARE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED.**

3. **Remedies.** The Contractor's entire liability and the State's sole remedy for any breach of the above media warranty is limited to requiring the Contractor to replace the defective media expeditiously and without charge to the State. Furthermore, the Contractor's entire liability and the State's sole remedy for any breach of the above warranties of fitness, merchantability, and against defects in the Software will be limited to the Contractor expeditiously correcting the defect or issue and providing the State with a patch containing the correction. If within the times given below, the Contractor does not provide a replacement copy for defective media or Software containing a virus or fails to deliver a fix for a defect in the Software or a correction solving a fitness or merchantability issue, the Contractor must refund all License Fees paid by the State for the affected the Software. In the case of defective media or Software containing a virus, the Contractor will have 15 days after written notice to provide a replacement. In the case of other defects, merchantability issues, or fitness issues, the Contractor will have 30 days after written notice to deliver a correction that resolves the problem. Upon the Contractor's issuance of a refund, the State will return or destroy all copies of the Software and, upon the Contractor's request, certify in writing that it has done so.

**THE FOREGOING REMEDIES ARE THE STATE'S EXCLUSIVE REMEDIES FOR THE WARRANTIES PROVIDED ABOVE.**

4. **Indemnity.** The Contractor will indemnify the State for all direct damages to the State caused by the negligence or willful misconduct of the Contractor. The Contractor also agrees to indemnify, defend, and hold the State harmless from and against all claims, liabilities, demands, losses, expenses (including by way of example only, court costs and experts' and attorneys' fees), and causes of action of every kind and character in favor of any third party caused or arising out the activities or performance of the Contractor or the Contractor's Personnel. The foregoing obligations do not apply to the extent caused by the State's actual negligence or willful misconduct. Any defense of the State requires and is subject to the approval and consent of the Ohio Attorney General.
5. **Infringement.** The Contractor will release, protect, indemnify, defend, and hold the State harmless from and against any claims of infringement by any third parties based on the Software, Source Code, or Documentation licensed under this Contract. Any defense of the State requires and is subject to the approval and consent of the Ohio Attorney General and will be at the Contractor's sole cost and expense. Further, the Contractor will indemnify the State for any liability resulting from any such claims, demands, or suits, as well as hold the State harmless for the Contractor's liability, losses, and damages resulting from such. This obligation of defense and indemnification will not apply where the State has modified or misused the Software, Source Code, or Documentation, and the claim or the suit is based on the modification or misuse. The Contractor's obligation to hold the State harmless also will not apply if the claim, suit, liability, or damage arises out of the State's misuse of the Software, Source Code, or Documentation. The State agrees to give the Contractor notice of any such claim as soon as reasonably practicable and to allow the Contractor to control the defense of the any such claim, upon consultation with and the approval of the Office of the State's Attorney General.

If a successful claim of infringement is made, or if the Contractor reasonably believes that an infringement or similar claim that is pending actually may succeed, the Contractor will do one of the following four things as soon as reasonably possible to avoid or minimize any interruption of the State's business:

- (a) Modify the offending Software, Source Code, or Documentation so that it is no longer infringing;
- (b) Replace the offending Software, Source Code, or Documentation with an equivalent or better item;
- (c) Acquire the right for the State to use the infringing Software, Source Code, or Documentation as it was intended for the State to use under this Contract; or
- (d) Remove the infringing Software, Source Code, or Documentation and refund the amount the State paid for the Software and the amount of any other Software or item that requires the availability of the infringing Software, Source Code, or Documentation for it to be useful to the State.

6. **LIMITATION OF LIABILITY.** NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED IN THIS CONTRACT, NEITHER PARTY WILL BE LIABLE FOR ANY DAMAGES OTHER THAN DIRECT DAMAGES. THIS EXCLUSION OF DAMAGES INCLUDES, BY WAY OF EXAMPLE ONLY, INDIRECT, INCIDENTAL, EXEMPLARY, AND CONSEQUENTIAL DAMAGES, INCLUDING LOSS OF PROFITS, EVEN IF THE PARTY KNEW OR SHOULD HAVE KNOWN OF THE POSSIBILITY OF SUCH DAMAGES. ADDITIONALLY, NEITHER PARTY WILL BE LIABLE FOR DIRECT DAMAGES IN EXCESS OF TWO TIMES THE TOTAL LICENSE AND SUPPORT FEES PAID UNDER THIS CONTRACT OR \$3,000,000, WHICHEVER IS GREATER. BUT THIS LIMITATION OF LIABILITY WILL NOT LIMIT THE CONTRACTOR'S OBLIGATION TO INDEMNIFY THE STATE UNDER THE INDEMNITY AND INFRINGEMENT PROVISIONS OF THIS CONTRACT FOR DIRECT DAMAGES FROM THE CONTRACTOR'S NEGLIGENCE OR WILLFUL MISCONDUCT. THIS LIMITATION OF LIABILITY ALSO WILL NOT LIMIT THE CONTRACTOR'S OBLIGATIONS UNDER THE INDEMNITY AND INFRINGEMENT SECTIONS OF THIS CONTRACT FOR CLAIMS MADE AGAINST THE STATE FOR INFRINGEMENT OR FOR NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CONTRACTOR, REGARDLESS OF THE NATURE OF THE DAMAGES SOUGHT FOR ANY SUCH CLAIM. THIS LIMITATION OF LIABILITY WILL SURVIVE TERMINATION OF THIS CONTRACT.

## PART V: SOFTWARE SUPPORT

1. **Support.** Each Support Period will be one year in duration, with the first Support Period beginning on the [\[first anniversary of the\]](#) Start Date for the applicable license. Subsequent Support Periods will begin on each anniversary of the Start Date of the applicable license (the "Anniversary Date"). During each Support Period for which the State has paid the applicable Support Fee, the Contractor will provide the State with telephonic assistance and advice for using the Software. The Contractor also will provide remote troubleshooting and problem resolution by developing and providing fixes or patches for errors in the Software. As part of the annual Support that the Contractor provides in exchange for the applicable Support Fee, the Contractor also will deliver to the State all service packs for the Software, as well as all updates and new releases and versions of the Software. The annual Support Fee will be calculated as a percentage of the then current License Fee for the applicable Software license. The percentage used to calculate the Support Fee will be provided in the applicable Schedule governing the Software license. The manner in which the Contractor provides Support will be governed by the Contractor's policies and programs described in the applicable Software Documentation or other materials that the Contractor uses to notify its customers generally of such policies. But regardless of the Contractor's policies and programs, unless otherwise agreed in the applicable Schedule, in all cases such Support must comply with the requirements of this Contract. And the Contractor must provide the Support in a competent, professional, and timely manner.
2. **Minimum Availability.** Support for any Software licensed under this Contract must be available for a minimum of seven years from the Start Date of the license. Thereafter, for so long as the Contractor makes Support available to other customers, the State will be entitled to participate in that Support under the terms of this Contract and in exchange for the Support Fee identified in the applicable Schedule.
3. **Reductions.** The State may acquire licenses that are based on the number of users, nodes, computers, processors, instances of the Software or other counts of objects covered by a license ("Objects"). In any such cases, the State may request that the Support Fees for a Support Period be calculated based on fewer Objects than included in the previous Support Period, with an appropriate adjustment in the applicable Support Fee. But patches, services packs, updates, and new versions or releases of the Software made available to the State under this Contract for such Software may be applied only to the number of Objects included in the then current Support Period. Nevertheless, the State may continue using any version of the Software that is available at the time Support was reduced on or for the unsupported Objects, provided that such is physically possible based on the Software's configuration. In any case where supported and unsupported Objects cannot be treated separately (e.g., a single server license supporting multiple concurrent connection), the State must limit its use of the Software to the supported number of Objects to take advantage of its reduction rights under this section.
4. **Lapse and Reinstatement.** If the State opts to not renew Support for some or all of the Software licensed by the State under this Contract, the State may subsequently purchase Support for such Software. But it may do so only if the Contractor continues to make it generally available to its customers when the State makes the decision to reacquire Support. Further, any such Support will require, in addition to the Support Fee for the then current Support Period, the payment of the immediately preceding year's Support Fees for that Software, or the applicable instances of it. Notwithstanding anything to the contrary in this Contract, no interest will be due on the Support Fees for the past

Support Periods. In conjunction with the reinstatement of Support, the State will be entitled to any patches, service packs, upgrades, and new releases, and versions of the Software issued during the unsupported interval.

5. **Support Parameters.** The State may initiate Support requests for problems it encounters with the Software by telephone, email, Internet, or fax, and the Contractor must maintain lines of communication that support all four forms of communication. The Contractor must make Support available from at least 7:00 AM to 6:00 PM in each time zone where the Contractor maintains a Support center, and it must do so by staffing its Support function with an adequate number of qualified personnel to handle its traditional volume of calls. Further, the Contractor must maintain at least one Support center in North America with adequate English-speaking Support personnel. Support must be available during the business hours identified above from at least Monday through Friday throughout the Support Period, except for customary holidays. Further, subject to the State's obligation to pay the applicable Support Fees, the Contractor must support both the most recent major release of the Software as well as the immediately preceding major release of Software. The State's technical staff may contact any Support center that the Contractor maintains, and they may choose to do so based on convenience, proximity, service hours, languages spoken, or otherwise.
6. **Incident Classification.** The Contractor must classify and respond to Support calls by the underlying problem's effect on the State. In this regard, the Contractor may classify the underlying problem as critical, urgent, or routine. The guidelines for determining the severity of a problem and the appropriate classification of, and response to, it are described below.

The Contractor must designate a problem as "critical" if the Software is functionally inoperable, the problem prevents the Software from being used in production mode or there is significant potential for data integrity problems. This classification assumes there is no existing patch for the problem. The Contractor must classify a problem as "urgent" if the underlying problem significantly degrades the performance of the Software or materially restricts the State's use of the Software in a production mode. A problem also will be considered urgent if a commonly used feature often generates application errors, causes the Software to freeze, locks up the computer on which the Software is running, or otherwise routinely does not work as intended. Classification of a problem as urgent rather than critical assumes that the State still can conduct business with the Software. As with the critical classification, the urgent classification assumes there is no existing patch or acceptable workaround procedure for the problem. Finally, the Contractor may classify a Support call as "routine" if the underlying problem is a question on end use or configuration of the Software. It also may be classified as routine when the problem does not materially restrict the State's use of the Software in its production environment, such as when a feature or combination of features generates minor or rare errors. Also, if any problem that otherwise should be classified as critical or urgent can be solved either by a known workaround or an existing patch, the problem may be treated as routine.

The Contractor must apply the above classifications in good faith to each call for Support, and the Contractor must give due consideration to any request by the State to reclassify a problem, taking into account the State's unique business and technical environments and any special needs it may have.

7. **Incident Response.** The Contractor must respond to critical problems by ensuring that appropriate managerial personnel are made aware of the problem and that they actively track and expedite a resolution. The Contractor must assign Support or development personnel at the appropriate level to the problem, and those personnel must prepare a work plan for the problem's expeditious resolution. The work plan must assume that the Contractor's appropriate staff will work without material interruption the problem is resolved properly. The Contractor's personnel must maintain daily contact with the State's technical staff to keep the State abreast of efforts being made to solve the problem. The Contractor also must provide the State's technical staff with direct access to the Contractor's Support personnel and product development personnel, if appropriate, who are assigned to the problem. If the resolution of the problem requires a patch, the Contractor will ship the patch electronically as soon as the patch is available.

The Contractor must respond to urgent problems by having its product development and Support personnel work in concert to develop a fix or a workaround. The Contractor's Support personnel must maintain regular contact with the State to keep its technical staff abreast of progress toward a resolution of the problem. The Contractor's Support staff must include the problem in regular status reports to the Contractor's management team. And the Contractor's Support staff must provide the Software patch or workaround procedure as soon as it is available.

The Contractor must respond to routine problems by providing the State with a patch or workaround on a priority basis if the problem is one for which an existing patch or workaround already exists. For newly identified problems falling into this classification, the Contractor's Support personnel must generate a problem report, and the appropriate

development or Support personnel then must prioritize the problem in relation to other outstanding product issues. The assigned priority then will govern the problem solving or developmental work needed to address the problem and the schedule for delivering a solution. For routine calls that involve end usage and configuration issues rather than bugs or other technical problems, the Contractor's first or second level Support personnel must provide the State's technical staff with telephonic assistance on a non-priority basis.

- 8. Response Times.** The maximum time that the Contractor takes to respond initially to a Support request may vary based upon the classification of the request. During normal hours of operation for the Contractor's Support function, the Contractor's response time for a critical Support request will be less than one hour. The Contractor's response time for an urgent request must be less than two hours during operating hours. And the Contractor's response time for a routine Support request must be less than four hours during normal operating hours.
- 9. Escalation Process.** Any Support call that is not resolved must be escalated to the Contractor's management under the following parameters. Unresolved problems that are classified as critical must be escalated to the Contractor's Support manager within four hours and to the director level after one day. If a critical problem is not resolved within three days, it must escalate to the corporate officer level and then to the CEO level after five days. The Contractor's Support staff will escalate unresolved urgent problems to its Support manager within three days, to the director level after seven days, and to the corporate officer level after 14 days.
- 10. State Obligations.** To facilitate the Contractor meeting its Support obligations, the State must provide the Contractor with the information reasonably necessary to determine the proper classification of the underlying problem. It also must assist the Contractor as reasonably necessary for the Contractor's Support personnel to isolate and diagnose the source of the problem. Additionally, to assist the Contractor's tracking of Support calls and the resolution of Support issues, the State must make a reasonable effort to use any ticket or incident number that the Contractor assigns to a particular incident in each communication with the Contractor. The State also must install and implement the most recently available Software updates, including service packs and patches, if the Contractor reasonably believes it to be necessary to achieve a satisfactory resolution of a problem.
- 11. Limitations.** The Contractor is not responsible for the resolution of problems caused by the State's use of the Software on hardware that does not meet the minimum specifications set out in the Software's Documentation. The Contractor also is not responsible for resolving problems caused by third party software not approved by the Contractor for use with the Software. Additionally, the Contractor need not resolve problems caused by unauthorized modifications to the Software.
- 12. Updates.** The Contractor must make all Software updates and service packs, as well as new releases and new versions of it, available to the State at no additional charge and as part of its Software Support. The Contractor will notify the State of the availability of any Software updates and new versions and releases on at least a quarterly basis. The Contractor may post patches and updates on the Internet rather than delivering them to the State on physical media. The Contractor must provide Support, including upgrades, service packs, new releases, and new versions, as appropriate, to keep current with changes in the operating systems and critical applications with which the Software is designed to run for a minimum of seven years from the date the Software is licensed to the State. For purposes of the last sentence, a "critical application" is any computer program that the Software is specifically designed to work in conjunction with. An example would be Software that requires an Oracle database engine to function. The Oracle database engine would be a critical application for that Software.
- 13. Follow-on Software.** If the Contractor stops supporting or upgrading any Software but then offers or later releases another product that performs substantially similar functions, the State will be entitled to convert its license for the unsupported Software to a license in the new Software. Any such conversion will be without charge to the State, provided only that the State has paid all applicable Support Fees for the unsupported Software since first acquiring it through the time when the Contractor terminated Support.
- 14. Functionality Migration.** If the Contractor eliminates functionality material to the use or performance of any Software licensed under this Contract ("Original Software") and then includes the functionality in a new product ("New Software"), the Contractor must grant the State a license to use the migrated functionality of such New Software, but not to any other functionality in the New Software, if (i) the State is a subscriber to Support for the Original Software at the time the New Software is available and is entitled to receive subsequent releases of the Original Software, and (ii) the New Software is available for the same operating system or technical environment as the Original Software. The license granted to the State for the New Software will be (i) pursuant to the terms and conditions of this Contract and

the applicable Schedule governing the Original Software, (ii) subject to the use restrictions and other limitations for the Original Software in this Contract and applicable Schedule, (iii) granted without the payment of additional fees other than fees for Support which would otherwise be due for the Original Software.

- 15. Support Location.** For each Schedule under this Contract, the Contractor must disclose the location(s) where it will perform all Support, the location(s) where any State data applicable to this Contract will be maintained or made available, and the principal place of business for the Contractor and all its subcontractors that may perform Support under this Contract. While performing under this Contract, the Contractor may not change the location(s) where Support is performed or change the location(s) where it maintains or makes the State's data available to a location outside the country of the original location(s) without prior, written approval of the State, which the State is not obligated to provide. Further, each of the Contractor's subcontractors that perform Support under this Contract must agree in writing to and be bound by this and all other provisions of this Contract that inure to the benefit of the State.

## PART VI: CONSTRUCTION

- 1. Entire Document.** This Contract will apply to all Software that the State acquires from the Contractor during the term of this Contract, unless the parties expressly agree otherwise in a written document signed by the duly authorized representatives of the parties. Furthermore, this Contract, along with the Schedules and Addenda entered into under it, is the entire agreement between the parties with respect to its subject matter, and it supersedes any previous statements or agreements, whether oral or written.

This Contract will apply to all Software that the State acquires from the Contractor during the term of this Contract, unless the parties expressly agree otherwise in a written document signed by the duly authorized representatives of the parties. Furthermore, this Contract, along with the Schedules and Addenda entered into under it, is the entire agreement between the parties with respect to its subject matter, and it supersedes any previous statements or agreements, whether oral or written.

- 2. Additional Documents.** All terms and conditions contained in any document not signed by both parties, such as a purchase order, invoice, or a click-wrap license, are excluded from this Contract and will have no legal effect.
- 3. Binding Effect.** Subject to the limitations on assignment provided elsewhere in this Contract, this Contract will be binding upon and inure to the benefit of the respective successors and assigns of the State and the Contractor.
- 4. Amendments.** No amendment or modification of any provision of this Contract will be effective unless it is in writing and signed by both parties.
- 5. Waiver.** The failure of either party at any time to demand strict performance by the other party of any of the terms of this Contract will not be construed as a waiver or a relinquishment of any such term. Either party may at any later time demand strict and complete performance by the other party of such a term.
- 6. Severability.** If any provision of this Contract is held by a court of competent jurisdiction to be contrary to applicable law, the remaining provisions of this Contract will remain in full force and effect to the extent that such does not create an absurdity or material injustice.
- 7. Plain Meaning.** This Contract must be construed in accordance with the plain meaning of its language and neither for nor against the drafting party.
- 8. Headings.** The headings used herein are for the sole sake of convenience and may not be used to interpret any section.
- 9. Notices.** For any notice under this Contract to be effective, it must be made in writing and sent to the address of the appropriate party first appearing above, unless that party has notified the other party, in accordance with the provisions of this section, of a new mailing address for notices.
- 10. Continuing Obligations.** To the extent necessary to carry out their purpose, the terms of this Contract will survive the termination of this Contract. Some such provisions that require survival to carry out their full intent include the indemnity, warranty, and limitation of liability provisions. Other examples include the confidentiality section, the escrow section, and the grant of Software licenses. Additional provisions include the Support obligations for existing

licenses, and the Pricing section with respect to related Software licenses and caps on increases in Support for existing licenses.

11. **Counterparts.** This Contract may be executed simultaneously in two or more counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

## PART VII: LAW AND COURTS

1. **Compliance with Law.** The parties will comply with all applicable federal, state, and local laws in all endeavors under this Contract.
2. **Export Restrictions.** The State may not directly or indirectly export or transmit the Software or Documentation to any country in violation of any applicable US regulation, order, or statute.
3. **UCITA.** The Uniform Computer Information Transactions Act ("UCITA") will not apply to this Contract. To the extent that UCITA, or any version of it that is adopted by any jurisdiction in any form, is applicable, the parties agree to opt out of it pursuant to the opt-out provisions contained therein. Likewise, the United Nations Convention on Contracts for the International Sale of Goods will not apply to this Contract.
4. **Injunctive Relief.** Nothing in this Contract is intended to limit either party's right to injunctive relief if such is necessary to protect its interests or to keep it whole.
5. **Governing Law.** The laws of Ohio will govern this Contract, excluding its laws dealing with conflict of law, and venue for any disputes will lie exclusively with the appropriate court in Franklin County, Ohio.

## PART VIII: MISCELLANEOUS

1. **Conflict of Interest.** No Contractor Personnel may voluntarily acquire any personal interest that conflicts with their responsibilities under this Contract. Further, the Contractor will not knowingly permit any Ohio public official or public employee who has any responsibilities related to this Contract to acquire any interest in anything or any entity under the Contractor's control, if such an interest would conflict with that official's or employee's duties. The Contractor will disclose to the State knowledge of any such person who acquires an incompatible or conflicting personal interest related to this Contract. And the Contractor will take steps to ensure that such a person does not participate in any action affecting the work under this Contract. But this will not apply when the State has determined, in light of the personal interest disclosed, that the person's participation in any such action would not be contrary to the public interest.
2. **Assignment.** Neither party may assign this Contract without the prior, written consent of the other party, which the other party will not withhold unreasonably. Any such assignment, unless otherwise agreed in writing, is contingent on the assignee assuming all the assignor's rights and obligations under this Contract.
3. **Independent Status.** Each party is an independent contractor. Neither party will have any authority to bind the other unless expressly agreed in writing. Nothing in this Contract may be construed to create a partnership, agency, or employer-employee relationship between the Contractor and the State, and in no event will the Contractor and the State be deemed joint employers.
4. **Employees.** All Contractor Personnel are employees or contractors of the Contractor, and none are or will be deemed employees or contractors of the State. No Contractor Personnel will be entitled to participate in, claim benefits under, or become an "eligible employee" for purposes of any employee benefit plan of the State by reason of the subject matter of this Contract or work performed under this Contract. The Contractor must pay all federal, state, local, and other applicable payroll taxes and make the required contributions, withholdings, and deductions imposed or assessed under any provision of any law, rule, or regulation and measured by wages, salaries, or other remuneration paid by or which may be due from the Contractor to the Contractor Personnel. The Contractor will indemnify, defend, and hold the State harmless from and against all claims, losses, liability, demands, fine, or expense (including court costs, defense costs, and redeemable attorney fees) arising out of or relating to such taxes, withholdings, deductions, and contributions with respect to the Contractor Personnel. The Contractor's indemnity and defense obligations also apply to any claim or assertion of tax liability made by or on behalf of any Contractor

Personnel or governmental agency on the basis that any Contractor Personnel are employees or contractors of the State, that the State is the "joint employer" or "co-employer" of any Contractor Personnel, or that any Contractor Personnel are entitled to any employee benefit offered only to eligible regular full time and regular part time employees of the State. Notwithstanding the foregoing, any defense of the State requires and is subject to the approval and consent of the Ohio Attorney General.

5. **Publicity.** The Contractor will not advertise or publicize that it is doing business with the State or use this Contract as a marketing or sales tool, unless otherwise agreed to in writing by the State.
6. **Cancellation.** The State may cancel this Contract without cause and on 30 days written notice or at any time if the General Assembly or any other funding source fails to continue funding. But in the case of any license of Software entered before the effective date of the cancellation, the State will have the right to continue such license after termination on the terms contained in this Contract.
7. **Deliveries.** All deliveries will be F.O.B. destination.
8. **EEO.** The Contractor must comply with all Ohio laws, rules, and Executive Orders of the Governor of Ohio regarding equal employment opportunity, including Ohio Revised Code Section 125.111.
9. **Drug Free Workplace.** The Contractor must comply with all applicable Ohio laws regarding maintaining a drug-free workplace. The Contractor will make a good faith effort to ensure that all its employees, while working on the State's property, do not possess and will not be under influence of illegal drugs or alcohol or abuse prescription drugs.
10. **Ohio Ethics and Elections Law.** The Contractor certifies that it is currently in compliance and will continue to adhere to the requirements of the Ohio ethics law, Ohio Revised Code Section 102.04. The Contractor further acknowledges that it has read the requirements of Section 3517.13 regarding limitations on political contributions as a basis for eligibility for participation in State contracts and certifies that the Contractor and all applicable personal and business associates are in compliance with Section 3517.13(J)(1) of the Revised Code and will remain in compliance with the provisions of Section 3517.13 for the duration of this Contract and with all applicable provisions that extend beyond the expiration of this Contract.
11. **Travel Expenses.** Any travel or living expenses required by the Contractor to do its obligations under this Contract will be at the Contractor's expense. The State will pay for any additional travel that it requests only with prior, written approval. All additional travel and living expenses that the State requests in addition to what this Contract requires the Contractor to provide at the Contractor's expense will be paid in accordance with the Office of Budget and Management's Travel Rules in Section 126-1-02 of the Ohio Administrative Code.
12. **Order of Priority.** If there is any inconsistency or conflict between this Contract and any provision of anything incorporated by reference, this Contract will prevail.
13. **Record Keeping.** The Contractor must keep all financial records in accordance with generally accepted accounting principles consistently applied. The Contractor will file documentation to support each action under this Contract in a manner allowing it to be readily located. And the Contractor will keep all related records and documents at its principal place of business.
14. **Audits.** During the term of this Contract and for three years after the payment of any fee to the Contractor under this Contract, on reasonable notice and during customary business hours, the State may audit the Contractor's records and other materials that relate to this Contract. This audit right will also apply to the State's duly authorized representatives and any person or organization providing the State with financial support related to this Contract.  
  
If any audit reveals any misrepresentation or any overcharge to the State, the State will be entitled to recover damages, as well as the cost of the audit.
16. **Ohio Revised Code Section 9.24.** Contractor warrants that it is not subject to an unresolved finding for recovery under Ohio Revised Code Section 9.24. If this warranty was false on the date the parties signed

this Contract, the Contract is void. Further, if the Contractor is subject to an unresolved finding of the Auditor of State under Revised Code Section 9.24 on any date on which the parties renew or extend this Contract, the renewal or extension will be void.

**TO SHOW THEIR AGREEMENT**, the parties have executed this Contract as of the dates appearing below.

**FOR THE CONTRACTOR:**

**FOR STATE OF OHIO  
OFFICE OF INFORMATION TECHNOLOGY  
INVESTMENT AND GOVERNANCE DIVISION**

<b>By:</b>	<b>By:</b>
<b>Name:</b>	<b>Name:</b> R. Steve Edmonson
<b>Title:</b>	<b>Title:</b> Director, Office of Information Technology State Chief Information Officer
<b>Date:</b>	<b>Date:</b>

**PRICE HOLD ADDENDUM NUMBER [0000000.00]**

This license addendum (“Addendum”) is between the State of Ohio (the “State”), through the Office of Information Technology (“OIT”), Investment and Governance Division, with offices at 30 East Broad Street, Columbus, Ohio 43215, and *[Company name of the Contractor]* (the "Contractor"), with offices at *[street address, city, state and zip code for the Contractor]*, and is entered into under that certain Master Contract for Software Licensing between the State and the Contractor that is dated *[Date of the Contract]* and numbered [0000000] (the “Contract”).

This Addendum does not represent a license of Software. Instead, it provides a price-hold for the Software listed below and permits to State to acquire the Software in exchange for the License Fees and Support Fees listed below. The State is not obligated to license any of the Software listed below, but if it does at any time during the period starting on the date this Addendum is signed and \_\_\_\_\_ thereafter (Price-hold Period), the State will be entitled to acquire such Software for the Fees specified below. The State may acquire such Software by executing a standard Schedule in the form of that attached to the Contract. The State has the right to acquire some or all of the Software listed below and to acquire the Software in increments during the Price-hold Period using multiple Schedules. Nothing in the Addendum commits the State to any volume of licensing or total expenditure. The State may acquire some, all, or none of the Software in such volumes as it determines during the Price Hold Period.

Software	Copies Delivered	License Type	# of Licenses (e.g., Users)	List License Price	Discount	Actual License Fee*	Support Percentage†	Operating System(s)	Start Date

\*The License Fee [ ] does [ ] does not include the Support Fee for the first Support Period for each Software license identified above.

† The Support percentage is based on [ ] list price [ ] discounted price. Any increase in annual maintenance must be equal to or less that the annual increase in the list price of the Software and is subject to the caps specified in the Contract.

**License Descriptions**

License Type	Description of License
<i>[Insert License Type]</i>	<i>[Insert License Description]</i>
<i>[Insert License Type]</i>	<i>[Insert License Description]</i>

**TO SHOW THEIR AGREEMENT**, the parties have executed this Addendum as of the dates appearing below.

**FOR THE CONTRACTOR:**

**By:**  
**Name:**  
**Title:**  
**Date:**

**FOR STATE OF OHIO**  
**OFFICE OF INFORMATION TECHNOLOGY**  
**INVESTMENT AND GOVERNANCE DIVISION**

**By:**  
**Name:** R. Steve Edmonson  
**Title:** Director, Office of Information Technology  
State Chief Information Officer  
**Date:**

**LICENSE SCHEDULE NUMBER [0000000.00]**

This license schedule ("Schedule") is between the State of Ohio (the "State"), through the Office of Information Technology ("OIT"), Investment and Governance Division, with offices at 30 East Broad Street, Columbus, Ohio 43215 for the beneficial use of *[agency]*, and *[Company name of the Contractor]* (the "Contractor"), with offices at *[street address, city, state and zip code for the Contractor]*, and is entered into under that certain Master Contract for Software Licensing between the State and the Contractor that is dated *[Date of the Contract]* and numbered [0000000] (the "Contract").

**Granted Licenses**

Software	Copies Delivered	License Type	# of Licenses (e.g., Users)	List License Price	Discount	Actual License Fee*	Support Percentage †	Operating System(s)	Start Date

\*The License Fee [ ] does [ ] does not include the Support Fee for the first Support Period for each Software license identified above.  
 † The Support percentage is based on [ ] list price [ ] discounted price. Any increase in annual maintenance must be equal to or less than the annual increase in the list price of the Software and is subject to the caps specified in the Contract.

**License Descriptions**

License Type	Description of License

<i>[Insert License Type]</i>	<i>[Insert License Description]</i>
<i>[Insert License Type]</i>	<i>[Insert License Description]</i>
<i>[Insert License Type]</i>	<i>[Insert License Description]</i>

**Location Information**

<i>Service Types</i>	<b>Locations</b>
Locations where the Contractor will provide Support:	<i>[Insert Locations]</i>
Locations where the Contractor will provide services or keep the State's data or from which the data may be accessed:	<i>[Insert Locations]</i>
Locations where any subcontractor will provide support or keep the State's data or from which the data may be accessed:	<i>[Insert Locations]</i>

**TO SHOW THEIR AGREEMENT**, the parties have executed this Schedule as of the dates appearing below.

**FOR THE CONTRACTOR:**

**FOR STATE OF OHIO  
OFFICE OF INFORMATION TECHNOLOGY  
INVESTMENT AND GOVERNANCE DIVISION**

**By:**

**By:**

**Name:**

**Name:** R. Steve Edmonson

**Title:**

**Title:** Director, Office of Information Technology  
State Chief Information Officer

**Date:**

**Date:**

## ATTACHMENT TWELVE PROJECTED PROJECT SCHEDULE

Initial View of the Overall Data Warehouse and Medicaid Decision Support System Timeline																								
	Calendar Year 2007		Calendar Year 2008				Calendar Year 2009				Calendar Year 2010				Calendar Year 2011				Calendar Year 2012				Calendar Year 2013	
	State Fiscal Year 08		State Fiscal Year 09		State Fiscal Year 10		State Fiscal Year 11		State Fiscal Year 12		State Fiscal Year 13													
Phases	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr
Initiation Phase - 3 Weeks																								
Design Phase - 6 Weeks																								
Implementation Phase - 6 Months																								
Stabilization Period - 2 Months 30-90 Days																								
Operational Phase																								
Warranty Period																								
Support & Maintenance																								
Enhancement Phases																								
Transition Phase	OPTIONAL Phase - 2 Year Transition																							

Initiation Phase		Initiation Phase begins after the approval of the Purchase Order and lasts for 3 weeks
Design Phase		Design Phase lasts for 6 weeks - starting after the Initiation Phase - as outlined in the Scope of Work Design Phase
Implementation Phase		Implementation Phase - last for 6 months after the end of the Design Phase - Mandatory Baseline Requirements
Stabilization Period Performance and Acceptance 30-90 Days		As outlined in Scope of Work - Stabilization Phase - 2 Months As per Performance and Acceptance Terms in RFP
Operational Phase		Operational Phase continues through the Life Cycle of the Contract and begins after acceptance of the solution
Warranty Period		As per Terms and Conditions in RFP
Support & Maintenance		As per Support and Maintenance in RFP
Enhancement Phases		As outlined in Scope of Work - Enhancement Phases and Data Sources Supplement Four Document Currently Identified Data Sources as outlined in Supplement Four must be added to the Data Warehouse and Medicaid Decision Support System by the end of 2009. Enhancement Phases can be made up of be multiple phases.

**ATTACHMENT THIRTEEN  
COST SUMMARY**

<b>Tasks and Deliverables</b>	<b>Cost</b>
<p><b>Project Initiation, Design, Implementation, Stabilization and Operational Phase Deliverables</b></p> <p>This cost must include the offeror's proposed cost to provide all necessary services and deliverables required from receipt of purchase order through completion and acceptance of the Operational Phase. This portion of the Cost Summary form must <b>NOT</b> include the cost of <u>ANY</u> hardware and software. <i>This total cost will be used as the basis for Milestone/Deliverable payments described in the Contractor's Fee Structure Section contained in Attachment 2, Part 2 of the RFP.</i></p>	\$
<p><b>Hardware and Installation (Detailed Cost Breakdown is Required in Table 1)</b></p> <p>This cost must include the total cost of providing and installing all proposed hardware. <i>As described in the Contractor's Fee Structure Section contained in Attachment 2, Part 2 of the RFP, this cost will be will be paid in full upon acceptance when the Contractor has successfully installed and proven that the hardware is functional.</i></p>	\$
<p><b>Hardware Maintenance (Detailed Cost Breakdown is Required in Table 2)</b></p> <p>This cost must provide the total cost of annual hardware maintenance to cover the proposed hardware listed in Cost Summary Table 1. The Contract terms and conditions require a 12 month warranty which begins after acceptance. The maintenance period begins after the 12 month warranty period.</p>	\$
<p><b>Key Commercial Software and Annual Support (Detailed Cost Breakdown is Required in Table 3)</b></p> <p>This cost must include the total cost of providing all Key Commercial Software and Annual Support. <i>The Contractor will be compensated for these products and services as agreed upon in the applicable executed Master Contract for Software Licensing.</i></p>	\$
<p><b>Commercial Software and Annual Support (Detailed Cost Breakdown is Required in Table 4)</b></p> <p>This cost must include the total cost of providing all Commercial Software including the base software (e.g., operating system and DBMS) and Annual Support. <i>The Contractor will be compensated for these products and services as agreed upon in the applicable executed Master Contract for Software Licensing</i></p>	\$
<p><b>Total Annual On-going Operational Cost (Detailed Cost Breakdown is Required in Table 5)</b></p> <p>This cost must include the total cost of Annual On-Going Operational Costs for the term of the Contract. <i>As described in the Contractor's Fee Structure Section contained in Attachment 2, Part 2 of the RFP, 25% of the annual cost will be will be paid quarterly. Annual On-Going Operational Cost will <u>not</u> begin prior to acceptance of the Operational Phase.</i></p>	\$

Tasks and Deliverables	Cost
<b>Total Enhancement Phases Deliverables – New and Enhanced Data Sources (Detailed Cost Breakdown is Required in Table 6)</b>  <i>As described in the Contractor's Fee Structure Section contained in Attachment 2, Part 2 of the RFP, the Contractor will be paid 100% upon acceptance of each complete statement of work for a data source(s).</i>	\$
<b>Transition Phase Deliverables – Optional</b>  <b>Note:</b> <i>As described in the Contractor's Fee Structure Section contained in Attachment 2, Part 2 of the RFP; the Contractor will be paid 100% upon acceptance of the Transition Phase.</i>	\$
<b>TOTAL NOT TO EXCEED FIXED PRICE:</b>	\$

Performance Bond Cost
\$

**ATTACHMENT THIRTEEN  
(CONTINUED)  
COST SUMMARY TABLE 1  
HARDWARE AND INSTALLATION BREAKDOWN SHEET**

Hardware and Installation	Quantity	Unit Cost	Extended Price
<p><b>Servers</b> (Offerors must list each server type individually. Include detailed information such as the function of the server, model number, number of processors, number and capacity of internal disk drives, number of network cards etc..)</p> <hr/> <hr/>			
<p><b>Disk Configuration</b> (Offerors must list each disk configuration individually. Include detailed information such as the model number, disk drive size, number and capacity of internal disk drives, total number of gigabytes of storage etc.)</p> <hr/> <hr/> <hr/>			
<p><b>Backup Hardware Configuration</b> (Offerors must list each component included in the backup hardware configuration individually. Include detailed descriptive information such as the model number, media required)</p> <hr/> <hr/>			
<p><b>Network Equipment</b> (Offerors must list each network component included hardware configuration individually. Include detailed descriptive information such as the model number, type and function of the device)</p> <hr/>			

Hardware and Installation	Quantity	Unit Cost	Extended Price
<hr/> <p><b>Other Hardware</b></p> <hr/> <hr/> <p><b>Services</b> (Offerors must list and identify the cost of services associated with installation of hardware and related infrastructure products.)</p> <hr/> <hr/>			
<b>Total Hardware and Installation Cost</b>			\$

**ATTACHMENT THIRTEEN  
(CONTINUED)  
COST SUMMARY TABLE 2  
HARDWARE MAINTENANCE BREAKDOWN SHEET**

<b>HARDWARE MAINTENANCE</b>	<b>COST</b>
Year 1 Warranty	Included
Year 2 Maintenance After Warranty	\$
Year 3 Maintenance After Warranty	\$
Year 4 Maintenance After Warranty	\$
Year 5 Maintenance After Warranty	\$
<b>Total Hardware Maintenance Cost</b>	<b>\$</b>

**ATTACHMENT THIRTEEN  
(CONTINUED)  
COST SUMMARY TABLE 3  
KEY COMMERCIAL SOFTWARE BREAKDOWN SHEET**

<b>Key Commercial Software License Name:</b>					\$
<b>Type License:</b>					
<b>License Count:</b>					
<b>Annual Support Fees for above Software for first five years of support beginning on the start date of the license:</b>					\$
<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>	<b>4<sup>th</sup> Year</b>	<b>5<sup>th</sup> Year</b>	
\$	\$	\$	\$	\$	
<b>Key Commercial Software License Name:</b>					\$
<b>Type License:</b>					
<b>License Count:</b>					
<b>Annual Support Fees for above Software for first five years of support beginning on the start date of the license:</b>					\$
<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>	<b>4<sup>th</sup> Year</b>	<b>5<sup>th</sup> Year</b>	
\$	\$	\$	\$	\$	
<b>Key Commercial Software License Name:</b>					\$
<b>Type License:</b>					
<b>License Count:</b>					
<b>Annual Support Fees for above Software for first five years of support beginning on the start date of the license:</b>					\$
<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>	<b>4<sup>th</sup> Year</b>	<b>5<sup>th</sup> Year</b>	
\$	\$	\$	\$	\$	
<b>Total Cost for Key Commercial Software, including annual support for five years:</b>					\$

**ATTACHMENT THIRTEEN  
(CONTINUED)  
COST SUMMARY TABLE 4  
COMMERCIAL SOFTWARE BREAKDOWN SHEET**

<b>Commercial Software License Name:</b>					\$
<b>Type License:</b>					
<b>License Count:</b>					
<b>Annual Support Fees for above Software for first five years of support beginning on the start date of the license:</b>					\$
<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>	<b>4<sup>th</sup> Year</b>	<b>5<sup>th</sup> Year</b>	
\$	\$	\$	\$	\$	
<b>Commercial Software License Name:</b>					
<b>Type License:</b>					\$
<b>License Count:</b>					
<b>Annual Support Fees for above Software for first five years of support beginning on the start date of the license:</b>					
<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>	<b>4<sup>th</sup> Year</b>	<b>5<sup>th</sup> Year</b>	\$
\$	\$	\$	\$	\$	
<b>Commercial Software License Name:</b>					
<b>Type License:</b>					\$
<b>License Count:</b>					
<b>Annual Support Fees for above Software for first five years of support beginning on the start date of the license:</b>					
<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>	<b>4<sup>th</sup> Year</b>	<b>5<sup>th</sup> Year</b>	\$
\$	\$	\$	\$	\$	
<b>Total Cost for Commercial Software, including annual support for five years:</b>					

**ATTACHMENT THIRTEEN  
(CONTINUED)  
COST SUMMARY  
TABLE 5  
ANNUAL ON-GOING OPERATIONAL COST BREAKDOWN SHEET**

<b>PERIOD</b>	<b>COST</b>
Year 1 of On-Going Operations	\$
Year 2 of On-Going Operations	\$
Year 3 of On-Going Operations	\$
Year 4 of On-Going Operations	\$
Year 5 of On-Going Operations	\$
<b>Total Annual On-Going Operational Cost</b>	<b>\$</b>

**ATTACHMENT THIRTEEN  
(CONTINUED)  
COST SUMMARY  
TABLE 6  
ENHANCEMENT PHASE – NEW and ENHANCED DATA SOURCES**

<b>NEW DATA SOURCES</b>				
	<b>Agency</b>	<b>Data Source</b>	<b>Cost</b>	
<b>1. Child Health Data</b>				
1.1	Metabolic Formula Program	ODH	LITS	\$
1.2	Birth Defects Information System. This registry provides connection to services.	ODH	Birth Defect Info	\$
1.3	Vital Statistics Data – Births, Deaths, Hearing Screenings, Immunizations Given at Birth	ODH	IPHIS	\$
1.4	Women Infant and Children (WIC) database	ODH	WIC	\$
<b>2. Chronic Disease Data</b>				
2.1	HIV Case Management Database Overview	ODH	AIDS Registry	\$
2.2	HIV Drug Assistance Database	ODH	AIDS Registry	\$
2.3	HIV/AIDS Reporting System (HARS)	ODH	HARS	\$
2.4	Ohio Cancer Incidence Surveillance System	ODH	OCISS	\$
2.5	Ohio Disease Reporting System Surveillance data for 92 reportable disease conditions.	ODH	ODRS	\$
2.6	Payment Authorization for Waiver Services	MRDD	PAWS	\$
2.7	PASSPORT Information Management System & Program of All-Inclusive Care for the Elderly Case Management Data	ODA	PIMS & PACE	\$
<b>3. Administrative Data</b>				
3.1	TPL Master File	JFS	MMIS	\$
3.2	TPL Recovery from TPL Recovery Vendor	TPL Vendor	TPL Recovery File	\$
3.3	Buy-In Data	JFS	MMIS	\$
3.4	Medicare Data: Historical Claims Data – One Time Load of Data from CMS	CMS	CMS Historical Medicare Data	\$
3.5	Medicare Part D and Additional Pharmacy/Prescription Data (NCPDP Encounter Data Format – Required of Part D Plans)	External Plans	44 Part D Plans	\$
3.6	Medicare Data: Eligibility Data from EDB Database	JFS	MMIS	\$
3.7	Medicare Data: Eligibility Data From MMA Database	CMS	MMIS	\$
3.8	Long Term Care Cost Report Information	JFS	PERSEUS	\$
3.9	Pre-Admission Screening and Resident Review	MH	PASRR	\$
3.10	Provider Sanction File from OIG	OIG	Exclusions Database	\$
<b>4. Quality Measures Data</b>				

<b>NEW DATA SOURCES</b>			
	<b>Agency</b>	<b>Data Source</b>	<b>Cost</b>
4.1 Incident Review Tracking System (ITS) (monitors/reports abuse)	MRDD	ITS	\$
<b>New Data Sources Subtotal</b>			<b>\$</b>

<b>ENHANCED DATA SOURCES</b>			
	<b>Agency</b>	<b>Data Source</b>	<b>Cost</b>
<b>5. Child Health Data</b>			
5.1 Immunization and Lead	ODH	Immunization Registry	\$
<b>6. Chronic Disease Data</b>			
6.1 CareStar Data	JFS	CareStar	\$
<b>7. Administrative Data</b>			
7.1 Managed Care, PBM, and other health plan administrative and financial data	JFS	MMIS	\$
7.2 EDI Data Store and X-File	JFS	MMIS	\$
7.3 Claims History Data not currently captured	JFS	MMIS	\$
7.4 RMF Data (Recipient Master File)	JFS	MMIS – RMF	\$
7.5 PMF Data (Provider Master File)	JFS	MMIS – PMF	\$
7.6 NPI Crosswalk File	JFS	MMIS	\$
7.7 Provider applications, agreements, and updates: Add additional fields from State Medical Board and State Dental Board	JFS	MMIS	\$
7.8 CRISE Eligibility Data	JFS	CRISE	\$
7.9 PACT Fields	JFS	MMIS	\$
7.10 Procedure, Drug, & Diagnosis (PDD) Table	JFS	MMIS	\$
7.11 Hospital Pricing Tables	JFS	MMIS	\$
7.12 Census – update Census process/logic to follow same as ODH logic	JFS	USGOV	\$
7.13 MACSIS Rendering Provider data	ODMH/ ODADAS	MACSIS	\$
<b>Enhanced Data Sources Subtotal</b>			<b>\$</b>

<b>Description</b>	<b>Cost</b>
New Data Sources Subtotal (from table above)	\$
Enhanced Data Sources Subtotal (from table above)	\$
<b>Total Enhancement Phase Deliverables – New and Enhanced Data Sources</b>	<b>\$</b>



# Supplement 1

W-9 Form

# Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Exempt from backup withholding.** If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

## Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



Supplement 2

Business  
Requirements

## SUPPLEMENT TWO: BUSINESS REQUIREMENTS

**NOTE: THIS IS A DRAFT FORMAT ONLY. THE FINAL VERSION WILL INCLUDE AN EXTRA ROW UNDER EACH BUSINESS REQUIREMENT FOR OFFERORS TO PROVIDE A DETAILED DESCRIPTIVE NARRATIVE DEMONSTRATING HOW THEY MEET EACH SPECIFIC REQUIREMENT.**

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**Data Warehouse and Medicaid Decision Support System Business Requirements**

Mandatory Baseline Requirements (MBR) are defined as the solution's minimum functionality required for the Implementation Phase.

For the purposes of this Supplement, to comply with requirements that ask for 'the ability' to meet a requirement, the offeror must demonstrate that the requirement is met by providing a solution or tools for the user to obtain the expected outcome. For example, if a requirement asks for 'the ability to produce a report', the offeror should describe how the final product would allow a user at the expected level (i.e. Executive, Business or Advanced User) to select the parameters of the report and obtain an output. If the ability to meet a requirement would require further tool development, customization or programming by technical staff after delivery of the product, the requirement would be deemed as 'not met'.

Offerors must respond to each requirement in the matrix below. For each requirement, the offeror must include all possible evidence to allow the evaluation team to assess the abilities of the proposed solution or tools. For example, if the requirement is included in the 'base' product (without further customization), screen shots, standard report listing, example report output, standard parameter listing, etc may be submitted in addition to detailed narrative describing how the solution meets or exceeds a requirement. Innovative solutions or tools that provide capabilities superior to those currently considered baseline requirements in the Medicaid decision support industry may warrant an 'exceeds' or 'greatly exceeds' score. Responses to each requirement must concisely indicate any innovation and advantage of the proposed tool.

The offeror must provide sufficient information in the corresponding narrative for each requirement to enable the evaluator to determine whether the requirement is met or exceeded in accordance with the offeror response codes contained in the following table. If no supporting information is provided the evaluation team may score 'Does not comply' as appropriate. Each requirement must be marked with one of the following codes:

**Offeror Response Codes**

<b>X</b>	<b>Does Not Comply:</b> Insert an "X" if the proposed solution, custom work or 3 <sup>rd</sup> party Commercial Software integration does not comply or meet the requirement
<b>C</b>	<b>Custom Work or First Time Integration:</b> Insert a "C" if the proposed solution will require 'Custom Work' or 'First Time 3 <sup>rd</sup> Party Commercial Software Integration' to meet this requirement.
<b>P</b>	<b>Previously Integrated 3rd Party Commercial Software or Out of the Box Key Commercial Software:</b> Insert a "P" if the proposed solution will require 'Previously Integrated 3rd Party Commercial Software' or 'Out of the Box Key Commercial Software' to meet this requirement. The offeror must indicate or list which project(s) the previously integrated 3 <sup>rd</sup> party Commercial Software has been implemented.
<b>E</b>	<b>Previously Integrated 3rd Party Commercial Software or Out of the Box Key Commercial Software functionality that adds significant additional value or features to the proposed solution:</b> Insert an 'E' if the proposed solution will add significant value or features. The narrative provided by the offeror must clearly describe why they believe significant additional value or features are being proposed.

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
<b>1 General Business Requirements (Features for all applications):</b>			
The following are the General Business Requirements that the Contractor must comply with across all applications and/or tools. Provide a detailed description that clearly demonstrates how each requirement will be met with the proposed solution.			
<b>1.1 GENERAL FEATURES</b>			
1.1.1 All analytical components and subcomponents must be Web enabled.	MBR		
1.1.2 All analytical components and subcomponents must be available 99% of the time 24 hours a day 7 days per week excluding scheduled outages. 95% of all scheduled outages must occur during non business hours.	MBR		
1.1.3 The solution must provide predefined reports, charts, graphs, and maps for all applications and tools that must be customizable input from State during the life of the contract.	MBR		
1.1.4 The solution must provide both detailed and summary level reporting functionality as identified by the State.	MBR		
1.1.5 The solution must meet specific performance expectations as outlined in the System Performance Section of the RFP.	MBR		
1.1.6 The solution must provide the ability to create custom measures during the Extraction, Transfer and Load process tables.	MBR		
1.1.7 The solution must provide access to all applications and tools a user has permission to use via a single login.	MBR		
1.1.8 The solution must provide the ability to share reports results with other users based upon their security access.	MBR		
1.1.9 The solution must provide the ability to create unduplicated age groups. The solution must allow the user to select at which point age is calculated (either at the beginning of the time period, the end of the time period or at some point in between).	MBR		
1.1.10 The solution and all subcomponents must comply with all State and Federal Regulations regarding privacy and security, including Mental Health and Alcohol and Drug State and Federal Privacy Regulations.	MBR		
1.1.11 The proposed solution must maintain a minimum of seven complete State fiscal years of Medicaid data plus year-to-date of the current State fiscal year in the Data Warehouse and the Medicaid Decision Support System environment. The State fiscal year is from July 1 <sup>st</sup> to June 30 <sup>th</sup> of the following calendar year.	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
1.1.12 The Contractor must provide support for the creation and revision of variables according to national and industry standards as part of maintenance cost.	MBR		
1.1.13 The solution must provide users the ability to print, export, save and publish web reports, text, tables, maps, and charts/graphs.	MBR		
1.1.14 The solution must provide users with an on-line ability to display the code, a brief description, and the full English name of all data elements (e.g., provider, procedure, diagnosis, etc.).	MBR		
1.1.15 The solution must provide the option to save data sets returned from queries in the following industry standard file formats:*.rft, *.txt, *.csv, *.xls, *.gif, *.jpg, *.pdf, *.xml, *.html, ASCII, *.mbd, SAS, *.say, *.rtf and *.dbf.. I	MBR		
1.1.16 The solution must provide the option to export and share data sets returned from queries in current industry standard file formats, for example: *.rft, *.txt, *.csv, *.xls, *.gif, *.jpg, *.pdf, *.xml, *.html, ASCII, *.mbd, SAS, *.say, *.rtf and *.dbf.	MBR		
1.1.17 The solution must provide adequate warnings and security provisions to protect against accidental file erasure by the user, such as pop up message boxes confirming intent to delete a file.	MBR		
1.1.18 The solution must have available a folder for files selected to be deleted. This folder must contain to be deleted files. These files must be permanently deleted after 3 days.			
1.1.19 The solution must provide users the ability to permanently delete individual user-defined reports, folders and queries.	MBR		
1.1.20 The solution must provide the administrator the ability to permanently delete any reports and folders.	MBR		
1.1.21 The solution must provide the ability to drag and drop reports into different folders.	MBR		
1.1.22 The solution must provide an administrator function that assigns directories, folders and permissions to users.	MBR		
1.1.23 The solution must provide users with the ability to use point and click techniques utilizing pull down menus to select aggregated data and have the ability to drill through to get detailed data or summarized indicators and indicators in the form of key indicators of overall Medicaid program performance with flexible, “slice-and-dice” reporting options accessible via the web portal.	MBR		
1.1.24 The solution must provide the ability to set report retention periods where reports can automatically be dropped or archived if not used or opened.	MBR		
1.1.25 The solution must provide users estimated “time to completion” in minutes and hours for report completion	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
estimates.			
1.1.26 The solution must provide users progress indicators on running processes; for example count of steps and percent of completion for each step, length of time for overall processing to complete, and percent of overall process completed.	MBR		
1.1.27 The solution must provide the ability to change header and footer detail and other report formatting criteria without re-running the entire report.	MBR		
1.1.28 The solution must provide the ability to repeat summary level data on every line of the report until the summary level changes, with the ability to turn this functionality on and off.	MBR		
1.1.29 The solution must provide users the ability to use drag and drop process to move, create and organize directories, files, reports and folders within all applications in accordance with their security access.	MBR		
1.1.30 The solution must provide object-oriented tool bars for commonly used features.	MBR		
1.1.31 The solution must provide RoboHelp or an equivalent industry-standard help system.	MBR		
1.1.32 The Contractor must maintain a searchable Frequently Asked Questions (FAQ) section that includes answers. FAQ's and answers will be reviewed and approved by the State prior to release to users.	MBR		
1.1.33 The solution must provide context sensitive help, to display information immediately applicable to the screen and task at hand, and to provide a step-by-step guide to perform the task.	MBR		
1.1.34 The solution must provide the ability to produce reports and extracts with no less than the following size limits:			
a. Reports up to 250,000 lines within minutes.	MBR		
b. Extracts - unlimited lines	MBR		
c. MS Excel output up to the at least the maximum line and column limit of the most current version of MS Excel	MBR		
d. MS Access output of tables up to the maximum file size limit of 2 GB	MBR		
e. SPSS and SAS output of tables up to the maximum file size limit, with variables and value labels populated from the source file.	MBR		
1.1.35 The solution must provide the ability to export reports to multiple sheets within an Excel Workbook	MBR		
1.1.36 The solution must provide users the ability to submit multiple queries without waiting for prior queries to	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
complete.			
1.1.37 The solution must provide users the ability to send a report from within the system, as an email attachment utilizing State defined email system.	MBR		
1.1.38 The solution must provide seamless integration with the most current version of Excel, Access, Word, SAS, SPSS, and ESRI products.	MBR		
1.1.39 The solution must provide the ability to perform unduplicated counts, including unduplicated counts of consumers, providers and services (visits, admissions, days, prescriptions, dollars etc.).	MBR		
1.1.40 The solution must provide users the ability to concurrently view, edit, and export multiple queries, in separate windows.	MBR		
1.1.41 The solution must provide to the submitter of a query the option to cancel the query at any time after submission but prior to completion. The ability must include the deletion of all respective background scripts and temporary data files, tables and background processes without administrator intervention.	MBR		
1.1.42 The solution must provide a unique, encrypted identification number for each entity (beneficiary, providers, etc) throughout the database and over time to allow for longitudinal analysis.	MBR		
1.1.43 The solution must provide individual user libraries for user-defined queries and reports, and allow queries to be published to a public library report definitions and results within the system.	MBR		
1.1.44 The solution must perform a minimum of seven (7) levels of sorting in ascending and descending order, and provide subtotaling and averaging for indicators.	MBR		
1.1.45 The solution must provide the ability to easily access on-line Medicaid Decision Support System information, including norms, benchmarks, query creating, metadata and all other objects and functions based upon security roles. Readily access libraries and folders.	MBR		
1.1.46 The solution must carry the exact numbers in all numeric fields in the most appropriate way to capture exact numbers such as float, long integer, integer, etc.	MBR		
1.1.47 The solution must format numeric fields in reports based upon user specifications (e.g., \$.00, manual selection of the number of decimals).	MBR		
1.1.48 The solution must support the following date formats for all date fields.			
a. MMDDYYYY	MBR		
b. MMYYYY	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
c. DDMMYYYY	MBR		
d. YYYY	MBR		
e. YYYYMM	MBR		
f. YYYYMMDD	MBR		
<b>1.1.49</b> The solution must provide time aggregations based upon the Ohio Department of Job and Family Services user needs, including State Fiscal Year, Calendar Year, month and quarter, current month, current year, year to date, prior year, prior month and Federal Fiscal Year, to meet reporting requirements.	MBR		
<b>1.1.50</b> The solution must provide self-service password resets.	MBR		
<b>1.1.51</b> The solution must provide date and time stamp on all user outputs (e.g., reports, maps, views, printouts, and graphs).	MBR		
<b>1.1.52</b> The solution must provide the ability for a user to create, apply and modify a custom text disclaimer to their output.	MBR		
<b>1.1.53</b> The solution must provide the ability to link and save historical and current data for longitudinal analysis.	MBR		
<b>1.1.54</b> The Contractor must provide a national user group forum or regular conferences which offer best practices, training, education in Medicaid trends, fraud and abuse related to the Commercial Software solution.	MBR		
<b>1.1.55</b> The conferences and forums must include other customers using the Commercial Software.	MBR		
<b>1.1.56</b> The Contractor must provide a minimum of five complimentary State registrations for annual conferences.	MBR		
<b>1.2 NAVIGATION AND MENU PRESENTATION</b>			
The solution must support standard navigation functionality and menus common in Windows-based commercial applications. A menu bar is a basic group that organizes the most common features of an application. The common Menu items must be arranged in the following order with respect to each other, ranging from left to right across: File, Edit, Search, View, and Application Specific components, Tools, Window and Help. Application Specific components can include functionality unique to the application.			
<b>1.2.1</b> The solution must be compliant with the American Disabilities Act.	MBR		
<b>1.2.2</b> The solution must consistently use terms and language that promote user understanding.	MBR		
<b>1.2.3</b> The solution must use alternative text for all graphics and images including image maps. This includes	MBR		

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Requirement	MBR	Offeror Response	Weight
using alt tags for these elements on Web pages or tool tips for desktop applications.			
1.2.4 The solution must be consistent in form design, spatial proximity and consistent background color to promote readability, ease-of-use such as visual clues or grouping like elements.	MBR		
1.2.5 The solution must display viewable forms keeping as many lines in view while minimizing scrolling.	MBR		
1.2.6 The solution must use a consistent look, which includes consistent use of fonts, styles, menu bars, button bars, graphics, theme colors and GUI placement of elements throughout all pages.	MBR		
1.2.7 The solution must use adequate font styles and size that are large enough to accommodate the highest expected resolution based upon industry standards.	MBR		
1.2.8 The solution must conform to Standard English grammar and usage.	MBR		
1.2.9 The solution must use common health care terminology, presenting information in words the users understand.	MBR		
1.2.10 The solution must provide quick access to needed functionality including intuitive icons, logical grouping of elements within menus, clear and informative labels and keyboard combinations.	MBR		
1.2.11 The solution must provide quick and clear access to the location of information, positioning important information as high as possible within the navigation structure of a page or Web site. The solution must minimize the need to spend navigational time through screen and menu clutter.	MBR		
1.2.12 The solution must provide more than one way to access all applications and functionality to accommodate different users' work styles and increase the users' ability to access functionality.	MBR		
1.2.13 The solution must disable unavailable functionality by hiding or graying out the unavailable item (i.e., button, hyperlink, menu item).	MBR		
1.2.14 The solution must limit pop-up windows.	MBR		
1.2.15 Data lists, drop-down boxes, tables, etc. must reflect the same default order from page to page.	MBR		
1.2.16 The solution must not hide available functionality. The functionality related to right-mouse button menus, mnemonics and accelerator keys must be visible and available in the basic menuing method.	MBR		
1.2.17 The solution must provide the ability for only valid functions and processes to be displayed as a menu option.	MBR		

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Requirement	MBR	Offeror Response	Weight
1.2.18 The solution must provide user customized tool bars.	MBR		
1.2.19 The solution must display submenus by denoting a right pointing arrow that indicates a submenu is available. Submenus resemble menus in appearance. Submenus appear below and to the right of the original menu or to the left if there is not enough space on the screen and provide additional options related to the specific original option.	MBR		
1.2.20 The solution use of the File Menu must include components for performing actions on the files, such as creating, opening, saving, closing, previewing and printing. General guidelines for File Menu presentation are New, Open, Save, Save As, Print, Close and Exit.	MBR		
1.2.21 The solution use of the Edit Menu must include components for performing actions on the current data of the application, such as an undo action or making global substitutions in a block of text. It also must include components for interacting with the solution clipboard, such as cut, copy, and paste. Additional features include find and replace. General guidelines for Edit Menu presentation are Undo, Redo, Cut, Copy, Paste, Insert, Delete, Select and Deselect.	MBR		
1.2.22 The solution use of the View Menu must contain components for changing the user's view of the data. Components in the View Menu must not actually change the data. The exact contents of the View Menu are application specific but must include components that change the appearance of the data, the amount of data that is displayed, or the order in which the data is displayed. The contents that are covered in the View Menu presentation are Layouts, Toolbars, Refresh, Go To, and Zoom.	MBR		
1.2.23 The solution use of the Help Menu must contain components that provide user help facilities. The contents that are covered are Help Topics, Technical Support, Frequently Asked Questions, Tutorials and About.	MBR		
1.2.24 The solution must use mnemonics that are shortcuts available for the menu options and command buttons. Mnemonics are visually cued by an underlined letter within the word used on the command button or the menu option, and are used with the Alt key modifier plus letter or the arrow. Mnemonic key assignments must be unique per function of the application and be consistent with Windows-based commercial applications.	MBR		
<b>1.3 MOUSE</b>			
1.3.1 The solution must support common mouse features:			
a. Directing the cursor to a point on the screen with the mouse	MBR		
b. Single-clicking selecting or highlighting an object	MBR		
c. Double-clicking executes or opens the object	MBR		

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Requirement	MBR	Offeror Response	Weight
d. Right mouse clicking to activate context-sensitive commands or menus depending on relevant circumstance	MBR		
e. The pointer as the default mouse icon	MBR		
f. The mouse icon as a finger when the mouse moves over hyperlinks	MBR		
g. The mouse icon as a insertion point when the mouse pointer enters an editable field	MBR		
h. Click + Shift key for selecting multiple contiguous items, left click function	MBR		
i. Context specific help when hovering over or “mousing over” text or an item	MBR		
j. Click + Ctrl key for selecting multiple discontinuous items, left click function	MBR		
k. Scrolling functionality must be included.	MBR		
<b>1.3.2</b> The solution must support mouse wheel functionality.	MBR		
<b>1.4 KEYBOARD</b>			
<b>1.4.1</b> The solution must support Tab order that follows a logical and consistent order starting in the top left corner and moving across the page and then downward. When the user depresses the Tab key, the next active element on the page receives the cursor’s focus and can be acted upon. Depressing the Shift and Tab keys, the tab order is reversed and the previous active element receives the cursor’s focus. A user must be able to tab to all active elements in a page. Disabled elements must not be included in the tab order.	MBR		
<b>1.4.2</b> The solution must support Standard Keys. Standard keys are keyboard keys that provide specific functions, such as Home, Print Screen, Page Up/Down, Up/Down Arrows, Backspace, Delete, End, etc. The purpose of these keys is to access important navigational functions. Most of these keys are standard for all keyboards and must be activated for use within the application, as many non-mouse users rely on them heavily.	MBR		
<b>1.4.3</b> The solution must support Accelerator keys. Accelerator keys are keyboard shortcuts that complete an action and are standard in Windows-based commercial applications.	MBR		
<b>1.5 WEB PORTAL</b>			
<b>1.5.1</b> The solution must include a secure web portal that provides secure access based on user roles (e.g., providers, legislatures, and State and County Staff)	MBR		

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Requirement	MBR	Offeror Response	Weight
1.5.2 The solution must provide the ability to interface directly with a secure web portal.	MBR		
1.5.3 The solution must provide web content management that allows business users to modify and update web pages or content through a workflow approval process.	MBR		
1.5.4 The solution must provide web content management to publish reports, graphs, charts and other related documents within a web portal.	MBR		
1.5.5 The solution must provide the ability to interface to a secure web portal site with authentication standards to handle Protected Health Information as identified in State and Federal privacy and security standards.	MBR		
<b>1.6 METADATA</b>			
1.6.1 The solution must provide information on field integrity information, specifying the limitations of the data that affect its usefulness in analysis, reports and decision support.	MBR		
1.6.2 The solution must provide hot-link cross reference links to more detailed information statements.	MBR		
1.6.3 The solution must provide complete logical data mapping documentation from source systems to Data Warehouse to Decision Support System application/tools.	MBR		
1.6.4 The solution must provide the ability to display valid values and full descriptions for all fields.	MBR		
1.6.5 The solution must display logical and physical data models that illustrate the following:			
a. Mapping from source system to Data Warehouse and Medicaid Decision Support System	MBR		
b. Mapping of tables and columns of tables from source data to Medicaid Decision Support System	MBR		
c. The establishment of common naming conventions	MBR		
d. Time stamp of fields – history of how fields change	MBR		
e. Archiving or saving the history of all maps produced	MBR		
1.6.6 The solution must provide the values of categorical variables with limited numbers of values (e.g., 500).	MBR		
1.6.7 The solution must provide definitions of variables, indicators, filters, how they are calculated, and what the values are for categorical variables.	MBR		
1.6.8 The solution must provide a detailed indicator library within the system that contains detailed information	MBR		

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Requirement	MBR	Offeror Response	Weight
regarding how each indicator is defined and calculated.			
1.6.9 The solution must include an industry standard set of healthcare analytic indicators that reflect finance, utilization, clinical, quality, fraud, eligibility, record counts, claims processing, and claims lag indicators.	MBR		
1.6.10 The solution must provide access to definitions of clinical indicators such as episodes of care, hospital admissions, diagnosis categories, treatment categories.	MBR		
1.6.11 The solution must indicate what fields from the claim form the system uses to assign outpatient classifications (e.g., Ambulatory Payment Classification (APC), treatment groups and procedure groups).	MBR		
<b>1.7 SECURITY</b>			
1.7.1 The solution must establish based upon specific user role secure user access to predefined State levels such as page level, row, column, field, or data element level. The solution must support the following security functionality:			
a. Provide row and column level security based upon specific user role based security parameters.	MBR		
b. Provide secure user access to predefined State levels such as field or data element level based upon user role.	MBR		
1.7.2 The solution must provide the ability to redact cells based on State defined rules based upon HIPAA, Medicaid, Alcohol and Drug and Mental Health Federal and State regulations (may include denominator and numerator).	MBR		
1.7.3 The solution must provide password protection based upon role based security.	MBR		
1.7.4 The solution must send users their initial or temporary password via email and require that they change their password at next sign-on.	MBR		
1.7.5 The solution must provide the ability to expire a password in a given number of days according to State standards.	MBR		
1.7.6 The solution must provide users the ability to publish and send/share reports in a "secure" user public folder.	MBR		
1.7.7 The solution must provide the administrator the ability to delete or suspend account profiles after a period of inactivity as defined by State.	MBR		
1.7.8 The solution must provide the ability to delete accounts with initial passwords that are not changed within a specified amount of time as defined by the State.	MBR		

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Requirement	MBR	Offeror Response	Weight
1.7.9 The solution must provide the ability not to delete an inactive user from history.	MBR		
1.7.10 The solution must provide the ability to handle Protected Health Information, along with encryption methods to secure Protected Health Information as defined by the State.	MBR		
1.7.11 The solution must prohibit the display of passwords at the sign-on screen when entered by the user.	MBR		
1.7.12 The solution must provide security from anticipated threats or hazards to its data and must restrict the availability of data to appropriate State staff and to other designated individuals and organizations through standardized system applications and data security capabilities.	MBR		
<b>1.8 ALERTS</b>			
1.8.1 The solution must provide the ability, at a minimum to generate alerts e.g., clinical monitoring alerts, error alerts, provider alerts, users alerts or report result alerts.			
1.8.2 The solution must provide the ability for authorized users to define the logic of the alert or generate the alert using a rules based engine that utilizes data within the Medicaid Decision Support System solution. Alerts must provide the flexibility of being defined by complex algebraic equations, including predictive models from linear or logistic regression equations, which may include logarithmic transformations.			
1.8.3 The solution must provide the ability to generate alerts when the anticipated return time on a query or report job exceeds a defined time limit.	MBR		
1.8.4 The solution must provide the ability to generate alerts that assist in monitoring time-sensitive activities (e.g., child well care visits, immunization, or periodic screenings for cancer).			
1.8.5 The solution must provide the ability to generate alerts to user-defined groups or individual.			
1.8.6 The solution must provide the ability to notify users (e.g., email, system administrative alerts, Internet postings, etc.) when predefined or custom thresholds are met (e.g., user reaching maximum storage capacity).	MBR		
1.8.7 The solution must provide alerts to email addresses (including external email addresses) that notify users about the status of reports. This functionality must include:	MBR		
a. Report begin and end time	MBR		
b. A clear understanding of why the report or reports failed. The email alert must provide a brief narrative explanation of any associated error codes.	MBR		

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Requirement	MBR	Offeror Response	Weight
1.8.8 The solution must provide the ability to activate an alert for each patient based upon a scheduled update process.			
1.8.9 The solution must provide the ability for users to subscribe to alerts and define the frequency and conditions under which they must be alerted.	MBR		
1.8.10 The solution must provide the ability for business users to receive an alert from entities that they provide responsibility for based upon their relationship to that entity in the data warehouse (consumer, patient, provider, etc.)			
1.8.11 The solution must provide the ability for individuals to log into a secure web application to view alerts that they have subscribed to.			
1.8.12 The solution must provide the ability to generate alerts based upon pre-structured aggregations of data within the data warehouse which define an event, a clinical condition, the duration since a previous event, a guideline for clinical practice, a fraud/abuse or program integrity algorithm, or a predictive risk model.			
1.8.13 The solution must provide the ability to generate alerts that are developed initially for the subject matter areas mentioned in the RFP Early Periodic Screening and Diagnostic Testing, Coordination of Benefits/Third Party Liability, Adult preventive medicine chronic care and Long Term Care.			
1.8.14 The solution must provide alerts that contain a hyperlink to a pre-defined explanation of the alert, which includes an expected protocol for action to be taken by the user. Alert protocols must be developed and approved by committees of business users.			
1.8.15 The solution must provide a unit of analysis in alerts such as a Medicaid consumer or a Medicaid provider or Medicaid provider group (based upon Group number and or EIN), or Primary Care Provider (PCP assigned or imputed).			
1.8.16 The solution must maintain and update a database of all alerts that have been issued, including the alert id, subscriber characteristics, and type of entity that is the subject of the alert, entity identification, and date of the alert. The alert database will be available within the data warehouse to be used in analysis to evaluate the impact of alerts.			
1.8.17 The solution must provide an alert on sanctioned providers, deceased consumers, and duplicate claims.			
<b>1.9 MEDICAID DECISION SUPPORT SOLUTION COMPLIANCE</b>			
1.9.1 Implement and maintain a CMS certifiable Medicaid Decision Support System.			
1.9.2 Assure CMS certification is valid throughout the term of the contract.			

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Requirement	MBR	Offeror Response	Weight
1.9.3 Meet all CMS certification requirements at implementation and throughout operations.	MBR		
<b>2 Executive Information System Application Requirements</b>			
The Executive Information System will be utilized by executives within the Ohio Department of Job and Family Services, Sister Agencies, Legislators and providers. The Executive Information System will utilize data stored in the Data Warehouse. The application must be user-friendly, with a point and click interface that will supply executive users with standard reports that must be quickly accessed. The suite of reports must be high-level, or general-level, designed to provide an overview of trends, provide indicators and general trends (financial, utilization, clinical analysis, provider, eligibility, pharmacy, Health Plan Employer Data and Information Set, Demographics, etc.) within and across the Medicaid population.			
<b>2.1 EXECUTIVE INFORMATION SYSTEM REQUIREMENTS</b>			
2.1.1 The solution must provide aggregation or summarization rules and data filters that are predefined and static and which limit the range of data presentation choices and drill-down capabilities.	MBR		
2.1.2 The solution must provide limited menu of summary level reports, charts, maps and graphs that are available in a “view-ready” and “print-ready” format in a point and click mode without the need for specific commands.	MBR		
2.1.3 The solution must provide limited analytic slicing and drilling capabilities that ensure a fast response.	MBR		
2.1.4 The solution must provide reports, charts and maps, and graphs in the menu that are developed from the latest data available in the database solution used for the Medicaid Decision Support System.	MBR		
2.1.5 The solution must provide an application programming interface to an ESRI Geographical Information System (GIS) that is equipped with and maintains complete and updated geographical information at different levels, including national, state, health district, legislative district, county, city, and zip code levels in accordance with State defined boundaries and layer standards.	MBR		
2.1.6 The solution must provide the ability to view forecasting results from the advanced auto regressive and moving average modeling in the advanced analytical application (SAS Forecast Studio), and results must be viewable in the Executive Information System.	MBR		
2.1.7 The solution must provide the ability to view report results generated by the advanced user tool (e.g., disease management reports).	MBR		
2.1.8 The solution must provide the ability to display Medicaid demographic data by type of delivery system on geographical maps at state, district, county, city, health district, managed care regions, legislative district, and zip code levels.	MBR		

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Requirement	MBR	Offeror Response	Weight
<p><b>2.1.9</b> The solution must provide the ability for State approved users to automatically publish, save and send reports, charts, graphs and other static type documents.</p>	MBR		
<p><b>2.1.10</b> The solution must include an extensive menu with the ability to review reports, graphs, charts and other related documents in multiple formats, levels and contain the latest data.</p>	MBR		
<p><b>2.1.11</b> The solution must provide the ability to see aggregated data from claims and non-claims portion of the Data Warehouse.</p>	MBR		
<p><b>2.1.12</b> The solution must provide a user interface to the Executive Information System that is easily customizable to reflect the interests and responsibilities of the executive user.</p>	MBR		
<p><b>2.1.13</b> The solution must provide at a minimum the following summary level information:</p> <ul style="list-style-type: none"> <li>a. Financial indicators (e.g., per member per month expenditures, per member per year expenditures)</li> <li>b. Eligibility indicators</li> <li>c. Utilization indicators</li> <li>d. Access to care indicators</li> <li>e. Health Plan Employer Data</li> <li>f. Information Set indicators</li> <li>g. Average weighed (by days) rate paid per provider</li> <li>h. Average case mix score.</li> </ul>	MBR		
<p><b>2.1.14</b> The solution must provide, at a minimum, the following predefined reports, charts and graphs and must be customizable with input from State during the life of the contract:</p> <ul style="list-style-type: none"> <li>a. Eligibility Change Analysis</li> <li>b. Eligibility Distribution Report</li> <li>c. Eligibility trend Report</li> <li>d. Financial Distribution Report</li> <li>e. Financial Trend Report</li> <li>f. Top Ten Categories of Services</li> <li>g. Top Ten Provider Types</li> <li>h. Prescription Drug Change Analysis</li> <li>i. Prescription Drug Trend Report</li> </ul>	MBR		

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Requirement	MBR	Offeror Response	Weight
<ul style="list-style-type: none"> <li>j. Top 20 Therapeutic Classes</li> <li>k. Utilization Change Analysis</li> <li>l. Utilization Trend Report</li> <li>m. Utilization by Admission Type</li> <li>n. Top Twenty-Five Imputed Fee For Service Primary Care Providers</li> <li>o. Top Twenty-Five Hospital Providers</li> <li>p. Top Twenty-Five Dental Providers</li> <li>q. Maternity Care Analysis</li> <li>r. Chronic Disease Prevalence Change Analysis</li> <li>s. Preventive Screening Change Analysis adult</li> <li>t. Preventive Screening Change Analysis Child</li> <li>u. Top Ten Major Diagnostic Categories</li> <li>v. Top Ten Mental Health/Substance Abuse Diagnosis</li> <li>w. Adult access to Care</li> <li>x. Child Access to Care</li> <li>y. Annual Dental Visits</li> </ul>			
<p><b>2.1.15</b> The solution must provide, at a minimum the following indicators by the following variables</p> <ul style="list-style-type: none"> <li>a. Demographic data from Medicaid plans on geographical maps at state, health district, county, legislative district, city and zip code levels</li> <li>b. And delivery systems (e.g., managed care regions, Early Periodic Screening, Diagnosis, and Treatment, home care).</li> </ul>	MBR		
<p><b>2.1.16</b> The Executive Information System must provide the ability to include access links to websites relevant to the Ohio Department of Job and Family Services and sister agencies, providers, and legislators.</p>	MBR		
<p><b>2.1.17</b> The solution must provide the ability for users to access Executive Information System reports and graphs that compare common health care indicators.</p>	MBR		
<p><b>2.1.18</b> The solution must provide Executive Information System graphs where the point of origin is zero for the Y axis.</p>	MBR		
<p><b>2.1.19</b> The solution must provide a summary-level dashboard that is interactive, without the need for user programming or extensive training. The summary level dashboard must provide ease of use and facilitate</p>	MBR		

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Requirement	MBR	Offeror Response	Weight
immediate user visualization without the need for separate tools.			
2.1.20 The solution must provide information that is summarized at statewide, county, Medicaid programs, and major diagnostic categories (MDCs).	MBR		
<b>2.2 LEGISLATURE AND PROVIDER EXECUTIVE INFORMATION SYSTEM</b>			
2.2.1 The solution must provide web enabled access for external customers (such as the legislators, providers, etc.). These features will require the following at a minimum: secure access to aggregated, non-confidential data, a browser-compatible interface that functions like a web site, and customization to meet the needs of specific users groups (i.e., providers, legislatures).	MBR		
2.2.2 The solution must provide date generation stamp on all reports, views, printouts, and graphs where an administrator has the ability to customize a text disclaimer.	MBR		
2.2.3 The solution must provide the ability to redact cells based on State defined rules based upon HIPAA or Medicaid regulations or issues (may include denominator and numerator formula).	MBR		
2.2.4 The solution must provide the ability for the Legislature to view a predefined number of reports, charts, graphs and other related documents containing the latest data.	MBR		
2.2.5 The solution must provide the ability to view predefined reports, charts, and graphs at several different geographical levels, including national, state, health district, legislative district, managed care region, county, city, and zip code levels in a manner that does not allow users to identify any individual healthcare recipients.	MBR		
<b>3 Business User Business Requirements</b>			
The Medicaid Decision Support System must support various levels of users. The Business User Application will be utilized by the majority of users at the Ohio Department of Job and Family Services and Sister Agencies. This application will be the main system that will be utilized frequently by the Business User. A mid-level suite of standard reports must be available for users to run and customize for their own needs. This system must be capable of creating standard and ad hoc reports specifically related to Medicaid data. The suite of reports must be mid-level, designed to measure general trends (financial, utilization, eligibility, pharmacy, Health Plan Employer Data and Information Set, Demographics, etc.) within and across the Medicaid population.			
<b>3.1 Business User Application General Requirements</b>			
3.1.1 The solution must provide summary level reporting processes that are interactive, without the need for user programming or extensive training. The summary level reporting processes must provide ease of use and facilitate immediate user visualization without the need for separate tools.	MBR		

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Requirement	MBR	Offeror Response	Weight
3.1.2 The solution must provide users with the ability, without the need for programming knowledge, to access and report data down to the individual record level, as permitted by their security access role, using a Windows based graphical interface.	MBR		
3.1.3 The solution must provide on-line, interactive queries and reports without the need for manually entered syntax.	MBR		
3.1.4 The solution must provide users the ability create and to define the selection criteria for all standard and custom reports.	MBR		
3.1.5 The solution must provide a graphic user interface including OLAP style reporting, menus, formatted display, charts maps, graphs and GIS interfaces. The scope of the accessible data, the rules to aggregate data and measurements, the data presentation choices and the drill-down capabilities must be predefined.	MBR		
3.1.6 The solution must provide the ability to integrate eligibility, claims/encounter and care management data e.g., at a minimum, for the purposes of calculating rates and tracking cost per eligible on an annual and monthly basis, by category of service, aid category, case-type, spend-down, waiver status, cost per capita, costs per member per month, long term care residency status, age, gender, length of enrollment, and breaks in enrollment.	MBR		
3.1.7 The solution must provide access to individual record, claims, detail level data and be able to efficiently download large reports where access needs are immediate ("on-demand").	MBR		
3.1.8 The solution must be able to produce scheduled reports that are generated when certain predefined conditions are met.	MBR		
3.1.9 The solution must provide a full range of diagnosis roll-up coding (e.g., Major Diagnostic Category, Diagnostic Related Groups, Clinical Conditions, ICD-9 and Diagnostic Cost Groupers).	MBR		
3.1.10 The solution must provide the ability of selecting records with a diagnosis from the list of all secondary diagnoses on a claim or admission as the selection criteria.	MBR		
3.1.11 The solution must provide a full range of procedure roll-up coding (e.g., Healthcare Common Procedure Coding System, Current Procedural Terminology).	MBR		
3.1.12 The solution must provide the ability of selecting records with a procedure or a modifier from the list of all secondary procedures or modifiers on a claim or admission as the selection criteria.	MBR		
3.1.13 The solution must provide a full range of revenue center roll-up coding.	MBR		
3.1.14 The solution must provide the ability to link and summarize all claims and encounters and any other	MBR		

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<p>pertinent data for a consumer such as the following data sets:</p> <ul style="list-style-type: none"> <li>a. Child Health Data</li> <li>b. Chronic Disease Data</li> <li>c. Administrative Data</li> <li>d. Quality Measurement Data</li> </ul>			
<b>3.2 Graphing</b>			
<p><b>3.2.1</b> The solution must provide the ability to create graphical outputs, including geographic mapping of data elements.</p>	MBR		
<p><b>3.2.2</b> The solution must provide integrated graphing capabilities that utilize multiple series and provides the ability to create presentation-ready materials without the need to export the data to another tool, but that also has the capacity to export data if the user desires.</p>	MBR		
<p><b>3.2.3</b> The solution must provide users graphs where the point of origin is zero for the Y axis.</p>	MBR		
<p><b>3.2.4</b> The solution must provide the capacity for graphing more than one indicator on the same plane.</p>	MBR		
<p><b>3.2.5</b> The solution must provide standard graphic editing and graphing abilities that include:</p>			
<ul style="list-style-type: none"> <li>a. The ability to shadow, mirror, highlight, and flip axes</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>b. The ability to display data in multi-color graphical format</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>c. Bar charts</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>d. Area charts</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>e. Line charts</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>f. Pie charts</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>g. Double axis</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>h. Side by side bar charts</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>i. Scatter charts</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>j. Radar charts</li> </ul>	MBR		
<ul style="list-style-type: none"> <li>k. Graph annotations (labels and numbers) that are large, legible, customizable and outside the chart</li> </ul>	MBR		

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Requirement	MBR	Offeror Response	Weight
lines			
l. Quality control charts	MBR		
m. Ability to customize label all data sets and filters displayed on graphs	MBR		
n. Option to resize any displayed graph	MBR		
o. Automatic scaling without user manipulation	MBR		
p. Option to customize the colors and fill patterns for each data series on a graph	MBR		
q. Option to display results of a query in tabular, graphical or report format	MBR		
r. Ability to graphically display at least three data variables (i.e., age, gender, ethnicity, time, etc.)	MBR		
s. The ability for users to change the type of graph after the report has been executed without having to resubmit the report	MBR		
<b>3.3 User Interface</b>			
<b>3.3.1</b> The solution must support “point and click” query and reporting functions, including the ability to select fields within the database that automatically applies business rules, security and database structures.	MBR		
<b>3.3.2</b> The solution must provide the ability for the user to select indicators and variables and time periods from a menu and apply them as flexible objects that must be inserted through drag-and-drop technology, to create cross-tabular reports and allow flexible pivoting of rows to columns and vice-versa.	MBR		
<b>3.3.3</b> The solution must provide the ability for users to select values of variables to limit a report.	MBR		
<b>3.3.4</b> The solution must provide the ability for the user to preview reports and graphs.	MBR		
<b>3.4 Indicators</b>			
<b>3.4.1</b> The solution must provide the ability to add or delete predefined indicators from any report at the user’s option.	MBR		
<b>3.4.2</b> The solution must provide a built-in library of automatically calculated indicators of experience such as sums, rates, ratios, and other computations, and the ability to apply (or remove) them as unique “objects” on reports. These indicators must be relevant to Medicaid and other health care programs and must include frequently needed indicators in all of the following categories, as defined by the State:	MBR		
a. Submitted charge	MBR		

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Requirement	MBR	Offeror Response	Weight
b. Allowed amount	MBR		
c. Net payment	MBR		
d. Co-payment	MBR		
e. Capitation amount	MBR		
f. Total cost of coverage	MBR		
g. Cost per eligible	MBR		
h. Cost per consumer	MBR		
i. Cost per member per month	MBR		
j. Cost per 1,000	MBR		
k. Per member per month	MBR		
l. Utilization including days, visits, units services, scripts, (per 1000, PMPM, per eligible, per consumer, per patient, per providers).	MBR		
m. Cost	MBR		
n. Third Party Liability	MBR		
o. Claims lag including days to submit claim and days to pay claim	MBR		
p. Eligibility, including member months and member years	MBR		
q. Continuous enrollment length	MBR		
<b>3.5 Variables</b>			
<b>3.5.1</b> The solution must include industry standard set of health care analytic variables that reflect financial, utilization, clinical, quality, eligibility, record counts, claims processing, and claims lag data.	MBR		
<b>3.5.2</b> The solution must provide a built-in library of automatically calculated indicators of experience, such as sums, rates, ratios, and other computations, and the ability to apply (or remove) them as unique “objects” on reports. These variables must be relevant to Medicaid and other health care programs and must include frequently needed indicators in all of the following categories, as defined by the State:			
a. Financial variables (e.g., Submitted charge, Net payment, Cost per member per month)	MBR		

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Requirement	MBR	Offeror Response	Weight
b. Quality of Care variables ( Health Plan Employer Data and Information Set)	MBR		
c. Eligibility variables	MBR		
d. Utilization variables e. Fraud Variables	MBR		
f. Clinical Outcomes variables (readmissions, mortality, length of stay)	MBR		
g. Prevention Rates (e.g., Immunization rate, disease management)	MBR		
h. Access to care variables	MBR		
i. Administrative performance variables	MBR		
j. Quality variables.	MBR		
3.5.2.2 The solution must provide the ability to identify State defined statistical deviation from peer group experience on individual profiling indicators, including clinical indicators.	MBR		
<b>3.6 Geographical Information System</b>			
<b>3.6.1</b> The solution must include an application programming interface to ESRI geographic software that enables display of data on maps sub-divided by geographic groupings, in addition to counties, zip codes, State of Ohio Health Districts, legislative districts, counties, metropolitan areas, managed care regions, provider addresses, census tracks, and recipient addresses and other layering as defined by the State.	MBR		
<b>3.6.2</b> The solution must provide the ability to reproject base maps and reproject data to match base map projections.	MBR		
<b>3.6.3</b> The solution must provide the ability to display indicators or data on geographical maps at State, State of Ohio Health district, managed care regions, county, city and zip code levels by the following categories at a minimum:			
a. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program	MBR		
b. Disease State Management (DSM)	MBR		
c. Claims data	MBR		
d. Long Term Care Peer Groups	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
e. Health Maintenance Organization (HMO) and Managed Care Regions.	MBR		
<b>3.7 Reports</b>			
<b>3.7.1</b> The solution must provide the ability to redact cells based on State defined rules based upon HIPAA, Mental Health, Alcohol and Drug or Medicaid regulations or issues (may include denominator and numerator formula).	MBR		
<b>3.7.2</b> The solution must provide users the ability to select the records and data elements to be included or excluded in a given report during report creation according to their security level.	MBR		
<b>3.7.3</b> The solution must provide users the ability, from within standard report results, to drill down to the lowest level of data without having to rerun a detail level report according to user specific security level.	MBR		
<b>3.7.4</b> The solution must provide users the ability to select from multiple predefined report types and formats as defined by the State.	MBR		
<b>3.7.5</b> The solution must provide users the ability to review report designs or view reports generated by other users or other applications according to user security role.	MBR		
<b>3.7.6</b> The solution must provide users the ability to generate mid-level user reports with multiple user-defined data select criteria and data.	MBR		
<b>3.7.7</b> The solution must provide the ability to produce at the minimum the following reports with minimum steps required by the user, and without database enhancements or customer programming (vendor must list all other standard reports that come with their system):			
a. Long term care Minimum Data Set Reports (MDS)	MBR		
b. Managed care encounter reports	MBR		
c. Financial reports	MBR		
d. Child Health reports			
e. Chronic Disease reports			
f. Eligibility reports	MBR		
g. Third party liability reports, including cost savings and cost avoidance			

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Requirement	MBR	Offeror Response	Weight
h. Utilization reports	MBR		
i. Fraud Reports	MBR		
j. Special program participation and expenditure data reports (e.g., waiver), including services, payments, billed amounts, eligible, and total cost of care by date of service	MBR		
k. Enrollment and disenrollment by county, plan, age, gender, aid category, managed care regions, delivery system, language, ethnicity and disenrollment reason reports.	MBR		
l. Rate of enrollment and disenrollment, in addition to the overall percent of change based upon the report time period (per month, per quarter, per year, etc).	MBR		
3.7.8 The solution must provide users the ability to save the query structure, selection criteria and report formatting for a custom report.	MBR		
3.7.9 The solution must include the option to attach the report query and select criteria at the beginning or end of custom reports.	MBR		
3.7.10 The solution must provide users the ability to access custom queries and reports generated and saved by other users with the same or lower security access in the Ohio Department of Job and Family Service or other Sister Agencies.	MBR		
3.7.11 The solution must provide users the ability to customize a pre-defined report format, query and selection criteria and save the template for future use.	MBR		
3.7.12 The solution must provide the ability to automatically re-run certain queries according to user-defined schedule (for example, generating a new report each time data is refreshed).	MBR		
3.7.13 The solution must allow “snapshot in time” reporting that will allow users the option to generate historical reports after data has been modified that are consistent with reports that would have been run prior to the data modification. (Explain how the proposed solution will affect performance and cost.)	MBR		
3.7.14 The solution must provide the user the ability to compare current report data to one or more previously saved reports.	MBR		
3.7.15 The solution must provide the ability for flexible and customizable ad hoc querying and reporting based on any combination of fields in the database are able to drill from root level down to the recipient, provider and claim level according with their security access, including the following subject areas:			
a. Claim data	MBR		

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Requirement	MBR	Offeror Response	Weight
b. Encounter data	MBR		
c. Provider data and consumer data	MBR		
d. Program eligibility data	MBR		
e. Consumer eligibility data	MBR		
f. Provider eligibility data	MBR		
<b>3.7.16</b> The solution must allow the creation of report definitions based on user-definable headers, footers, and column headings; subtotals and simple formulas for report columns; and page layout control, including page length and breaks.	MBR		
<b>3.7.17</b> The solution must provide a descriptive statistical wizard including basic statistical tools for analysis including descriptive statistics (frequencies, means, etc.) and statistical tests (chi-square, t-test, etc.).	MBR		
<b>3.7.18</b> The solution must be able to group and sort data by conditions such as pregnancy, smoking, and chronic diseases.	MBR		
<b>3.7.19</b> The solution must provide the ability to add mathematical calculations to the report design after the report is completed.	MBR		
<b>3.7.20</b> The solution must provide the ability to repeat summary level on every line of the report until the summary level changes with the ability to turn this functionality on and off.	MBR		
<b>3.8 Benchmarks</b>			
<b>3.8.1</b> The solution must provide on-line national and regional norms and benchmarks that can be utilized for comparison within the solution.	MBR		
<b>3.8.2</b> The solution must provide benchmarking abilities that can account for differences in:			
a. National/Geographic regions	MBR		
b. Census comparison	MBR		
c. Medicaid data	MBR		
d. Commercial data	MBR		
e. Claims data	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
f. Managed Care plans	MBR		
g. Age and sex adjusted	MBR		
h. Adjusted rates for per member per month	MBR		
i. Hospital utilization	MBR		
j. Nursing facility utilization	MBR		
k. Pharmacy utilization	MBR		
l. Specialty care utilization	MBR		
m. Disease prevalence	MBR		
n. Aged, Blind and Disabled	MBR		
o. Covered families and children	MBR		
3.8.3 The solution must provide users the ability to internally generate norms, baselines and benchmarks.	MBR		
3.8.4 The solution must provide the ability to summarize and compare services provided to members or by providers on the basis of selection criteria specified by the State.	MBR		
<b>3.9 Clinical Quality Assessment</b>			
3.9.1 The solution must integrate standard Health Plan Employer Data and Information Set reports into the user application using the continuously enrolled indicators as needed for Health Plan Employer Data and Information Set.	MBR		
3.9.2 The solution must provide the ability to identify and compare continuously enrolled (with allowance for the user to define “continuously enrolled indicators as needed for Health Plan Employer Data Information Set”) members that can be applied to both Health Plan Employer Data and Information Set and non- Health Plan Employer Data and Information Set indicators.	MBR		
3.9.3 The solution must provide the ability to compare performance between primary care providers and specialists caring for clinically distinct sub-populations.	MBR		
3.9.4 The solution must provide the ability to compare performance between hospitals across managed care and fee-for-service delivery systems.	MBR		
3.9.5 The solution must provide the ability to produce rates of care and access to care reports, as defined by the	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
State.			
<b>3.10 Sampling</b>			
<b>3.10.1</b> The solution must include simple and stratified sampling of claims, consumers, providers, or procedures with appropriate documentation and descriptive statistics (i.e., sampling frame, weights, frequencies, distribution of data) within the base Decision Support access tool.	MBR		
<b>3.10.2</b> The solution must provide the ability to produce a large number of random samples to create a statistically valid sample, and have the ability to over sample based upon the previous seed. (e.g., the ability to sample more than the 2,000 samples allowed by CMS Rat-Stats Program)	MBR		
<b>3.10.3</b> The solution must provide within the application the ability to select records, cases, claims, consumers, providers, or procedures from the database using simple and stratified random sampling.	MBR		
<b>3.10.4</b> The solution must provide the ability to stratify based on eligibility categories; length of continuous eligibility, diagnostic category, procedure performed, and category of service rendered, case mix categories geographic area, facility, provider rendering service or length of stay in a facility.	MBR		
<b>3.10.5</b> The solution must save within the application the original sample seed and provide the ability for future re-use. Strata must include at a minimum, the following categories:			
a. Length of continuous eligibility	MBR		
b. Diagnostic category, procedure code, and category of service rendered	MBR		
c. Case mix categories	MBR		
d. Geographical area	MBR		
e. Eligibility categories	MBR		
f. Length of Stay in a Facility	MBR		
g. Facility or provider rendering services.	MBR		
<b>3.11 Filtering</b>			
<b>3.11.1</b> The application must include simple, basic filtering capabilities (e.g., ranges, “greater thans”, “and”, or” statements).	MBR		
<b>3.12 Case-Mix &amp; Age/Gender Adjustments</b>			

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Requirement	MBR	Offeror Response	Weight
<b>3.12.1</b> The solution must provide pre-summarized Case-mix and age/gender adjustments.	MBR		
<b>3.13 Data Aggregates</b>			
<b>3.13.1</b> The solution must provide the ability to aggregate and link all information for individual hospital admissions, including physician and other professional services delivered during the admission.	MBR		
<b>3.13.2</b> The solution must provide standard indicators of utilization and cost for facility and professional services at an admissions level.	MBR		
<b>3.13.3</b> Provide the ability to group admissions using the latest version of the Centers for Medicare and Medicaid Services Diagnostic Cost Grouper and the All Patient Refined Diagnostic Rate Grouper as used in the Agency for Healthcare Research and Hospital Quality Indicators.	MBR		
<b>3.13.4</b> The solution must provide the ability to track hospital readmission for consumers readmitted to the same or different hospital for:			
a. the same or related diagnosis	MBR		
b. a period of 2 to 90 days following first admission date	MBR		
c. Tracking consumers originally discharged to a nursing facility and/or home health agency	MBR		
<b>3.13.5</b> The solution must provide a method to track hospital transfers for consumers transferred internally (e.g., within the hospital) or externally, (e.g., from one hospital to another).	MBR		
<b>3.13.6</b> The solution must provide the ability to link multiple financially related providers and locations by “owner”.	MBR		
<b>4 Advanced Analytical Application</b>			
The Advanced Analytical Application is used mainly by advanced analytical specialists within the Ohio Department of Job and Family Services and Sister Agencies. The Advanced Analytical Application must be user friendly, with a point and click interface that will supply analysts with standard reports that must be quickly accessed. The basis of the suite of reports must be high level, designed to indicate general trends (financial, utilization, eligibility, pharmacy, Health Plan Employer Data and Information Set, Demographics, etc.) within and across the Medicaid population. The application for advanced users must allow for more detailed analysis, such as drilling down to the individual level, multiple cross-tabulations (by demographics, geography, and managed care plan), filtering, modeling, and forecasting. Advanced Filtering is intended for power users, including analysts, researchers, investigators, etc.			
<b>4.1 Advanced Analytical General Requirements</b>			
<b>4.1.1</b> The solution must provide users with the same minimum functionality as the business application as	MBR		

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Requirement	MBR	Offeror Response	Weight
permitted by user specific role based security access even if not specifically listed in this section.			
4.1.2 The solution must provide the ability to display Medicaid demographic data by delivery system and Medicaid program on geographical maps at state, district, county, city, health district, managed care regions, legislative district, and zip code levels.	MBR		
4.1.3 The solution must provide users the ability to display data by defined episodes of care, including utilization, diagnosis and cost data.	MBR		
4.1.4 The solution must allow the Ohio Department of Job and Family Services and other agency users to perform benefit model design and program changes to project utilization and cost using all relevant data sets available.	MBR		
4.1.5 The solution must provide groupings related to specific criteria, such as In-Patient admission and episodes.	MBR		
4.1.6 The solution must provide true drill-down abilities that enable a user to drill-down to the lowest level of detail that allows independent analysis and study, providing drill down capabilities from the top down to a level that includes the individual participant, provider or claim line.	MBR		
4.1.7 The solution must provide modeling and trend analysis capabilities for the purpose of projecting the effects of various proposed policy changes on claims processing, budget and fraud waste and abuse and quality of care must be included.	MBR		
4.1.8 The solution must provide the ability for the end-user to select variables, filters, and time periods from a menu and apply them as flexible objects that can be inserted, through drag-and-drop technology, to make cross-tabular reports, and allow flexible pivoting of rows to columns and vice-versa.	MBR		
4.1.9 The solution must provide the ability to link consumer data related Medicaid data (see Data Sources for examples):			
a. Child Health Data			
b. Chronic Disease Data			
c. Administrative Data			
d. Quality Measurement Data			
<b>4.2 Graphing</b>			
4.2.1 The solution must provide advanced graphing capabilities including an ESRI application programming interfaces for geographic mapping of data elements.	MBR		

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Requirement	MBR	Offeror Response	Weight
4.2.2 The solution must provide export /import of geo-spatial data.	MBR		
4.2.3 The solution must provide the ability of graphical outputs, including geographic mapping of data elements.	MBR		
4.2.4 The solution must provide integrated graphing abilities that utilize multiple series and provide the ability to create presentation ready materials without the need to export the data to another tool.	MBR		
4.2.5 The solution must provide standard graphic editing, graphing abilities, and the ability to export data without formatting loss including:			
a. The ability to shadow, mirror, highlight, and flip axes	MBR		
b. The ability to display data in multi-color graphical format	MBR		
c. Bar charts	MBR		
d. Area charts	MBR		
e. Line charts	MBR		
f. Pie charts	MBR		
g. Double axis	MBR		
h. Side by side bar charts	MBR		
i. Scatter charts	MBR		
j. Radar charts	MBR		
k. Graph annotations (labels and numbers) that are large, legible, customizable and outside the chart lines	MBR		
l. Ability to customize graph axis scales and point of origin. (i.e., non-linear scales)	MBR		
m. Ability to label all data sets and filters displayed on graphs	MBR		
n. Option to resize any displayed graph	MBR		
o. Option to use the same scaling to be used on multiple graphs for ease of comparison	MBR		
p. Option to customize the colors and fill patterns for each data series on a graph	MBR		
q. Option to display results of a query in tabular, graphical or report format	MBR		

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Requirement	MBR	Offeror Response	Weight
r. Ability to graphically display at least three data variables (i.e., age, gender, ethnicity, time, etc.)	MBR		
<b>4.3 User Interface</b>			
4.3.1 The solution must provide the ability for users to access, integrate and report data from multiple files within multiple subsystems.	MBR		
4.3.2 The solution must support “point and click” query and reporting functions, including the ability to select fields within the database without the user having to know the database structures, business rules, and access techniques.	MBR		
4.3.3 The solution must provide a summary description of the report construction on how the report was constructed (time period, codes, limitations – documentation) on a footnote (i.e., filter used, age groupings, time periods, data and variable groupings)	MBR		
4.3.4 The solution must provide command line level access to low level functions (i.e., actual query language).	MBR		
4.3.5 The solution must provide the ability for the end-user to select indicators, variables, and other objects from a menu inserted through drag-and-drop technology for creation of cross-tabular reports.	MBR		
4.3.6 The solution must provide the ability for the end-user to preview reports and graphs.	MBR		
<b>4.4 Indicators</b>			
4.4.1 The solution must provide the ability to add indicators to or delete indicators from any report at the user’s option, and to allow users to develop their own indicators using SQL or other complex query language using manual table joins even if the required data is stored in separate tables.	MBR		
4.4.2 The solution must provide the ability for users to create custom measures based upon security roles.	MBR		
4.4.3 The solution must provide the ability for the user to create risk-adjusted norms on any filter in the database, and to create internal norms and benchmarks based either on data available in the Medicaid Decision Support System Database or on externally defined targets, goals and benchmarks, (e.g., by specialties, sub-specialties, peer groups or definition of a “best practice” group).	MBR		
4.4.4 The solution must provide a built-in library of automatically calculated indicators of experience such as sums, rates, ratios, and other computations, and the ability to apply (or remove) them as unique “objects” on reports. These indicators must be relevant to Medicaid and other health care programs and must include frequently needed indicators in all of the following categories, as defined by the State:			
a. Submitted charge	MBR		

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Requirement	MBR	Offeror Response	Weight
b. Allowed amount	MBR		
c. Net payment	MBR		
d. Co-payment amount	MBR		
e. Capitation amount	MBR		
f. Consumer liability	MBR		
g. Total cost of coverage	MBR		
h. Cost per eligible	MBR		
i. Cost per consumer	MBR		
j. Cost per member per month	MBR		
k. Cost per 1,000	MBR		
l. Per member per month	MBR		
m. Other population-based rates and indicators	MBR		
n. Utilization including days, visits, services, scripts, (per 1000, PMPM, per eligible, per consumer)	MBR		
o. Cost	MBR		
p. Quality of care	MBR		
q. Third Party Liability	MBR		
r. Outcomes	MBR		
s. Prevention	MBR		
t. Claims lag including days to submit claim and days to pay claim	MBR		
u. Access to care	MBR		
v. Eligibility, including member months and member years	MBR		
w. Administrative performance	MBR		
x. Continuous enrollment length	MBR		

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Requirement	MBR	Offeror Response	Weight
y. State custom indicators	MBR		
z. Clinical performance	MBR		
aa. Average weighed (by days) rate paid per provider.			
4.4.5 The solution must provide the ability to identify State defined statistical deviation from peer group experience on individual profiling indicators, including clinical indicators.	MBR		
<b>4.5 Variables</b>			
4.5.1 The solution must provider users with the ability to create their own “temporary” variables.	MBR		
4.5.2 The solution must provider users with the ability to create a single variable from multiple variables.	MBR		
<b>4.6 Geographical Information System</b>			
4.6.1 The solution must provide abilities for the depiction, profiling, and analysis of beneficiary use and use patterns in map format and provider’s service patterns in map format.	MBR		
4.6.2 The solution must provide the ability to import custom based maps.	MBR		
4.6.3 The solution must include geographic software that provides the ability to display Medicaid data on maps (e.g., Ohio Medicaid Region sub-divided by geographic groupings, in addition to counties, zip codes, State of Ohio Health Districts, legislative districts, counties, metropolitan areas, managed care plan regions, provider address, census tracks, long term care peer groups and recipient address).	MBR		
4.6.4 The solution must provide users the ability to display multiple sets of data geographically. Examples include:	MBR		
a. By county or zip code	MBR		
b. By legislative district, house or senate	MBR		
c. By distances between providers and recipients	MBR		
d. By provider type and specialties	MBR		
e. By incidents of disease stage	MBR		
<b>4.7 Reports</b>			
4.7.1 The solution must provide users the ability, from within standard report results, to drill down to the lowest level of data without having to rerun a detail level report.	MBR		

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Requirement	MBR	Offeror Response	Weight
4.7.2 The solution must provide users the ability to select the records and data elements to be included or excluded in a given report during report creation according to their security level.	MBR		
4.7.3 The solution must provide users the ability to generate advanced reports with multiple user-defined data select criteria and data.	MBR		
4.7.4 The solution must include standard reports detailing expenditures by provider type, specialty and procedure code (multiplying utilization by appropriate rates for a given time period).	MBR		
4.7.5 The solution must provide the ability for users to manipulate the following reports without database enhancements or customer programming (vendor must list all other standard reports that come with their system):			
a. Long term care Minimum Data Set Reports (MDS)	MBR		
b. Managed care encounter and hospital Diagnostic Rate Grouper (DRG) detail reports	MBR		
c. Financial reports	MBR		
d. Child Health reports			
e. Chronic Disease reports			
f. Medicaid/Medicare dual eligibles reports			
g. Third party liability reports including cost savings and cost avoidance			
h. Utilization reports	MBR		
i. Special program participation and expenditure data reports (e.g., waiver), including services, payments, billed amounts, eligible, and total cost of care by date of service			
4.7.6 The solution must provide users the ability to save the query structure, selection criteria and report formatting for a custom report.	MBR		
4.7.7 The solution must include the option to attach the report query and select criteria at the beginning of custom reports.	MBR		
4.7.8 The solution must provide users the ability to access custom queries and reports generated and saved by other users with same or lower security access in The Ohio Department of Job and Family Service and other Sister Agencies.	MBR		
4.7.9 The solution must provide users the ability to customize a pre-defined report format, query and selection	MBR		

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Requirement	MBR	Offeror Response	Weight
criteria and save the template for future use.			
<b>4.7.10</b> The solution must provide the ability to automatically re-run certain reports according to user-defined schedule (for example generating a new report each time data is refreshed).	MBR		
<b>4.7.11</b> The solution must allow “snapshot in time” reporting that will allow users the option to generate historical reports after data has been modified that are consistent with reports that would have been run prior to the data modification. (Explain how the proposed solution will affect performance and cost.)	MBR		
<b>4.7.12</b> The solution must provide the user the ability to compare current report data to one or more previously saved reports.	MBR		
<b>4.7.13</b> The solution must provide the ability to compare outcomes, performance and utilization indicators across all delivery systems (i.e., encounter and claims data).	MBR		
<b>4.7.14</b> The solution must provide users the ability to reconcile summary level query results with detail data.	MBR		
<b>4.7.15</b> The solution must provide the ability for ad-hoc queries, a library of templates for queries and reports that is able to drill from root level down to the recipient, provider and claim level.	MBR		
<b>4.7.16</b> The solution must provide the ability to display demographic data on geographical maps at State, State of Ohio Health district, county, managed care region, city and zip code levels by the following categories at a minimum:			
a. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program			
b. Disease State Management (DSM)			
c. Claims data			
d. Case Mix Scores	MBR		
e. Health Maintenance Organization (HMO)	MBR		
<b>4.7.17</b> The solution must allow the creation of report definitions based on user-definable headers, footers, and column headings; subtotals and simple formula for report columns; and page layout control, including page length and breaks.	MBR		
<b>4.7.18</b> The solution must be compatible with statistical tools such as SAS and SPSS that must be launched within the application.	MBR		
<b>4.7.19</b> The solution must provide users the ability to generate and share reports with the business and executive information system applications.	MBR		

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Requirement	MBR	Offeror Response	Weight
<b>4.7.20</b> The solution must provide the ability to generate mathematical calculations within the report design (e.g., some relationship between two columns such as members into payment).	MBR		
<b>4.8 Benchmarks</b>			
<b>4.8.1</b> The solution must provide on-line national and regional norms and benchmarks that must be flexibly applied to any report.	MBR		
<b>4.8.2</b> The solution must provide benchmarking capabilities that include adjustment predictive modeling tools for:			
a. National/Geographic regions	MBR		
b. Census comparison	MBR		
c. Medicaid	MBR		
d. Commercial	MBR		
e. Claims data	MBR		
f. Managed Care plans	MBR		
g. Age and sex adjusted	MBR		
h. Adjusted rates for per member per month	MBR		
i. Hospital utilization	MBR		
j. Nursing facility utilization, Long Term Care Costs	MBR		
k. Pharmacy utilization	MBR		
l. Specialty care utilization	MBR		
m. Disease prevalence	MBR		
n. Aged, Blind and Disabled	MBR		
o. Covered families and children	MBR		
<b>4.8.3</b> The solution must provide users the ability to internally generate norms, baselines and benchmarks.	MBR		
<b>4.8.4</b> The solution must provide the ability to easily access on-line Medicaid Decision Support System information, including norms, benchmarks, query creating, metadata and all other objects and functions.	MBR		

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Requirement	MBR	Offeror Response	Weight
<b>4.8.5</b> The solution must provide the ability to summarize and compare services provided to members or by providers on the basis of selection criteria specified by the Ohio Department of Job and Family Services.	MBR		
<b>4.8.6</b> The solution must provide the ability to see aggregated status data from the non-claims portion of the Data Warehouse System (i.e., socio-economic, health status, planning and quality data).	MBR		
<b>4.9 Quality Assessment</b>			
<b>4.9.1</b> The solution must provide the ability to calculate Minimum Data Set quality indicators based on Long Term Care Minimum Data Set data. Functionality must provide at a minimum the ability to calculate the following;			
a. User defined quality of care indicators for nursing home and Intermediate Care Facility for the Mentally Retarded consumers including case-mix	MBR		
b. Length of stay	MBR		
c. Occupancy levels	MBR		
d. Expenditures by facility	MBR		
e. Facility type	MBR		
f. Geographic location.	MBR		
<b>4.10 Sampling</b>			
<b>4.10.1</b> The solution must provide within the application support for random number assignment of members, providers and stratified random sampling with appropriate statistics (e.g., list of members, providers or claims) and generation of random sample with associated statistic.	MBR		
<b>4.10.2</b> The solution must provide the ability to produce a large number of random samples to create a statistically valid sample, and have the ability to over sample based upon the previous seed. (e.g., the ability to sample more than the 2,000 samples allowed by CMS Rat-Stats Program)	MBR		
<b>4.10.3</b> The solution must perform within the application both Simple and Stratified Random Sampling.	MBR		
<b>4.10.4</b> The solution must provide within the application the ability to select records, cases, claims, consumers, providers, or procedures from the database using simple and stratified random sampling.	MBR		
<b>4.10.5</b> The solution must provide within the application the ability to save the original sample seed and provide the ability for future re-use.	MBR		
<b>4.10.6</b> The solution must provide the ability to stratify based on eligibility categories; length of continuous eligibility,	MBR		

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Requirement	MBR	Offeror Response	Weight
diagnostic category, procedure performed, and category of service rendered, case mix categories geographic area, facility or provider rendering service.			
<b>4.10.7</b> The solution must provide within the application support for stratified random sampling with appropriate statistics (i.e., list of members or claims in each strata, percent of each strata sampled, error rate, power) and generation of random sampling with associated statistics by:			
a. Date periods	MBR		
b. Financials	MBR		
c. Authorization data	MBR		
d. Patient Assessment data			
e. Third Party liability data			
<b>4.11 Filtering</b>			
<b>4.11.1</b> The solution must provide the ability to allow for advanced sub-querying or filtering on summary indicators and support complex rules based pattern identification, including the ability to filter on indicators summarized by patient, by provider, claim, aggregates, case, or combination fields (e.g., patient, provider, date of service).	MBR		
<b>4.11.2</b> The solution must provide flexible filtering ability that automatically creates denominators for relevant rates-based analysis, such as candidates for childhood immunizations and patients with chronic disease conditions.	MBR		
<b>4.11.3</b> The solution must provide flexible filtering (or “sub-setting”) to specify the selection criteria for reports. Ready-to-use filters must be available that are appropriate to Medicaid (such as Federal age groups) and Health Plan Employer Data and Information Set cohorts (such as candidates for preventive screenings) as well as user-defined groups, such as ranges of values or lists.	MBR		
<b>4.11.4</b> The solution must provide the ability to define time windows in filters number of days prior, number of days after an event, including an admission, a service delivered, a surgery, an eligibility begin date, eligibility end date, enrollment date, disenrollment date, MDS Assessment date, date of birth, date of death, etc.	MBR		
<b>4.11.5</b> The solution must provide distribution reporting ability that allows the user to report services, payments, provider or other facts or variables by a range of user defined values.	MBR		
<b>4.11.6</b> The solution must provide sub-setting ability that can identify members who are continuously enrolled over a defined period of time, where the user can:			

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Requirement	MBR	Offeror Response	Weight
a. Define the period of time	MBR		
b. Allow for a variable gap in eligibility	MBR		
c. Define continuously enrolled populations overall or the plan, group or PCP level or at the level determined by the State (e.g., waiver spans)	MBR		
d. Limit results to members who are still enrolled as of the end of the user-defined reporting time period.	MBR		
<b>4.12 Case-Mix &amp; Age/Gender Adjustments</b>			
<b>4.12.1</b> The solution must provide the ability to utilize following Case-mix and age/gender adjustments including:	MBR		
a. Inpatient hospital stays, the current Center for Medicare and Medicaid Services (CMS) grouper and Ohio's modification of assignment of Diagnosis Related Groups, as well as All Patient Refined Diagnostic Groups as used in the Applied Healthcare Research and Quality Measures	MBR		
b. Outpatient hospital services, at a minimum: All Patient Grouper	MBR		
c. Medicaid eligible persons assigned to adjusted care groups, for example, Diagnostic Cost Groupers (DxCGs)	MBR		
d. Long term care residents: Resource Utilization Group System II (RUGS)	MBR		
e. Intermediate Care Facility for Mentally Retarded (ICFMR) residents: Resident Assessment Classification System (RACS)	MBR		
f. Calculate risk adjusted Per Member per Month (PMPM) expenditures.	MBR		
<b>4.13 Data Aggregates</b>			
<b>4.13.1</b> The solution must provide inpatient admissions that are clinically grouped using the latest version of the CMS Diagnostic Related Groups.	MBR		
<b>4.13.2</b> The solution must be able to group and sort data by conditions such as pregnancy, smoking, and chronic diseases.	MBR		
<b>4.13.3</b> The solution must provide the ability to rank and compare performance and evaluate quality of care for providers, types of providers and managed care contractors.			
<b>4.13.4</b> The solution must provide customized grouping methodologies to support the in-depth investigation of disease in the ambulatory or acute settings.	MBR		
<b>4.13.5</b> The solution must enable users to access clinical information about individual patients based upon episodes	MBR		

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Requirement	MBR	Offeror Response	Weight
of care, including the ability to link individual services including prescribed drugs in relationship to episodes of care.			
<b>4.13.6</b> The solution must provide the ability to profile providers based upon risk adjustments, costs and use performance of specified physicians or hospitals. This must include national grouping systems, episodes of care groupings or other systems standardized by national norms.	MBR		
<b>4.13.7</b> The solution must provide the ability to produce a total summary of cost for all inpatient claims that constitute an admission for facility and professional services.	MBR		
<b>4.13.8</b> The solution must provide the ability to track hospital readmissions using user defined time periods or illnesses for consumers readmitted to the same or different hospital:			
a. For the same or related diagnoses	MBR		
b. For a period of 2 to 90 days following first admission date	MBR		
c. Including tracking consumers originally discharged to a nursing facility and/or home health agency	MBR		
d. Track hospital transfers for consumers transferred internally (i.e., within the hospital) or externally (i.e., from one hospital to another)	MBR		
<b>4.13.9</b> The solution must provide a full range of standard descriptive and inferential statistical functions and indicators, including sum, average, mean, variance, standard deviation, coefficient of variation, correlation, T Test, distribution, regression, minimum, maximum and range of values and provide the ability to generate aggregates including:			
a. Ability to include summary values and derived fields	MBR		
b. Episode	MBR		
c. Admission	MBR		
d. Predictive modeling	MBR		
e. Health Plan Employer Data and Information Set indicators	MBR		
f. Applied HealthCare Research and Quality indicators	MBR		
g. Diagnostic Rate Grouper	MBR		
h. Imputed Primary Care Physician	MBR		
<b>4.13.10</b> The solution must provide the ability to aggregate and link all information for individual hospital admissions,	MBR		

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Requirement	MBR	Offeror Response	Weight
including physician and other professional services delivered during the admission.			
4.13.11 The solution must provide standard indicators of utilization and cost for facility and professional services at an admissions level.	MBR		
4.13.12 The solution must provide the ability to link multiple financially related providers and locations by “owner”.	MBR		
<b>4.14 Tools for Analysis</b>			
4.14.1 The solution must provide a hierarchical consolidation of data by aggregated classes, groupings and combinations, with drill-down capabilities for analysis, profiling, and exception reporting of eligibles, providers, services, diagnoses, capitation payments, expenditures, billing patterns and procedures.	MBR		
4.14.2 The solution must provide the ability to use the results from Base SAS, SAS Statistics SAS Enterprise Business Intelligence Server, SAS Enterprise Data Miner, SAS Enterprise Text Miner, SAS Forecast Studio and SPSS.	MBR		
4.14.3 The system’s statistical functions must generate modeling and statistical data via a menu-drive GUI without the need to manually entered syntax.	MBR		
4.14.4 The solution must provide statistical functions that allow queries of summary and detail data for advanced users.	MBR		
4.14.5 The solution’s statistical functions must provide the capabilities to perform queries across data variables for all fields in the database.	MBR		
4.14.6 The solution must provide for users the ability to perform age-sex and case-mix adjustments for service data.	MBR		
4.14.7 The solution must provide a full range of standard descriptive and inferential statistical functions and indicators, both on-line and in reports – these abilities must include sum, average, mean, variance, standard deviation, coefficient of variation, correlation, T Test, distribution, regression, minimum, maximum and range of values. (Offeror must list the available measures)	MBR		
4.14.8 The solution must enable users to provide access to information about an individual patient’s inpatient hospital episodes, including the ability to link individual facility and professional services provided during the inpatient stay and the ability to aggregate services and costs of the stay.	MBR		
4.14.9 The solution must provide users the ability to specify statistical counting methods on multiple columns in a data set.	MBR		
4.14.10 The solution must provide users the ability to create, modify and save grouping and selection parameters.	MBR		

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Requirement	MBR	Offeror Response	Weight
4.14.11 The solution must provide statistical functions that allow unrestricted and unlimited length of calculations, consolidations and/or data manipulations.	MBR		
4.14.12 The solution must provide production results-based algorithms compiled from user-defined combination fields, filters, variables, and time periods.	MBR		
4.14.13 The solution must provide all longitudinal service data for an episode of care, including pharmacy services, dental services, as well as inpatient and outpatient services.	MBR		
4.14.14 The solution must provide the ability to manipulate encounter and claims data and equate the data into comparable fields across all payment plans within the system.	MBR		
4.14.15 The solution must provide the ability to adjust for differences between managed care encounter and claims data.	MBR		
4.14.16 The solution must provide the option to set up models on future benefit design changes, such as: High Option, Consumer Driven Health Plan (CDHP), Preferred Provider Organization (PPO), Indemnity, Health Maintenance Organization, etc.	MBR		
4.14.17 The solution must provide the ability to perform a minimum of seven (7) levels of sorting in ascending and descending order, and provide subtotaling.	MBR		
4.14.18 The solution must support data mining applications (such as SAS Data Miner) output to identify and alert health care practices and billing patterns that are not consistent with expected norms.	MBR		
4.14.19 The solution must assign Major Diagnostic Category (MDC) codes to all inpatient cases.	MBR		
4.14.20 The solution must provide the ability to depict practice and treatment patterns, provider participation, physician prescribing patterns, and provider service areas in map format.	MBR		
4.14.21 The solution must provide the ability to study, track and compare the compliance of providers (including managed care contractors) with clinical practice guidelines and other normative benchmarks of clinical and financial performance.	MBR		
4.14.22 The solution must provide the ability to produce risk-adjusted Episodes Groups (e.g., the ability to identify patients that are high severity diabetics), for patients that require more intensive care based on their overall health condition.	MBR		
4.14.23 The solution must include objective statistical tools to apply weights and determine outliers.	MBR		
4.14.24 The solution must provide users with linear programming modeling abilities.	MBR		

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Requirement	MBR	Offeror Response	Weight
<p><b>4.14.25</b> The solution must provide users the ability to target at-risk populations from clinical or cost data (predictive modeling).</p>	MBR		
<p><b>4.14.26</b> The solution must enable users to access predictive modeling abilities within the solution that will, at a minimum, stratify patients into risk pools that can be used for Disease Stage Management (DSM), premium rate setting and other analyses. Users must have the ability to use the Chronic Illness and Disability Payment System (CDPS) and at least one other Medicaid specific diagnosis-based risk adjustment tool (Diagnostic Cost Groups (DxCG), Clinical Risk Groups (CRG), or Ambulatory Cost Groups (ACG)).</p>	MBR		
<p><b>4.14.27</b> The solution must provide data and analytical abilities to build comprehensive predictive and descriptive models utilizing claims, eligibility, provider and reference data and other data sets (such as vital records, statewide incidence rates, etc.) for disease management, analyzing program effectiveness and determining when fraud, waste or abuse has occurred or may occur.</p>	MBR		
<p><b>4.14.28</b> The solution must provide predictive modeling ability that identifies patients who are predicted to have high costs in the future. The methodology must include:</p>			
<p>a. The ability to generate a current risk score that can be used to risk adjust in profiling applications</p>	MBR		
<p>b. The ability to generate a prospective risk scores for patient risk stratification and actuarial and rate-setting applications</p>	MBR		
<p><b>4.14.29</b> The system's modeling and trend analysis abilities must support:</p>			
<p>a. Provider performance profiling</p>	MBR		
<p>b. Premium rate testing and the ability to add surplus charges to the premium projection</p>	MBR		
<p>c. Projecting the effects of various proposed policy changes on claims processing, budget, and quality of care</p>	MBR		
<p><b>4.14.30</b> The solution must provide a method to analyze the effect of adding or removing drugs from prior-authorization.</p>	MBR		
<p><b>4.14.31</b> The solution must provide a method to produce on the same report a profile of drug therapies and medical therapies by patient</p>	MBR		
<p><b>4.15 Episode of Care</b></p>			
<p><b>4.15.1</b> The solution must link and summarize all claims and encounters for a patient related to an episode of care.</p>	MBR		
<p><b>4.15.2</b> The solution must provide the ability to produce episodes of care based on diagnosis code, for understanding the total picture of healthcare delivered by multiple providers across defined event of illness</p>	MBR		

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Requirement	MBR	Offeror Response	Weight
or disease, which stratifies the episodes by severity of illness and identifies the provider who is acting as the manager of care.			
<p><b>4.15.3</b> Inpatient episodes must be consistent with Ohio Medicaid rules for transfer between facilities, between distinct parts of the same facility, and for discharges/readmissions. Inpatient episodes must be clinically grouped using the latest version of the CMS Diagnostic Rate Grouper. The CMS Diagnostic Rate Grouper must be updated by the Contractor consistent with CMS version updates.</p>	MBR		
<p><b>4.15.4</b> The solution must provide the ability to integrate episodes of care to provide summary cost and use information for all services within the episode (facility, professional and drug) and to support the study of disease progression.</p>	MBR		
<p><b>4.15.5</b> The solution must provide chronic and acute episode of care analysis that can be used, for example: prenatal care and childbirth, diabetes, asthma, mental health disorders, alcohol and drug addiction, heart disease, hypertension, acquired immune deficiency syndrome (AIDS), and chronic obstructive pulmonary disease (COPD).</p>	MBR		
<p><b>4.15.6</b> The solution must link and summarize between episodes of care for prenatal care and childbirth with Ohio linked birth and infant death certificates. These linkages must include the birth mother's prenatal care and delivery, postpartum care, the newborn hospital stay, neonatal care (first 28 days), and all encounters while under one year of age.</p>	MBR		
<p><b>4.15.7</b> The solution must produce reports that will compare the use of different pharmacological therapies for consumers with similar episodes of care. These comparisons must include the cost of the drug therapy with the overall cost of the episode of care, length of episode, and prevention of inpatient and emergency room care standard reports.</p>	MBR		
<p><b>4.15.8</b> The solution must provide the ability to identify patients with acute and chronic disease and to supplement patient identification with inclusion and exclusion lists (e.g., to allow a user to modify a disease study group to include patients who have qualified through clinical assessments or disease registries).</p>	MBR		
<p><b>4.16 Forecasting and Trend Analysis</b></p>			
<p><b>4.16.1</b> The solution must provide the ability for the user to model and forecast trend data using Auto-Regressive and moving average modeling in SAS Forecast Studio. The results must be viewable in the Executive Information System.</p>	MBR		
<p><b>4.16.2</b> The solution must provide the user with modifiable input parameters and input criteria for forecasting and trend analysis capabilities.</p>	MBR		
<p><b>4.17 IBNR Calculation</b></p>			

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Requirement	MBR	Offeror Response	Weight
4.17.1 The solution must provide the ability to automatically calculate claim completion factors that support the analysis of incurred but not reported (IBNR) liability.	MBR		
4.17.2 The solution must provide the ability to calculate claim lag factors by claim type and provide the ability for The Ohio Department of Job and Family Services to customize the completion methodology.	MBR		
4.17.3 The solution must provide the capacity for the system to produce an IBNR report, e.g., a report by claim type that shows amount paid per period by incurred period.	MBR		
4.17.4 The solution must provide ability to apply various lags for incurred but not reported (IBNR) claims and eligibility counts with user choice of lags on the basis of service and eligibility data.	MBR		
4.17.5 The solution must provide the ability for the user to specify factors for inflation, change in use patterns, populations changes, incurred but not reported (IBNR) claims (including determining lag/completion factors), and retention rates.	MBR		
<b>4.18 Disease Management/Care Coordination</b>			
4.18.1 The solution must provide the ability to identify consumers that may benefit from a disease management program, based on diagnosis, treatments, risk, and severity indicators.	MBR		
4.18.2 The solution must utilize disease or preventative medicine protocols to monitor treatment of consumers in a disease management program and generate alerts and reports on adherence to the protocol.	MBR		
4.18.3 The solution must provide the ability to produce disease management reports for evaluation of the potential for and performance of disease management programs.	MBR		
4.18.4 The solution must provide the ability to generate return on investment reports for managing patients with chronic disease and to supplement patient identification with inclusion and exclusion lists (e.g., to allow an user to modify a disease study group to include patients who have qualified through clinical assessments or disease registries).	MBR		
4.18.5 The solution must provide disease management reports that include patient action listings for intervening with patients whose treatments have fallen short of compliance with evidence-based disease-specific treatment guidelines.	MBR		
4.18.6 The solution must be capable of creating drug utilization analysis reports that reveal questionable prescribing patterns, dispensing patterns, and the impact of high-cost drug and direct-to-consumer-marketed drugs.	MBR		
4.18.7 The solution must provide the ability to generate disease management reports that are viewable in the	MBR		

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Executive Information System.			
<p><b>4.18.8</b> The solution must provide the ability to profile managed care organizations including all services rendered to plan members; integrated enrollment information to identify under-utilization and monitor plan performance, and per member per month calculations.</p>	MBR		
<p><b>4.18.9</b> The solution must provide the ability to integrate eligibility and claims/encounter data for the purposes of calculating rates and tracking cost per eligible on an annual and monthly basis, by category of service, aid category, case-type, spend-down, waiver status, long term care residency status, age, gender, length of enrollment, breaks in enrollment, and case mix rating systems.</p>	MBR		
<p><b>4.19 Data Mining</b></p>			
<p>The Ohio Department of Job and Family Services has a site license from SAS Institute for the Medicaid Data Warehouse for the following products: Base SAS, SAS Statistics, SAS Enterprise Business Intelligence Server, SAS Enterprise Data Miner, SAS Enterprise Text Miner, and SAS Forecast Studio. Currently, these tools are installed on two nodes of an IBM AIX 690 server. Additionally, there are approximately 25 Data Warehouse users that are also PC-SAS users.</p>			
<p>The vendor must use these tools in conjunction with their own proposals for the Data Warehouse and Medicaid Decision Support System. At minimum, the vendor must provide access and a compatible interface to the Data Warehouse by designated SAS users with advanced analytical skills using these tools for data analysis, forecasting and data mining purposes.</p>			
<p><b>4.19.1 SAS Functionality</b></p>			
<p>4.19.1.1 The solution must incorporate and integrate the SAS system tools within the scope of administration and maintenance of the data warehouse.</p>	MBR		
<p><b>4.19.2 SAS FORECASTING FUNCTIONALITY</b></p>			
<p>4.19.2.1 The solution must interface to the Medicaid budget forecasting solution using SAS Forecast Studio.</p>			
<p>4.19.2.2 The solution must provide the ability to create views of the Data Warehouse tables that allow business users to forecast price, utilization and caseload independently across multiple variables at multiple levels of aggregation. The forecasting solution must allow the budget/analyst forecaster to develop alternative models.</p>			
<p>4.19.2.3 The solution must provide the ability for the advanced budget analyst/forecaster user to use the flexibility of Forecast Studio to select forecasting models and harmonize the model across multiple variables. The forecast solution will automate the assembly of forecast results, including the combination of price, utilization and caseload into estimated incurred expenditures, and use claims lag tables to convert predictions of incurred expenditures to predicted payments on a weekly, monthly, quarterly, and annual</p>			

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Requirement	MBR	Offeror Response	Weight
basis based upon the weekly claims payment cycle.			
4.19.2.4 The solution must automatically convert the results of the forecast process into an assembled budget work book consisting of formatted tables and graphs published in Excel,			
<b>4.20 SAS Enterprise Data Miner Functionality</b>			
SAS Enterprise Data Miner will be used by epidemiologists/biostatisticians/fraud and abuse investigators to develop and implement predictive models of consumer and provider behavior/risk based upon the data available in the Data Warehouse. Results of data mining activities will be incorporated into the Data Warehouse for the purpose of identifying risks and populating alerts to providers and consumers.			
4.20.1.1 The solution must provide the ability for users to create: (1) logical views of the data which assist in data mining activities; 2) incorporate the results of new and existing models into patient level and provider level alert tables where the alerts are parameter driven based upon the algebraic expression of the predictive model, and where the alert levels may change as the incoming data to the data warehouse changes.			
<b>5 Clinical and Data Aggregations</b>			
In order to represent the Decision Support System Environment in a technology neutral manner, the State has defined the analytical data domains as a clinical and financial aggregation. In this context the data aggregation is a multi-variable representation of data that is a defined filter of the Data Warehouse information that is periodically refreshed to support analytical processing requirements. The data aggregation may be a physical re-creation of the data in the Data Warehouse or a virtual representation of the data in the data warehouse. The data aggregation is designed to support a specific set of business requirements. The structure, generation techniques and support data models, and analytical tools are organized in a manner that supports rapid, iterative user views and processing of the data in the data aggregation.			
<b>5.1 Early Periodic Screenings and Diagnostic Testing (EPSDT) Clinical Aggregation</b>			
<b>5.1.1 EPSDT General Requirements</b>			
The purpose of this clinical aggregation is to provide information about EPSDT services (Early Periodic Screenings and Diagnostic Testing) for children. Children are a significant focus of Ohio Health Plan Policy analysis, and many interest groups wish to assure that children have proper access to care, that services are used appropriately (as defined by evidence-based medical guidelines), and that the care is effective.			
5.1.1.1 The clinical aggregation must include records for every Early Periodic Screening and Diagnostic Testing (EPSDT) eligible child that identifies the screening and preventive health services that they have received based upon any source from the Data Warehouse.			
5.1.1.2 The clinical aggregation must include information for every screening or preventive service that children			

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have not received based upon the EPSDT periodic schedule, and must be able to identify missed opportunities.			
5.1.1.3 The clinical aggregation must include diagnosis data, the treatment and follow-up for each diagnosis. Diagnosis and treatment data must be aggregated into specific episodes of care, identifying whether a patient is being treated for a diagnosis, how long the treatment lasted, identification of the episode managing physician, and what services were provided for the episode.			
5.1.1.4 The clinical aggregation must include indicators of child health care quality based upon the Ambulatory Care Quality Alliance starter indicators set, and identify patients whose care is, or is not, consistent with the indicators set.			
5.1.1.5 The clinical aggregation must include relevant geographic, demographic, clinical, eligibility and enrollment characteristics of the child, parents, and family.			
5.1.1.6 The clinical aggregation must be updated with claims and encounters, on a schedule which is consistent with the update of the source data. The clinical aggregation must be updated with episodes of care on at least a monthly basis.			
<b>5.1.2 EPSDT Executive Information System Requirements</b>			
5.1.2.1 The solution must provide a summary report meeting federal requirements regarding annual EPSDT participation (HCFA-416 Report). The report calculates participation rates (number eligible) and number of screenings (based upon the periodic schedule), referrals, dental services (preventive and treatment), enrollment in managed care, and blood lead screenings by various age groups. This report must also be able to be run on various time periods (state fiscal year, calendar year, federal fiscal year, rolling year, and year-to-date).			
5.1.2.2 The solution must provide a summary of the cost and utilization of services provided to children, including well child visits, therapies, screenings, dental, hospitalizations, ER visits, etc.			
<b>5.1.3 EPSDT Business User Requirements</b>			
5.1.3.1 The EPSDT clinical aggregation must provide the same functionality as listed above in the EPDST Clinical Aggregation Section as permitted by user specific role based security access.			
5.1.3.2 The clinical aggregation provide the same information as above, but also must allow users to aggregate and limit results by geographic area (e.g., county, zip code and provider level) and plot the results on geographic maps that are projected for individual counties and regions of the state. Map features must at least be able to identify counties, major and minor civil divisions, and zip codes. Users must be able to plot density maps based upon the geographic component. This access must be role-based access and include enhanced access for case management and eligibility determination issues.			

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Requirement	MBR	Offeror Response	Weight
5.1.3.3 The clinical aggregation must provide enhanced access for Managed Care Plan staff, county Public Children Services Association of Ohio workers and HealthChek coordinators to search for children by social security numbers, name, and other identifiers to link eligibility and claims records.			
5.1.3.4 The clinical aggregation must allow role-based access to allow case workers and primary care providers to identify children who are due for a screening or preventive service in an upcoming time period, or who have missed a service, and incorporate the results of such analysis into outreach, case management, and treatment activities. This must include:			
a. Nurse case managers creating patient listings with contact information			
b. Automated alerts to case workers for individual consumers			
c. A web service or Application Program Interface embedded in a case management, eligibility system, or electronic medical record system used to retrieve the results for an individual patient			
d. Reports and alerts that can be set at intervals established by the individual business user			
5.1.3.5 The clinical aggregation must allow role-based access to allow nurse case managers to access diagnostic and treatment data organized by disease episodes for clinical reviews and care management. This must include:			
a. Nurse case managers creating patient listings with contact information			
b. Automated alerts to case workers for individual consumers (upcoming or missed services)			
c. Automated alerts to physicians when EPSDT elements are not documented			
d. A web service or Application Program Interface embedded in a case management, eligibility system, or electronic medical record system which is used to call the results for an individual patient			
e. Reports and alerts that can be set at intervals established by the individual business user			
5.1.3.6 The clinical aggregation must allow role-based access to provide a summary of provider participation and utilization patterns, such as client location and demographics (i.e., list of providers in the community and geographic distribution of their clients).			
5.1.3.7 The clinical aggregation must provide statewide summary reports regarding utilization of alerts, patient listings, access to case management, and electronic medical records.			
5.1.3.8 The clinical aggregation must include relevant geographic, demographic, clinical, eligibility and enrollment of the child, parents, and family. In addition, the clinical aggregation must allow users to aggregate and limit results of queries by any combination of these characteristics.			

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Requirement	MBR	Offeror Response	Weight
<b>5.1.4 EPSDT Advanced Analytical User Requirements</b>			
5.1.4.1 The EPSDT clinical aggregation must provide the advanced analytical user the same functionality as listed above in the EPSDT Clinical Aggregation Section as permitted by user specific role based security access.			
5.1.4.2 The clinical aggregation must allow for the population of predictive risk scores for individual eligibles' outcomes based upon epidemiological research performed by the State or its designees. Risk scores will be algebraic equations provided by the State, derived from the child, parent and family characteristics and updated every time the clinical aggregation is updated.			
<b>5.2 Maternal and Infant Health Clinical Aggregation</b>			
The purpose is to provide information about maternal and infant health. In addition to federal reporting requirements, maternal and infant health is an issue that is frequently analyzed to assure that pregnant women and infants have access to quality health care.			
<b>5.2.1 Maternal and Infant Health Advanced Analytical User Requirements</b>			
5.2.1.1 The clinical aggregation must provide maternal and infant health indicators such as low birth weight (LBW), very low birth weight (VLBW) and moderately low birth weight (MLBW) births, number of prenatal visits received by pregnant women and number of postpartum visits received by pregnant women.			
5.2.1.2 The clinical aggregation must provide a summary of the cost and utilization of services provided to mothers and infants including prenatal, delivery and postpartum services, as well as, infant expenditures in the first year of life.			
5.2.1.3 The clinical aggregation must provide nationally accepted maternal and infant health indicators (i.e., Health Plan Employer Data and Information Set, Applied HealthCare Research and Quality).			
5.2.1.4 The clinical aggregation must include relevant demographic, clinical, eligibility and enrollment of the child, parents, and family. In addition, the clinical aggregation must allow users to aggregate and limit results of queries by any combination of these characteristics.			
5.2.1.5 The clinical aggregation must allow users to aggregate and limit results by geographic area and plot the results on geographic maps that are projected for individual counties and regions of the state. Map features must at least be able to identify counties, major and minor civil divisions, and zip codes. Users must be able to plot density maps based upon the geographic component.			
5.2.1.6 The clinical aggregation must allow for the population of predictive risk scores for individual eligibles' outcomes based upon epidemiological research performed by the State or its designees. Risk scores will be algebraic equations provided by the State, derived from the child, parent and family characteristics and			

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Requirement	MBR	Offeror Response	Weight
updated every time the clinical aggregation is updated.			
5.2.1.7 The clinical aggregation must offer flexibility to eventually incorporate additional data from external sources such as Vital Statistics files.			
<b>5.3 Coordination of Benefits/Third Party Liability Data Aggregation</b>			
The purpose is to provide information for use by organizations involved with Coordination of Benefits for Medicaid eligible persons (Ohio Department of Health, Ohio Department of Aging, Ohio Department of Mental Health, Ohio Department of Mental Retardation and Developmental Disabilities, Ohio Department of Alcohol and Drug Addiction Services, Health Plans and Managed Care Plans) to enable maximization of cost avoidance and third party recoveries.			
<b>5.3.1 Coordination of Benefits/Third Party Liability General Requirements</b>			
5.3.1.1 The aggregation must include records for every person with third party coverage from the Third Party Liability master file identifying time periods, coverage and insurance carrier.			
5.3.1.2 The aggregation must include Medicare coverage information for recipients that have Medicare coverage.			
5.3.1.3 The aggregation must include all claims cost avoided, records of recoveries by third party liability vendors, and adjustments for Medicare recoveries.			
<b>5.3.2 Coordination of Benefits/Third Party Liability Business User Requirements</b>			
5.3.2.1 The aggregation must provide the same functionality listed above in the Coordination of Benefits/Third Party Liability Data Aggregation Section in addition to the below requirements as permitted by user specific role based security access.			
5.3.2.2 The aggregation must include multi-variable cubes for claims cost-avoided, and claims recovered, allowing drill down to categories including time periods, recovery type (Medicare, commercial, tort), provider types, providers, service categories, and insurance carriers.			
5.3.2.3 The aggregation must provide the ability for Third Party Liability investigators to submit a query for a patient or list of patients, using Medicaid Recipient ID or Social Security Number, and/or date of service.			
5.3.2.4 The aggregation must create a web service that can be embedded in a claims management system, case management, or electronic medical record system to call the results for an individual patient.			
5.3.2.5 The queries/web service must provide the ability to identify coverage, costs avoided, and recoveries for each patient.			

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Requirement	MBR	Offeror Response	Weight
<b>5.4 Adult Preventive Health, Chronic Care and Long Term Care Clinical Aggregation</b>			
Contractors must create data views for use by organizations involved with Medicaid care management programs for adults (for example, Ohio Department of Job and Family Services, Ohio Department of Mental Health, Ohio Department of Mental Retardation and Developmental Disabilities, Ohio Department of Alcohol and Drug Addiction Services) to enable optimal care for adults with special health care needs through better analysis, outreach, and care management. To meet these goals, the contractor's products must meet the following requirements.			
<b>5.4.1 Adult Preventive Health, Chronic Care and Long Term Care General Requirements</b>			
5.4.1.1 The clinical aggregation must include relevant geographic, demographic, clinical, eligibility, and enrollment characteristics of every Medicaid-eligible adult. The clinical aggregation must provide the ability for users to aggregate and limit results of queries by any combination of these characteristics. There must be the capacity to aggregate information on family members living in the same household.			
5.4.1.2 The clinical aggregation must include a system to:			
a. Identify through claims or encounter records the receipt of screenings and preventive health services by individuals, as defined by the U.S. Preventive Health Services Guidelines			
b. Flag individuals who have not received such services			
c. Identify missed opportunities for receiving these services, such as visits during which such services could have been provided			
5.4.1.3 The clinical aggregation must include data to identify by diagnosis the treatment and follow-up care organized by episodes of care, for the following chronic illnesses:			
a. Asthma			
b. Diabetes			
c. Hypertension			
d. Coronary Artery Disease			
e. Congestive Heart Failure			
f. Cerebrovascular Disease			
g. Chronic Obstructive Pulmonary Disease			
h. Depression			

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Requirement	MBR	Offeror Response	Weight
i. Schizophrenia			
j. Major Affective Disorders			
k. Obesity			
5.4.1.4 The clinical aggregation must have the capacity to expand and include additional selected high cost or high prevalence diseases and conditions not included in the above list.			
5.4.1.5 The clinical diagnosis and treatment aggregation data must be aggregated into specific episodes of care, identifying whether or not a patient is being treated for a diagnosis, the episode managing physician, services provided for each episode, and the length of episode.			
5.4.1.6 The clinical aggregation must be capable of including data from long term care patient assessment and case management systems, including the Ohio Department of Aging Patient Information Management System (PIMS), the Bureau of Community Services CareStar System, and others as identified by the State.			
5.4.1.7 The clinical aggregation must include adult health care quality indicators based upon the Ambulatory Care Quality Alliance starter indicators set, and identify patients whose care is not consistent with the indicators set. The clinical aggregation must provide the ability for adding quality indicators from other sources, such as indicators being developed by the National Quality Forum.			
5.4.1.8 The clinical aggregation must include indicators of pharmacy overuse, misuse, and under-use, using indicators identified by The Ohio Department of Job and Family Services.			
5.4.1.9 The clinical aggregation must identify use of long-term care services for each patient and provide indicators of overuse and under use of services based upon care management plans for each patient.			
5.4.1.10 The clinical aggregation must provide the ability for identification of billing for duplicative services during mutually exclusive periods, e.g., home care services during hospitalization or nursing home stays.			
5.4.1.11 The clinical aggregation must accept updates of claims and encounter data on a schedule consistent with the update of the source data. Episodes of care must be updated on at least a monthly basis.			
5.4.1.12 The clinical aggregation must include codes to indicate denial of claims and disenrollment of individuals for both Medicaid and waiver services, to track reasons for denial and disenrollment on both an individual and aggregate basis.			
5.4.1.13 The clinical aggregation must include the capacity for enhancements to accept clinical data from electronic medical records or extracts of such data supplied by regional health information organizations or managed care plans.			

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Requirement	MBR	Offeror Response	Weight
<b>5.4.2 Adult Preventive Health, Chronic Care and Long Term Care Business User Requirements</b>			
5.4.2.1 The aggregation must provide the same functionality listed above in the Adult Preventive Health, Chronic Care and Long Term Care Aggregation in addition to the below requirements as permitted by user specific role based security access.			
5.4.2.2 The clinical aggregation must identify adults who are due for screening or preventive services in an upcoming time period, or whose care is not consistent with ambulatory care quality guidelines.			
5.4.2.3 The clinical aggregation must be able to alert care managers or primary care providers to those individuals who have been identified, creating patient listings with contact information, providing automated alerts, a web service or application programming interface that may be accessed by care managers, or by feeding data to an electronic medical record system.			
5.4.2.4 The clinical aggregation must provide immediate alerts to care managers regarding hospitalizations in acute or mental health facilities, nursing home admissions, or emergency department use.			
5.4.2.5 The clinical aggregation must identify use of long-term care services for each patient, and provide indicators of overuse or under use of services and provide indicators of deviations from care management plans for each patient.			
<b>5.4.3 Adult Preventive Health, Chronic Care and Long Term Care Advanced User Requirements</b>			
5.4.3.1 The clinical aggregation must provide the same functionality listed above in the Adult Preventive Health, Chronic Care and Long Term Care Aggregation in addition to the below requirements as permitted by user specific role based security access.			
5.4.3.2 The clinical aggregation must include sufficient geographic data on individual patients' latitude/longitude to provide the ability for users to plot maps at numerous levels, sufficiently detailed to identify clusters of diseases and conditions. The aggregation must have the capacity to generate maps for the Ohio Department of Job and Family Services and Sister Agencies - defined Ohio regions, counties, major and minor civil divisions, and zip codes. Map types must display density of patients selected by diagnosis, demographics, or other characteristics (i.e., how many patients are within each selected geographic unit), or distributions within selected geographic components (i.e., what proportion of a total are in different geographic units).			
5.4.3.3 The clinical aggregation must provide the ability for comparisons between services received and services authorized by care managers.			
5.4.3.4 The clinical aggregation must provide the ability for the Ohio Department of Job and Family Services to generate predictive risk scores for individual outcomes on the basis of algebraic equations created by the Department or its designees, using indicators of demographic, eligibility, and diagnostic characteristics,			

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Requirement	MBR	Offeror Response	Weight
and updated concurrently with clinical aggregation updates.			
<b>5.5 Financial Data Aggregation</b>			
<b>5.5.1 Financial General Requirements</b>			
Contractors must provide financial data and information functionality that consists of the following requirements:			
5.5.1.1 The data aggregation must include actual caseload, claim, and expenditure data aggregated by various programs, eligibility types and demographic information, in multi-variable cubes. The information must include information by both dates of service and date of payment.			
5.5.1.2 The data aggregation must include for the most recent months of data, the date of service information completion factors, including completed claims, completed payments and other completed indicators, such as visits or days by using historical payment lags. The data aggregation must be able to estimate the impact of retroactive and backdated eligibility on monthly caseloads, and provide for an up-to-date estimate of the caseload with these factors taken into account.			
5.5.1.3 The data aggregation must include aggregated budgeted caseload, expenditure, and claims data as passed by the Ohio General Assembly, as well as mid-course updates. Such data will be categorized by State agency, service category, eligibility group, as well as other categorical indicators useful in describing the financial aspects of Medicaid spending.			
5.5.1.4 The data aggregation must include financial data that does not come from the MMIS or MITS, including buy in, recoveries, contracts, and funding streams that can be integrated into monthly and year-to-date summary reports.			
5.5.1.5 The data aggregation must be able to contain at least seven years of history for comparison of budget vs. actual expenditures.			
5.5.1.6 The data aggregation must be updated with claims on a schedule consistent with the Medicaid payment cycle.			
<b>5.5.2 Financial Business User Requirements</b>			
5.5.2.1 The aggregation must provide the same functionality listed above in the Financial Aggregation in addition to the below requirements as permitted by user specific role based security access.			
5.5.2.2 The data aggregation must be capable of exporting data in a table format using any or all of the variables in the aggregation.			
5.5.2.3 The data aggregation must be capable of including working versions of the budgeted caseload, cost,			

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Requirement	MBR	Offeror Response	Weight
claims and budget variance with access restricted to individuals reviewing the proposed budget.			
5.5.2.4 The aggregation must be able to compare year-to-date and monthly budgeted vs. actual eligibility and expenditures, identify variation of actual vs. budget, and provide the ability for drill-down to identify the sources of variation from month to month.			
<b>5.6 Surveillance, Utilization and Review and Fraud and Abuse Data Aggregation</b>			
The purpose of Surveillance Utilization Review (SURS) and Fraud and Abuse reporting is to ensure program integrity through monitoring provider compliance with policy, Federal and State regulations and billing requirements as defined by Medicaid policy. These reports are a vital tool in aligning Ohio Medicaid’s business operations with the Strategic Plan’s mission to pursue value purchasing and cost effective healthcare. Surveillance Utilization and Review General Requirements follow.			
<b>5.6.1 Surveillance, Utilization and Review, Fraud and Abuse and Program Integrity Data General Requirements</b>			
5.6.1.1 The solution must include a full set of standard reports and algorithms designed for detecting healthcare fraud, waste and abuse and surveillance, utilization and review and must be customizable with input from the State during the life of the contract.	MBR		
5.6.1.2 The solution must support the data requirements of the contracted entity responsible for the analytical data system for fraud, waste and abuse across the Medicare and Medicaid programs in Ohio. (AdvanceMed currently is the Medicare Program Safeguard Contractor.)	MBR		
5.6.1.3 The solution must support target analysis on day and date-specific activities.	MBR		
5.6.1.4 The solution must support providing unduplicated counts; for example, of recipient(s), providers, and services at any level of summarization. Do not limit to only the above mentioned unduplicated counts, these should be used as examples only.	MBR		
5.6.1.5 The solution must provide the ability to analyze patterns using data elements from denied claims as well as paid claims.	MBR		
5.6.1.6 The solution must provide the ability to sort or select by date of service or date of payment.	MBR		
5.6.1.7 The solution must provide the ability to analyze participants by lock-in status at a particular point in time.	MBR		
5.6.1.8 The solution must provide the ability to analyze on the basis of billing provider or servicing provider, ordering and attending providers and to relate them all. The solution must have the ability to establish links between different data sets and have the ability to save the newly created linked data sets.	MBR		

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Requirement	MBR	Offeror Response	Weight
5.6.1.9 The solution must have the ability to generate frequency distributions for targets (providers, recipients, and services) based on any combination of user-defined data elements and indicators.	MBR		
5.6.1.10 The solution must provide the ability to rank, percentile rank, weight, and score targets (providers or [recipient]s) based upon any combination of user-defined data elements and statistical indicators, using single or composite indicators that can be individually weighted and provide the capacity for the user to apply multiple weights per data element.	MBR		
5.6.1.11 The solution must provide the ability to filter by the contents of any data field or combinations thereof, or by other criteria defined by the users, such as charge greater than \$500.	MBR		
5.6.1.12 The solution must provide the ability to analyze recipients by user determined fields, including service, program, living arrangement, and by utilization of specific providers or provider groups.	MBR		
<b>5.6.2 Surveillance, Utilization and Review, Fraud and Abuse and Program Integrity Data in the Executive Information System</b>			
5.6.2.1 The executive level reporting tool must provide the ability for executive staff to access reports that track Surveillance, Utilization and Review, Fraud, Waste and Abuse and Program Integrity Surveillance, Utilization and Review global activities.	MBR		
5.6.2.2 The solution must provide standard reports that monitor the total number of audits, reviews, review period, and the number of cases opened/closed, the category of service and code reviewed. The solution must be able to import data from external applications to generate the reports. The reports must be customizable with input from the State during the life of the contract.	MBR		
5.6.2.3 The solution must provide reports that track risk of billings and averages, category of service and codes reports that were run. The reports must customizable with input from the State during the life of the contract.	MBR		
5.6.2.4 The solution must provide reports that can be stratified by provider type, procedure code, geographical location, age of recipient, diagnosis, and reported by month or by a user defined time period.	MBR		
5.6.2.5 The solution must provide the following additional standard reports that show Surveillance, Utilization and Review activities surrounding:			
a. Eligibility determination - Total number of non-compliance cases	MBR		
b. Utilization of services – Total number of outlier services stratified by provider type.	MBR		
c. Financial reports - Total identified Surveillance Utilization and Review over payments identified versus over payments recovered.	MBR		

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Requirement	MBR	Offeror Response	Weight
<b>5.6.3 Surveillance Utilization and Review, Fraud and Abuse and Program Integrity Data for the Business User Requirements</b>			
5.6.3.1 The aggregation must provide the same functionality listed above in the Surveillance Utilization and Review, Fraud and Abuse and Program Integrity Section in addition to the below requirements as permitted by user specific role based security access.	MBR		
5.6.3.2 The solution must provide the ability to conduct Surveillance, Utilization and Review functions across all Medicaid services regardless of service delivery method and financing mechanism.	MBR		
5.6.3.3 The solution must provide the ability to produce utilization reports, as defined by the Ohio Department of Job and Family Services.	MBR		
5.6.3.4 The solution must provide the ability to access contractor predefined and adhoc summary reports for all categories of services that must be customizable with input from the State.	MBR		
5.6.3.5 The solution must provide a flexible ad hoc reporting tool that can be applied to utilization review and fraud detection, including the ability to drill-down to the detailed claim level line.	MBR		
5.6.3.6 The solution must provide the ability to produce a large number of random samples to create a statistically valid sample, and have the ability to over sample based upon the previous seed. (e.g., the ability to sample more than the 2,000 samples allowed by CMS Rat-Stats Program)	MBR		
5.6.3.7 The solution must provide , at a minimum, the following predefined report types for business users that must be customizable with input from the State through the life of the contract:			
a. Summarized Exception Reports - These reports must summarize the total number of providers and/or services determined to be high volume statistical outliers by provider type and/or category of service.	MBR		
b. Summarized Desk Reviews - These reports must provide summary information relating to providers billing against policy restrictions.	MBR		
c. Overpayment Reports: These reports must support overpayment to Medicaid providers.	MBR		
5.6.3.8 The solution must provide the ability to conduct reviews and analysis based on Medicaid eligibility each year.	MBR		
5.6.3.9 The solution must have the ability to drill down to the detailed line level.	MBR		
5.6.3.10 The solution must have the ability to support non-normal distribution patterns.	MBR		
<b>5.6.4 Surveillance Utilization and Review , Fraud and Abuse and Program Integrity Data Advanced</b>			

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Requirement	MBR	Offeror Response	Weight
<b>Analytic User</b>			
5.6.4.1 The aggregation must provide the same functionality listed above in the Surveillance Utilization and Review, Fraud and Abuse and Program Integrity in addition to the below requirements as permitted by user specific role based security access.	MBR		
5.6.4.2 The solution must provide the ability for the user to create, edit and distribute Surveillance, Utilization and Review reports across all provider types and categories of service. These users must have access to personal health information and detail claim level data. The advanced analytic user must be able to design programs which investigate a variety of Surveillance, Utilization and Review SURS issues. These activities include:			
a. Supporting the detection of fraud, waste and abuse using claims, eligibility, provider and reference data, as well as other data sets that relate to these issues, such as licensure and normative data.	MBR		
b. Providing a full set of standard reports and algorithms designed for detecting healthcare fraud, waste and abuse.	MBR		
c. Conducting Surveillance, Utilization and Review analyses across all Medicaid services regardless of service delivery method and financing mechanism.	MBR		
d. Conducting Surveillance, Utilization and Review analyses across related Medicare services regardless of service delivery method and financing mechanism.	MBR		
e. Analyzing eligibility-non-compliance pattern for counties and caseworkers.	MBR		
f. Analyzing referral patterns for physicians to other physicians and healthcare providers like clinics, laboratories, and durable medical equipment providers. (e.g., detect the connections between providers such as transportation provider connections with durable medical equipment providers, as well as, connections between providers and recipients.)	MBR		
g. Analyzing patterns between and among provider recipients.	MBR		
h. Explaining any algorithms used to construct inpatient admission episodes and outpatient episodes of care, linking all claims to a related episode to aid primarily in analyses related to fraud, waste and abuse and quality of care.	MBR		
i. The solution must provide the ability to save original reports and Word, Excel, *.sav, SPSS, SAS, *.csv and *.txt, report designs and provide the ability to retrieve the original report and result.	MBR		
5.6.4.3 The solution must include a full set of standard algorithms designed for detecting healthcare fraud, waste and abuse. The solution must include the following at a minimum the following Fraud Algorithms that must be customizable with input from the State during the life of the contract.			

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Requirement			MBR	Offeror Response	Weight
Report Number	Category of Service	Description			
1	All categories	New provider analysis: monitor potential for hit and run scams	MBR		
2	All categories	Unbundling: comprehensive and component coding abuse	MBR		
3	All categories	Provider Drill down template: Reports on providers of interest: Summary of month activity for a 6-month period with peer comparisons for key metrics; top 50 diagnoses billed by the provider; top 50 procedures billed by the provider	MBR		
4	All Categories	Provider or recipient summary profile reports with a summary of claim activity for each provider or recipient produced in a format with section headings and report items selected by the user.	MBR		
5	All Categories	Provider or recipient summary exception profile report that measure individuals against performance norms appropriate for each group and flag exceptional individuals for review	MBR		
6	All categories	Paid Claims Surge by Provider Type displays the payments associated with all paid claims by Provider Type, for the most recent rolling quarter compared to the previous rolling quarter. Use this report to identify provider types with significant period-over-period increases. To investigate further, limit the report to the provider type of interest and run the report by individual provider.	MBR		
7	All categories	Top 10 Procedures by Provider Type displays the top ten procedures based on the number of services for each Provider Type for the most recent rolling year. Use this report to identify procedures with very high payments. To investigate further, add a subset of the top ten providers or patients to this report to get the top ten procedures for the top ten providers or patients. Be sure to replace Provider Type with either Provider ID or Person ID.	MBR		
8	Ambulance Services	Emergency ambulance trips that occurred without any other office visits the day before to the day after the service. From this report can determine the percentage of emergency ambulance patients no other visit; percentage emergency ambulance allow amount no other visit; percentage emergency ambulance no other visit	MBR		
9	Ambulance	Top patients by number of trips	MBR		

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Requirement			MBR	Offeror Response	Weight
	Ambulette				
10	Ambulance Ambulette	Patients with more than two transports per day	MBR		
11	Ambulatory Services	Professional billing comparison - facility bills without appropriate professional bills	MBR		
12	Chiropractor Services	Intensity of services: top chiropractors by payments per patient	MBR		
13	Core Services: Waiver Recipient	Service intensity: top providers by payments per patient	MBR		
14	Home Health	Service intensity: top providers by payments per patient	MBR		
15	Independent Laboratory	Patients with many Lab providers - can indicate patient list selling, false billing	MBR		
16	Independent Laboratory Services	Improbable Frequency of Single Lab Tests identifies labs with a greater percentage of single lab tests than their peers for the most recent rolling year. Use this report to identify unbundling of lab tests that should be included as part of a panel. Providers identified by this algorithm should be investigated further by using the Procedure Analysis by Provider report template or listing their single and panel lab tests by patient and day.	MBR		
17	Multi-Category	Drill down template for algorithms using professional claims. The top recipients identified on alerts can be inserted into the template. Fields on the template include recipient id, pay to provider id, pay to provider name, service date MMDDYY, adjustment invoice TCN, Procedure w Code, Procedure Modifier Code 1, Procedure Modifier 1, Allowed Amount Prof, Svcs Prof	MBR		
18	Multi-Category	Over-utilization Analysis: Top providers in visits, patients, visits per patient, payments per patient, maximum patients in one day, maximum payment in one day	MBR		
19	Pharmacy	Generic Drug Dispensing Patterns displays generic drug substitution information by billing provider, sorted by prescriptions as a percent of all drugs, for the most recent rolling year. This report is limited to providers with more than 100 prescriptions. Providers with a high percent of brand name drugs may be dispensing generic drugs and	MBR		

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Requirement			MBR	Offeror Response	Weight
		billing for brand name drugs. Use this report to identify providers for further investigation.			
20	Physician Psychiatric Services	Time-based psych analysis - providers reporting too many hours per day	MBR		
21	Physician Services	Physicians with the most patients per day, by specialty	MBR		
22	Physician Services	Physicians paid for the most hours per day	MBR		
23	Physician Services	Physicians top five diagnoses account for more than 50% of patients	MBR		
24	Physician Services	Physicians surge analysis, by grouped specialties	MBR		
25	Physician Services	E & M Up coding and primary care	MBR		
26	Physician Services	Pain Management index scoring analysis	MBR		
27	Physician Services	Multiple consultations same patient - the report identifies 2 or more consultations services for the same recipient.	MBR		
28	Physician Services	Established Patient Visit Up coding identifies providers who bill a disproportionate number of high-cost E & M visits, for the most recent rolling quarter. Providers with a high percentage of high-cost E & M visits may be upcoming to maximize revenue. Use this report to identify suspicious providers; then look at all the E & M visits for a particular provider by day to determine if he has billed more services than could be provided in a day.	MBR		
29	Podiatrists Therapy	Improbable Frequency of Nail Debridement identifies podiatrists with a greater percentage of nail debridement procedures than their peers for the most recent rolling year. Excessive billing of nail debridement is a known fraud pattern. Use this report to identify providers for further investigation.	MBR		
30	Supplies and Medical Equipment	Service intensity: top providers by payments per patient	MBR		
31	Supplies and Medical Equipment	Intensity monitoring: Top providers by visits per patient and services per patient	MBR		
32	Supplies and Medical	DME Supply Duplication - Identify recipients with 2 or more claims	MBR		

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Requirement			MBR	Offeror Response	Weight
	Equipment	paid for the same DME supply on the same day, same or different providers			
33	Supplies and Medical Equipment	Diabetic Supplies for Non-Diabetics - Identify providers who have billed for recipients who do not have any claims indicating a diagnosis of diabetes. Recent fraud schemes involve DME suppliers providing mail-order diabetic supplies including blood glucose monitors and blood glucose testing strips without a physician order, billing quantities in excess of what patients receive, or billing unnecessary supplies not medically necessary	MBR		
34	Supplies and Medical Equipment	DME 5-50 Analysis shows the top five procedures, by net payment, for each durable medical equipment (DME) billing provider for the most recent rolling quarter. When the net payments for a procedure are at least 50% of the provider's net payments, the row is highlighted. Use this report to identify providers who billed a small number of procedures for all or most recipients. This may indicate either that the services were not supplied at all, or that, if supplied, they exceeded any medical necessity in quantity and/or frequency of delivery.	MBR		
35	Supplies and Medical Equipment	DME Ordering Provider Profile displays the top five ordering providers for each durable medical equipment (DME) billing provider, based on net payments for the most recent rolling year. Use this report to identify possible collusive relationships between billing providers and ordering providers.	MBR		
36	X-ray, lab, pathology diagnostic services	Identifies providers who have billed for X-ray/lab/pathology claims not associated with any office visit	MBR		
5.6.4.4 The solution must provide pre-defined and customizable rules-based algorithms for the identification of potential instances of fraud, abuse, and overpayment, including:					
a. Up-coding			MBR		
b. Unbundling			MBR		
c. Capping			MBR		
d. Improbable frequencies or quantities			MBR		
e. Mutually Exclusive Procedures			MBR		
f. Procedures inconsistent with the servicing provider type			MBR		

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Requirement			MBR	Offeror Response	Weight
g. Referral pattern outliers			MBR		
h. Surge analysis			MBR		
i. Ping-pong scams			MBR		
j. Hit and run schemes			MBR		
k. Providers billing services outside of their routine field of practice, i.e., durable medical equipment providers billing for surgical procedures or non-lab providers billing lab services.			MBR		
l. Labs without episodes			MBR		
m. 5-50 analysis (e.g., where 5 or fewer procedure codes constitute 50% or more of a provider's services)			MBR		
n. Top "x" reports (payments, providers, procedures, etc.)			MBR		
o. Inconsistent diagnosis and procedure codes			MBR		
p. Drugs dispensed without supporting diagnoses			MBR		
q. Transportation claims with no corresponding office visit for Medicaid services on the same day			MBR		
r. Duplicative and near-duplicative billing			MBR		
s. Home health services while hospitalized (a variety of services should not be billed while the patient is hospitalized, e.g., dental, durable medical equipment, home health, and prescriptions).			MBR		
t. Licensure and provider checks (e.g., ability to verify that providers are actually Medicaid providers and that they also have the appropriate licensure or certification credentials) reports on those subjects on a regular basis.			MBR		
5.6.4.5 The solution must provide the ability for users to develop new algorithms.			MBR		
5.6.4.6 The solution must include a full set of Alerts. The solution must include the following at a minimum the following Alerts that must be customizable with input from the State during the life of the contract.					
Report Number	Category of Service	Description			
1	Ambulance	Units Greater Than 1 for Trip Codes	MBR		
2	Ambulance	Transport During an Inpatient Stay	MBR		

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Requirement			MBR	Offeror Response	Weight
3	Ambulance	Non-covered Services	MBR		
4	Ambulette	Units Greater Than 1 for Trip Codes	MBR		
5	Ambulette	Transport During an Inpatient Stay	MBR		
6	Ambulette	Transport w/o history of wheelchair rental/purchase	MBR		
7	Ambulette	Non-covered Services	MBR		
8	Chiropractor Services	72010 Exceeding Limits	MBR		
9	Chiropractor Services	Non-covered Services All Ages	MBR		
10	Chiropractor Services	Non-covered Services Adults	MBR		
11	Chiropractor Services	Visits Greater Than 30 per rolling 12-month period	MBR		
12	Chiropractor Services	Hospice Services Billed during Inpatient Stay	MBR		
13	Core Services Waiver Clients	Identify non-waiver services being paid in COS 35	MBR		
14	Dental	D0140 Billed Same Day as Services Not X-rays	MBR		
15	Dental	D0150 Billed More Than Once	MBR		
16	Dental	D0150 Billed on Same Day as D0120	MBR		
17	Dental	D0210 Billed More Than Once	MBR		
18	Dental	D0330 Billed More Than Once	MBR		
19	Dental	D0330 Billed w Other X-rays on the Same Day	MBR		
20	Dental	Non-covered Services	MBR		
21	Dental	92015 Service Plus Other Exams on Same DOS RD	MBR		
22	DME	Overpayments on rental/purchase DME codes - various codes	MBR		

Supplement Two: Business Requirements

Requirement			MBR	Offeror Response	Weight
23	DME	Non-covered Services	MBR		
24	DME	Incontinence garments and related supplies exceeding allowed number per month	MBR		
25	DME	Overpayments on Glucose Monitors E0607, e.g. exceeding allowed number per time period specified in policy	MBR		
26	DME	Overpayments on Blood Glucose strips Code A4253 exceeding allowed number per month	MBR		
27	DME	Excessive Prior Authorizations for Orthotic Procedure Codes L1960 & L1970	MBR		
28	DME	Providers billing lower limb prosthetics for recipients without a lower limb amputation diagnosis.	MBR		
29	DME	Identify providers with excessive billing of Code E1399 Not Otherwise Classified aka "Dump Code."	MBR		
30	DME	Identify all DME providers with excessive use of generic referring provider id (9111115)	MBR		
31	DME	DME suppliers receiving 50% of their payment for five or fewer codes w focus on non-prior authorized services	MBR		
32	Federally Qualified Health Center (FQHC)	Num of Service Greater Than 30 per rolling 12 months	MBR		
33	Federally Qualified Health Center (FQHC)	Non-covered Services	MBR		
34	Home Care Facilitator	Services To NonWaivered Clients (new)	MBR		
35	Home Care Facilitator	Non-covered Services (new)	MBR		
36	Hospice	Duplicate Services - Alert to identify providers billing more than the 1 procedure code of T1015 a day with the same modifier.	MBR		
37	Independent Lab	Identify no covered services	MBR		

Supplement Two: Business Requirements

Requirement			MBR	Offeror Response	Weight
38	Independent Lab	Unbundling of lab services from panels	MBR		
39	Nursing Home Physical Therapy	No covered Services	MBR		
40	Optometric Services	Identify providers with excessive E and M services Plus Other Exams on Same DOS	MBR		
41	Optometric Services	Identify E&M code with a refractive diagnosis	MBR		
42	Optometric Services	No covered Services	MBR		
43	Optometric Services	Identify providers who use place of service code 12 exclusively	MBR		
44	Optometric Services	90801 Billed More Than Once per recipient per 12-month rolling period	MBR		
45	Outpatient Health Facilities	No covered Services	MBR		
46	Outpatient Health Facilities	Duplicate Services (new)	MBR		
47	Physical Therapy Services	Visits Greater Than 30 per rolling 12-month period -	MBR		
48	Physical Therapy Services	No covered Services	MBR		
49	Physical Therapy Services	NonOffice Services	MBR		
50	Physical Therapy Services	Identify multiple units on a single claim line.	MBR		
51	Physician Services	Unbundling urinalysis from Ante partum Care Visit	MBR		
52	Physician Services	E & M Services billed in multiple Units in a Non-Inpatient Setting	MBR		
53	Physician Services	E & M Services billed in multiple Units in an Inpatient Setting	MBR		
54	Physician Services	No covered Services	MBR		
55	Podiatry Services	LTCF Visits More than One per recipient per month	MBR		
56	Podiatry Services	Debridement of Nails - More than two within 60 day period	MBR		

Supplement Two: Business Requirements

Requirement			MBR	Offeror Response	Weight
57	Podiatry Services	Radiology Services with Greater Than 2 Units	MBR		
58	Podiatry Services	Non-covered Services	MBR		
59	Psychological Services	90801 Billed With Therapeutic Visits Codes 90804, 90806, 90808, 90810, 90812 and 90814.	MBR		
60	Psychological Services	Number of Services >25 DOS. Diagnostic and Therapeutic visits combined cannot exceed 25 dates of service per recipient in a 12 month rolling period in a non-hospital setting. The procedure codes are the same ones listed above for diagnostic and therapeutic visits.	MBR		
61	Psychological Services	Non-covered Services	MBR		
62	Psychological Services	Number of Services Greater Than 30 - This alert should use just the codes for physical therapy. 97001-97002, 97012, 97016-97018, 97022-97024, 97032, 97034-97036, 97110-97116, 97124, 97140-97150, 97504-97520, 97532-97533, 97601, 97703 and 97750.	MBR		
63	Rural Health Services	Duplicate Services- Alert identifies providers billing more than the 1 procedure code of T1015 a day with the same modifier.	MBR		
64	Skilled Nursing Facility	NF/ICFMR Summary Report (run monthly) that includes dates of service with beginning and end date and number of days billed.	MBR		
65	Skilled Nursing Facility	NF/ICFMR claims detail report run monthly on all NF/ICFMRs	MBR		
66	Skilled Nursing Facility	NF/ICFMR detail level report that includes covered leave days and non covered leave days	MBR		
67	Speech Therapy and Hearing	Services with Units Greater Than 1 CPT codes for speech therapy are not time-based codes. Providers should bill one unit for each speech therapy code provided regardless of time spend with the patient"	MBR		
68	Speech Therapy and Hearing	Non-covered Services	MBR		
5.6.4.7 The solution must provide the ability to send confidential reports and results to approved sister agencies for legal review. The solution must provide the ability to send in a secure environment confidential reports and results to approved sister agencies for legal review in Medicaid, HIPAA, Mental Health and Alcohol and Drug Confidentiality provisions.			MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
5.6.4.8 The solution must provide a flexible ad hoc reporting tool within the Medicaid Decision Support application that can be applied to utilization review and fraud detection, including the ability to drill-down to claim-level detail.	MBR		
5.6.4.9 The solution must provide the ability to save original reports and provide the ability to retrieve the original report and result.	MBR		
5.6.4.10 The solution must provide the ability to produce a large number of random samples to create a statistically valid sample, and the ability to pull more samples to add to the previous (seed) sample.	MBR		
5.6.4.11 The solution must provide the ability to identify patients with acute and chronic disease and the ability to supplement patient identification with inclusion and exclusion lists (e.g., provide the ability for users to modify a disease study group to include patients who have qualified through clinical assessments or disease registries).	MBR		
5.6.4.12 The solutions must provide standard reports on provider's billings as compared to their peers who are identified as outliers in all categories of service.	MBR		
5.6.4.13 The solution must provide reports on providers billing for non covered services.	MBR		
5.6.4.14 The solution must provide the capability to identify a variety of services that should not be billed while the patient is hospitalized, e.g. dental, durable medical equipment, home health, hospice, transportation and prescriptions.	MBR		
5.6.4.15 The solution must provide the ability to produce reports that match Nursing Facility leave days with inpatient hospital claims.	MBR		
5.6.4.16 The solution must provide standard profile demographic provider reports that can be modified, with input from the State that list monthly information per provider per data element, such as procedure code and diagnosis.	MBR		
5.6.4.17 The solution must provide the ability to match procedure codes with National Drug Codes.	MBR		
5.6.4.18 The solution must provide Neural Network Technology and other state of the art pattern recognition software for Fraud, Waste and Abuse detection efforts (e.g., the solution must provide the ability to educate itself and build a library of patterns so that it would automatically search for the known patterns and continue to look for new patterns).	MBR		
5.6.4.19 The solution must provide the ability to run reports showing providers who had the combined highest scores on eight or more indicators of interest (such as Net Payment per Patient), assigning specific weights to each indicator to produce a composite score.	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
5.6.4.20 The solution must provide the ability to determine instances when a patient has two inpatient admissions to the same facility for the same or similar Diagnostic Related Group, within thirty days or other user definable period.	MBR		
5.6.4.21 The solution must have the ability to identify claims in which Diagnostic Related Group payments were made twice for the same patient stay.	MBR		
5.6.4.22 The solution must provide the ability to determine multiple inpatient hospital admissions where the services were performed by the same provider and had overlapping service dates.	MBR		
5.6.4.23 The solution must provide the ability to determine multiple inpatient hospital admissions where the services were performed by different providers and had overlapping service dates.	MBR		
5.6.4.24 The solution must provide the ability to identify outpatient services that were paid while the patient was an inpatient.	MBR		
5.6.4.25 The solution must provide the ability to identify claims that are coded as patient transfers to another acute care facility.	MBR		
5.6.4.26 The solution must provide the ability to identify facility providers that exceed the alternate length of stay for a given Diagnostic Related Group. Restrict study to those Diagnostic Related Groups that had at least a number of occurrences to be determined by the State.	MBR		
5.6.4.27 The solution must provide the ability to identify inpatient paid claims in which the patient's last date of service (discharge date) is the same day as the first date of service (admission date).	MBR		
5.6.4.28 The solution must provide the ability to identify claims paid to pharmacy providers or home health providers while the patient was admitted to an acute care facility.	MBR		
5.6.4.29 The solution must provide the ability to identify claims for oxygen, Durable Medical Equipment, occupational, physical or speech therapy, which were paid to a Long Term Care facility while the facility was receiving a per diem payment.	MBR		
5.6.4.30 The solution must provide the ability to identify claims paid to Durable Medical Equipment providers for service dates that occurred while a patient was admitted to an inpatient facility.	MBR		
5.6.4.31 The solution must provide the ability to discover collusion between patients and providers by identifying one particular problem claim; then from it, examine the billing patterns involving that provider and that patient, and the relationship between that patient and all providers connected to that patient.	MBR		
5.6.4.32 The solution must provide the ability to discover collusion between providers, by groups of practitioners affiliated with one another through practices, clinics, or other cooperative business arrangements, such as	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
through referral scams, unnecessary labs, etc.			
5.6.4.33 The solution must provide the ability to support fraud detection and investigation that provide multi-variable, flexible ad hoc reports, as well as standard reports using a single integrated site, which at a minimum, meets the following reporting needs:			
a. Statistical profiling of cost and utilization patterns for providers and consumers	MBR		
b. Detection and investigation of miss-utilization and identification of needed corrections	MBR		
c. Detection and investigation of defects in the level of service.	MBR		
d. Detection and investigation of defects in the quality of service.	MBR		
e. Exception reporting that supports the needs of the State and quality improvement initiatives	MBR		
f. Profiling of providers and consumers by covered service, including prescription drugs.	MBR		
5.6.4.34 The solution must provide the ability for to select cases for review, select a Medicaid category or group of two or more categories, create a universe and be able to select a random sample of that universe (save and reuse the seed for the sample) In addition,	MBR		
5.6.4.35 The solution must have a statistically valid method to pull random samples and project the sampled population findings to the universe.	MBR		
5.6.4.36 The solution must provide the ability to include the following when cases are selected for a sample: the case number, category and the sequence number that is assigned in the CRISE system.	MBR		
5.6.4.37 The solution must provide the ability to generate the following samples, including the ability to identify the specific recipient and assistance group that corresponds with the sample, at minimum system:			
a. Select cases of an identified percentage by category	MBR		
b. Select cases of an identified number in more than one category grouped together as one universe	MBR		
c. Select cases of an identified percentage in more than one category grouped together as one universe	MBR		
d. Select cases of an identified number randomly across the Medicaid universe	MBR		
e. Select cases of an identified percentage randomly across the Medicaid universe	MBR		

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Requirement	MBR	Offeror Response	Weight
f. Select cases of an identified number randomly across the Medicaid universe that are new applications with a user defined date of application.	MBR		
g. Select cases of an identified percentage randomly across the Medicaid universe that are new applications	MBR		
h. Select cases of an identified number randomly across the Medicaid Program.	MBR		
i. Select cases based on the outlier scores from the profile reports.	MBR		
<b>5.7 Quality Assurance Data Aggregation</b>			
The purpose is to provide multi-level analysis regarding access, effectiveness, satisfaction and quality of health care services for the State of Ohio Medicaid population. These indicators must be nationally developed and accepted indicators based upon evidence-based medical guidelines. The solution must allow for Ohio-designed indicators based upon needs defined by the State. Presently, Ohio Department of Job and Family Services have contractual obligations with managed care plans which use Health Plan Employer Data and Information Set indicators. As Ohio Department of Job and Family Services investigates a provider-level Pay-for-Performance system, the performance monitoring system must be customizable as multiple indicators must be used to assess clinical performance occurring at various levels (plan, county, provider, and individual) using process, performance, utilization and other indicators.			
<b>5.7.1 Quality Assurance General Requirements</b>			
5.7.1.1 The solution must provide the ability to integrate nationally accepted indicators (Health Plan Employer Data and Information Set, AQA, AHRQ, PCPI, etc.) based upon user-established variables (e.g., county, managed care plan, Medicaid program, demographics, etc.).	MBR		
5.7.1.2 The Contractor must provide a certified performance monitoring system with industry standard codes built into the system.	MBR		
5.7.1.3 The solution must provide for periodic refreshing of the data.	MBR		
5.7.1.4 The solution must provide the ability to incorporate home-grown codes into the measurement system.	MBR		
5.7.1.5 The solution must provide the ability to run an indicator across multiple years.	MBR		
5.7.1.6 The solution must provide flexibility to run indicators based upon alternative criteria (i.e., turn off various measurement restrictions). These must include:			
a. The solution must allow production of reports on non-standard time frames (fiscal year, rolling year, etc.).	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
b. The solution must allow production of reports with/without 'continuously enrolled' criteria.	MBR		
c. The solution must allow production of reports with visible indicator logic which would allow selective indicator builds.	MBR		
d. The solution must allow production of reports with or without contraindications logic.	MBR		
e. The solution must allow production of reports based upon choice of hybrid method (exclusion choice).	MBR		
f. The solution must then calculate hybrid rates based upon the minimum required sample size plus substitutions.	MBR		
5.7.1.7 The solution must provide the ability for the development of non-standard indicators.	MBR		
<b>5.7.2 Quality Assurance Executive Information System Requirements</b>			
5.7.2.1 The solution must provide quality assurance results that are summarized at a variety as defined by the State (e.g., statewide, Medicaid program, child health status, chronic diseases and yearly trends).	MBR		
<b>5.7.3 Quality Assurance Business User Requirements</b>			
5.7.3.1 The solution must provide significant process validation tools. These must include the following:			
a. A "First 50 Rows" report	MBR		
b. An input data frequency distribution	MBR		
c. A patient level detail file; this report provides links between claims and reason for inclusion or rejection within the denominator / numerator	MBR		
d. Detailed indicator logic to assist analyst understand data interaction with the logic	MBR		
e. Survey sampling frames	MBR		
f. Partial and detailed administration data results to support chart abstraction	MBR		
g. The viewing, exporting and printing of internal tables	MBR		
<b>5.7.4 Quality Assurance Advanced Analytic User Requirements</b>			
5.7.4.1 The solution must provide the same functionality listed above in the Quality Assurance Business User	MBR		

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
Section in addition to the below requirements as permitted by user specific role based security access.			
5.7.4.2 The solution must provide the ability to save the results for integration into other decision support applications, such as Pay-for-Performance.	MBR		
5.7.4.3 The solution must be able to assess events of potentially preventable services (inpatient, Emergency Room utilization, etc.) whose use may be linked to lack of monitoring (e.g., Applied Healthcare Research and Quality's preventable hospitalizations).	MBR		
5.7.4.4 The solution must provide the ability to identify and compare continuously enrolled members that can be applied to both Health Plan Employer Data and Information Set and non- Health Plan Employer Data and Information Set indicators.	MBR		
5.7.4.5 The solution must provide the ability to calculate Health Plan Employer Data and Information Set indicators for various populations (managed care plans, counties, claims, program populations, demographics or across all populations).	MBR		
5.7.4.6 The solution must provide the ability to run multiple year Health Plan Employer Data and Information Set algorithms, for example, HEDIS 2005 with 2004 and 2005 claims data	MBR		
5.7.4.7 The solution must provide results of indicators at the provider level across all payers (data transparency).	MBR		
5.7.4.8 The solution must provide the ability to optionally turn off benefits requirements.	MBR		
5.7.4.9 The solution must provide the ability to create custom indicators (e.g., lead testing).	MBR		
5.7.4.10 The solution must provide the ability to retain and access multiple indicator run results as a historical comparison – not over written.	MBR		
5.7.4.11 The solution must provide the ability to archive and access previous indicator results.	MBR		
5.7.4.12 The solution must provide the ability to save the results that can be integrated into other Decision Support Applications such as Pay for Performance.	MBR		
<b>5.8 Pay-for-Performance Data Aggregation</b>			
The Ohio Department of Job and Family Services are reviewing its payment policies to determine the support for assessing performance at a provider level. The Medicaid Decision Support System will require an analytic tool which can input data from other parts of the Decision Support System (see Performance Monitoring and Advanced Analytics sections) to 1) develop a provider report card, and 2) model fiscal impacts of proposed reimbursement systems.			

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
<b>5.8.1 Pay-for-Performance General Requirements</b>			
5.8.1.1 The solution must provide the ability to create a multi-level integrated measurement system that will interface with the Data Warehouse, Decision Support System and data aggregations (e.g., provider monitoring and risk adjustment).			
5.8.1.2 The solution must provide the ability to include healthcare data and other Medicaid assessment tools.			
5.8.1.3 The solution must provide the ability to include electronic health records data and data from medical record reviews.			
5.8.1.4 The solution must provide the capacity to interface with SURS / Provider Master File so that health care providers under review can be flagged.			
5.8.1.5 The solution must provide the ability to profile providers based upon risk adjustments, costs and use performance of specified physicians or hospitals. This adjust must include national grouping systems (e.g., DCG, relative risk scores, etc.), episodes of care groupings or other systems standardized by national norms.			
5.8.1.6 The solution data must be refreshed on a weekly basis.			
<b>5.8.2 Pay-for-Performance Advanced Analytic User Requirements</b>			
5.8.2.1 The solution must provide the ability to integrate various performance indicators with clinical experience adjustments for evaluating and predicting the cost and use of health care for a given population.			
5.8.2.2 The solution must provide the ability to compare provider experience to identify top performing providers as defined by the Ohio Department of Job and Family Services.			
5.8.2.3 The solution must provide the capacity to rank providers by various variables (e.g., by county, by provider specialty, by provider volume, etc.).			
5.8.2.4 The solution must provide the ability to easily update and modify profiling indicators to meet The Ohio Department of Job and Family Services specific profiling needs.			
5.8.2.5 The solution indicators must include:			
a. Under utilization			
b. Over utilization			

Supplement Two: Business Requirements

Requirement	MBR	Offeror Response	Weight
c. Quality indicators			
d. Ability to create custom indicators			
e. Ability to evaluate programs			
f. Ability to compare performance over time			
g. Measure performance quarterly			
h. National and State developed Benchmarks			
5.8.2.6 The solution must provide the ability to create 'report cards' that are accessible to providers.			
5.8.2.7 The solution must be able to provide a provider with detailed information to validate their 'report card' score.			
5.8.2.8 Report cards must allow providers to drill down to the patient and claim level.			
5.8.2.9 The solution must be able to send reminders to providers regarding their report cards.			

# Supplement 3

# Technical Requirements

## SUPPLEMENT THREE: TECHNICAL REQUIREMENTS

**NOTE: THIS IS A DRAFT FORMAT ONLY. THE FINAL VERSION WILL INCLUDE AN EXTRA ROW UNDER EACH TECHNICAL REQUIREMENT FOR OFFERORS TO PROVIDE A DETAILED DESCRIPTIVE NARRATIVE DEMONSTRATING HOW THE PROPOSED SOLUTION MEETS EACH SPECIFIC REQUIREMENT.**

Each requirement must be followed with a narrative description of the proposed solution to meeting the requirement. The narrative description must be included in the provided matrix; the narrative field may be expanded as necessary.

Technical Requirements
The Contractor must provide an integrated system based on a relational database architecture and technical platform that may be integrated into the Ohio Department of Job and Family Services current operating environment. The hardware and software components and their configuration in the solution must follow the principles of Service Oriented Architecture (SOA) and be easily replaceable, reconfigurable, changeable, upgradeable, expandable and reusable. The solution must meet the required Performance Standards in Attachment 2 of the RFP.
1. The Contractor must provide all hardware (i.e., servers, storage devices, peripheral network equipment, etc.) necessary to implement, operate, support and maintain the Medicaid Decision Support System. All equipment must be installed and configured in a State specified location. The Contractor must provide all hardware and configurations for the production, testing, training and development environments for the Medicaid Decision Support System.
2. The Contractor must provide all software required for implementation, operation, support and maintenance including database, operating system, third party packages, monitoring tools, scheduling software, content management, automated software testing tools and any other related software required for the system to operate in the production, testing, training and development environments for the Medicaid Decision Support System.
3. The solution must be compatible with the State standard Windows XP and Vista client workstations. The Contractor is responsible for maintaining compatibility throughout the life of the Contract.
4. The solution must be able to implement discrete licensed components that are periodically updated with software upgrades and new functionality. The software releases must keep up with market trends and the needs of other customers and federal requirements for managing Medicaid programs.
5. The solution must apply household grouping functionality to group individuals into inter-related households during the ETL process.
6. The solution should leverage Commercial Software products to perform identity management resolution to uniquely identify individuals.

SUPPLEMENT THREE: TECHNICAL REQUIREMENTS

**Technical Requirements**

7. The solution must provide thin client access and be compatible and tested with standard W3C http/https protocols, supporting Microsoft Internet Explorer web browser V6 or higher.
8. The solution must provide all users with a web based queue submission ability so queries and reports can be scheduled for execution as a batch process and a notification method to inform the users of the status of their process.
9. The solution must allow all users to end their own generated reports or queries.
10. The system administrator must have the capability to set priority for report execution. Priorities for execution must be able to be set by user group, individual reports or multiple reports. The ability to change priority of execution must be able to occur at execution time and prior to execution.
11. The solution must automatically start predefined reports, calculations, aggregations, and related processing as part of the update cycle.
12. The solution must provide Internet security functionality to include the use of firewalls, intrusion detection, HTTPS, encrypted network/secure socket layer, and security provisioning protocols such as SSL, IPSEC and VPN.
13. The solution must allow for automatically locking and blanking the application window after a period of inactivity that can be defined in minutes by a system administrator. The user must have the ability to re-connect and view current information or finish current transactions upon re-authenticating. Processes must continue to run in the background, and any results must be available after re-authentication.
14. The solution must provide the ability to guard data confidentiality by offering multiple role-based levels of access and encryption of personal identifiers.
15. The solution must provide the ability to guard data confidentiality by offering multiple role-based levels of access and formula based redacting of cells in reports.
16. The solution must have hardware, software and communication systems that are initially capable of handling a minimum of 100 concurrent Executive Users of the Medicaid Decision Support System. The hardware configuration must be able to scale to 300 concurrent Executive Users without the need of a total replacement of the base hardware configuration.
17. The solution must have hardware, software and communication systems that are initially capable of handling a minimum of 120 concurrent Business Users of the Medicaid Decision Support System. The hardware configuration must be able to scale to 300 concurrent Business Users without the need of a total replacement of the base hardware configuration.

SUPPLEMENT THREE: TECHNICAL REQUIREMENTS

**Technical Requirements**

18. The solution must have hardware, software and communication systems that are initially capable of handling a minimum of 50 concurrent Advanced Users of the Medicaid Decision Support System. The hardware configuration must be able to scale to 100 concurrent Advanced Users without the need of a total replacement of the base hardware configuration.
19. The solution must allow the Advanced User to import data into the Medicaid Decision Support System and utilize the data to develop and augment analytical reporting capabilities by subsetting the query using the imported data.
20. The solution must allow the Business and Advanced User to access and store data created from user queries.
21. The solution must allow the Advanced User to develop parameter driven report templates for publication for other users as a common reporting template model.
22. The solution must maintain a minimum of seven complete State fiscal years of Medicaid data plus the current year-to-date of the State fiscal year in the Medicaid Decision Support System. The State fiscal year is from July 1st to June 30th of the following year.
23. The solution must be able to receive all fields from standard EDI formats and HL7.
24. The solution must have the ability to export data from queries and reports to current industry standard file formats, including but not limited to: .rtf, .txt, and .csv.
25. The proposed solution must utilize the Office of Information Technology's Enterprise Geocoding Service and GIServOhio platform.
26. The solution must have an automated regression testing processes to simulate user actions to test the application and compare to a base line of expected results.
27. The solution must provide an update process to load all monthly Medicaid data and updates of dependent data aggregations within 24 hours or less. (See Supplement Four - Data Sources).
28. The Medicaid Decision Support System solution must include equivalent functionality of industry standard reporting products such as Cognos, Microstrategy, Crystal Reports or Business Objects.
29. The solution must provide the ability for all users to view reports, perform graphing, and develop charts and balanced score cards using a browser interface.
30. The solution must provide the tools required to define customizable dimensions that are typical of Medicaid (e.g., eligibility categories, provider categories, plan types, geographical areas, age groups, etc.).

## SUPPLEMENT THREE: TECHNICAL REQUIREMENTS

### Technical Requirements

31. The solution must include functions and capabilities for built-in libraries of automatically calculated sums, rates, ratios, and other computations and the ability to apply or remove them as unique “objects” on reports. These measures must be relevant to health care programs and financial analysis.
32. The solution must provide the ability to calculate sums, medians, percentiles, means, standard deviations, and coefficient of variation; the ability to establish confidence levels and the ability to assign statistical outlier status to individual records, (including, but not limited to, the ability to perform trend analysis for these calculations with graphing capabilities).
33. The solution must have integrated system administrator functions in the tools to track and report on all system utilization (e.g., detailed information regarding length of time to run a report, name of user running report, report failures, data tables, name of the report, time report started, time report ended, successful completion, number of concurrent reports, related performance information, etc.).
34. The solution must provide an accessible electronic Meta Data repository that contains all data elements enabling users to easily and quickly determine the validity or completeness of various data elements; transformation rules and business rules that modify and or augment the data, report descriptions, definitions of the fields, calculations (logic, steps, formula and procedures); and built in statistical measure objects.
35. The solution must provide an accessible electronic Meta Data repository that also contains an easily readable graphic representation of the data base logical and physical models.
36. The solution must provide for user authentication using standard Lightweight Directory Access Protocol (LDAP). The solution must have the ability to integrate with the Ohio Department of Job and Family Services Novell Identity Vault or provide similar capabilities that control passwords by checking against a dictionary of disallowed passwords and validation to meet State policies and standards (e.g., can't be same as username, too short, too simple; current policy requires minimum of 8 characters with alphanumeric mixture). The solution must be able to require passwords to expire on a staggered schedule and allow password reset at any time by appropriate personnel.
37. The solution must provide the ability to report on users and the type of access they are permitted (e.g., search and list of users, their permissions and type of administrator activities that can be performed).
38. The solution must provide the ability to produce metrics to demonstrate an accurate picture of end-to-end system performance, verify that new and upgraded applications meet specified performance requirements, and identify and eliminate performance bottlenecks during the development lifecycle. The Contractor must describe in detail the system stress, load and performance testing strategy including the ability to system test an unreasonable load while denying it the resources (e.g., RAM, disc, MIPS, interrupts, etc.) needed to process the data transaction load, the ability for the system to statistically represent user load needed to demonstrate optimal system response during a time of normal operational use.
39. The solution must have the ability to export data from queries and reports to current industry standard file formats, including but not limited to: .xls, .gif, .jpg, .pdf, .xml, .html, and .mdb.

SUPPLEMENT THREE: TECHNICAL REQUIREMENTS

**Technical Requirements**

- 40. The solution must provide the ability to design and display GIS related formats, including predefined reports, charts, maps and graphs relating to Medicaid data.
- 41. The solution must provide an update process to load Medicaid data, and updates of dependent data aggregations at various time increments that include, near real time, daily, weekly and monthly, and updates of dependent data aggregations. (See Supplement Four - Data Sources).
- 42. The solution must provide a completely automated update process to load all data. The update process must not include manual efforts or intervention to load data.
- 43. The system must have the ability to apply new data fields to tables and a load process that allows for loading of new data going forward that can load the historical data while continuing the periodic updates.
- 44. The solution must have a methodology to “cleanse” data before loading it into the database using criteria developed with the State. The solution must generate exception reports based on errors and exceptions.
- 45. The solution must provide application programming interface (API) capabilities to extend the proposed Commercial Software components with Internet Explorer browser and Microsoft Office products.
- 46. The solution must provide an automated historical data archive process for off line storage of history over seven years. The process must provide a method of restoring history and a process for establishing the ability to query the archived data. The State’s preference is to retain a minimum of five additional years of data in archival and may increase or decrease this requirement

**Preferred Technology**

The offeror must describe the use of any existing Ohio Department of Job and Family Services technical infrastructure listed below if the offeror chooses to utilize it in its proposed solution,

- 47. **Web Servers**
  - IBM HTTP
  - Microsoft IIS
  - Apache on Unix/Linux

SUPPLEMENT THREE: TECHNICAL REQUIREMENTS

<b>Preferred Technology</b>	
48.	<p><b><u>Application Servers</u></b></p> <ul style="list-style-type: none"><li>• IBM WebSphere Application Server v6.x</li><li>• Oracle Application Server 10g</li><li>• .NET Framework</li></ul>
49.	<p><b><u>Portal Servers</u></b></p> <ul style="list-style-type: none"><li>• IBM WebSphere Portal Server</li></ul>
50.	<p><b><u>Load Testing, Automated Functional Testing</u></b></p> <p>Mercury/HP Suite of Products</p> <ul style="list-style-type: none"><li>• QuickTest Pro,</li><li>• LoadRunner</li><li>• Test Director</li></ul>
51.	<p><b><u>Security</u></b></p> <ul style="list-style-type: none"><li>• Novell Identity Manager</li><li>• Novell eDirectory 8.8.x,</li><li>• Novell iChain</li></ul>
52.	<p><b><u>Transaction, Application, Resource, Performance Monitoring</u></b></p> <ul style="list-style-type: none"><li>• WebTrends</li><li>• InsightETE</li><li>• IBM Tivoli Monitoring (ITM) Suite<ul style="list-style-type: none"><li>○ Tivoli Omegamon XE (Distributed, WAS, WBI, Database, MQ, MQSI)-</li><li>○ Tivoli Enterprise Console/NetView</li><li>○ ITCAM for RTT</li><li>○ ITM for Transaction Performance</li></ul></li><li>• Oracle Enterprise Manager</li></ul>
53.	<p><b><u>Network Monitoring</u></b></p> <ul style="list-style-type: none"><li>• Nagios</li><li>• HP Openview</li><li>• Compuware Vantage</li><li>• Tivoli Enterprise Console/NetView</li><li>• JFS provided Intrusion Detection Service</li></ul>

SUPPLEMENT THREE: TECHNICAL REQUIREMENTS

**Preferred Technology**

54. **Geographic Information Systems**
- Environmental Systems Research Institute (ESRI)
    - ArcView ArcInfo
    - ArcIMS ArcGIS
    - ArcGIS Spatial Analyst
    - ArcGIS Network Analyst
    - ArcGIS 3D Analyst
    - ArcGIS Publisher ArcSDE for Oracle ArcIMS
  - Tele Atlas North America
    - Dynamap Transportation

55. **Web Content Management Software**
- Serena International
  - Serena Collage

56. **Document Management/Collaboration**
- Documentum eRoom

57. **SAS Software**
- BI Server
  - Enterprise Miner
  - Text Miner
  - ForeCast Server
  - STAT

# Supplement 4

## New Data Sources and Enhanced Data Sources

# SUPPLEMENT FOUR: DATA SOURCES

## New and Enhanced Data Sources

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## A. NEW DATA SOURCES SUMMARY

The Enhancement Phase comprises performing analysis of the newly installed Medicaid Decision Support System, the Ohio Department of Job and Family Services Data Warehouse and the impact of adding new data sources to the Ohio Department of Job and Family Services Data Warehouse and Medicaid Decision Support System. The output of this phase will be detailed specifications for enhancement of the Medicaid Decision Support System, Ohio Department of Job and Family Services Data Warehouse and data aggregation with new Medicaid subject area data. See Attachment Two of the RFP for additional details, related requirements and deliverables of the Enhancement Phase.

The Contractor must enhance the Medicaid Data Warehouse portion of the Ohio Department of Job and Family Services Data Warehouse with new Medicaid data sources that are not included in the current configuration. This section of the RFP presents an overview of these additional data sources (summarized in Table 1) and a listing of data source narratives (such as data dictionaries, copy books, etc.).

Summary level information is being provided for each source; the Contractor must identify and specify the appropriate file layout structure to bring the data out of the source system into the Ohio Department of Job and Family Services Data Warehouse. The Contractor must also design and develop the unique linking methodologies.

All Medicaid data sources will be pulled by a standard ETL process into the Ohio Department of Job and Family Services Data Warehouse. For new Medicaid data to be useful the new data sources will need to be linked and interfaced at the individual level to the Ohio Department of Job and Family Services Patient ID. Individual linking must use unique identifiers based on a combination of demographic information.

In addition, all data sets must follow in accordance with State defined boundaries and layer standards geocoding formats. The products of this linkage will be used by the State for the management of the Medicaid program in research and programming.

Medicaid data has strict security and release restrictions. Medicaid data are highly confidential and the release of identifying information requires interagency agreements and appropriate security.

**Table 1 - New Data Sources to Add to the Data Warehouse and Medicaid Decision Support System**

Type of Data	Agency	Data Source	Update Frequency	Phase to Add Data
<b>1 Child Health Data</b>				
1.1 <a href="#">Metabolic Formula Program</a>	ODH	LITS	Daily	1 <sup>st</sup> Set of Data for Enhancement Phase
1.2 <a href="#">Birth Defects Information System</a> . This registry provides connection to services.	ODH	Birth Defect Info System	Daily	1 <sup>st</sup> Set of Data for Enhancement Phase

Supplement Four: Data Sources

Type of Data	Agency	Data Source	Update Frequency	Phase to Add Data
1.3 <a href="#">Vital Statistics Data</a> – Births, Deaths, Hearing Screenings, Immunizations Given at Birth	ODH	IPHIS	Daily	1 <sup>st</sup> Set of Data for Enhancement Phase
1.4 <a href="#">Women Infant and Children (WIC) database</a>	ODH	WIC	Daily	1 <sup>st</sup> Set of Data for Enhancement Phase
<b>2 Chronic Disease Data</b>				
2.1 <a href="#">HIV Case Management Database Overview</a>	ODH	AIDS Registry	Daily	Enhancement Phase
2.2 <a href="#">HIV Drug Assistance Database</a>	ODH	AIDS Registry	Daily	Enhancement Phase
2.3 <a href="#">HIV/AIDS Reporting System (HARS)</a>	ODH	HARS	Daily	Enhancement Phase
2.4 <a href="#">Ohio Cancer Incidence Surveillance System</a>	ODH	OCISS	Daily	Enhancement Phase
2.5 <a href="#">Ohio Disease Reporting System Surveillance data for 92 reportable disease conditions.</a>	ODH	ODRS	Daily	Enhancement Phase
2.6 <a href="#">Payment Authorization of Waiver Services</a>	MRDD	PAWS	Daily	Enhancement Phase
2.7 <a href="#">PASSPORT Information Management System &amp; Program of All-Inclusive Care for the Elderly Case Management Data</a>	ODA	PIMS & PACE	Daily	Enhancement Phase
<b>3 Administrative Data</b>				
3.1 <a href="#">TPL Master File</a>	JFS	MMIS	Weekly	Enhancement Phase
3.2 <a href="#">TPL Recovery from TPL Recovery Vendor</a>	TPL Vendor	TPL Recovery File	Monthly	Enhancement Phase
3.3 <a href="#">Buy-In Data</a>	JFS	MMIS	Weekly	Enhancement Phase
3.4 <a href="#">Medicare Data: Historical Claims Data – One Time Load of Data from CMS</a>	CMS	CMS Historical Medicare Data	One-Time	Enhancement Phase

Supplement Four: Data Sources

Type of Data	Agency	Data Source	Update Frequency	Phase to Add Data
3.5 <a href="#">Medicare Part D and Additional Pharmacy/Prescription Data (NCPDP Encounter Data Format – Required of Part D Plans)</a>	External Plans	44 Part D Plans	Daily	Enhancement Phase
3.6 <a href="#">Medicare Data: Eligibility Data from EDB Database</a>	JFS	MMIS	Daily	Enhancement Phase
3.7 <a href="#">Medicare Data: Eligibility Data From MMA Database</a>	CMS	MMIS	Daily	Enhancement Phase
3.8 <a href="#">Long Term Care Cost Report Information</a>	JFS	PERSEUS	Weekly	Enhancement Phase
3.9 <a href="#">Pre-Admission Screening and Resident Review</a>	MH	PASRR	Weekly	Enhancement Phase
3.10 <a href="#">Provider Sanction File from OIG</a>	OIG	Exclusions Database	Weekly	Enhancement Phase
<b>4 Quality Measures Data</b>				
4.1 <a href="#">Incident Review Tracking System (ITS) (monitors/reports abuse)</a>	MRDD	ITS	Weekly	Enhancement Phase

# 1 CHILD HEALTH DATA

## 1.1 METABOLIC FORMULA PROGRAM SUMMARY

Ohio state law requires blood samples to be collected from all newborns in the State and sent to the Ohio Department of Health's laboratory. The samples are analyzed for rare but treatable inherited metabolic disorders. The State's screening program detects about 55 babies with metabolic disorders and 65 with sickle cell anemia each year.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Metabolic Formula Program</b>
<b>Location of Data</b>	Ohio Department of Health
<b>Detail Data Dictionary</b>	Not Available
<b>Detailed Field Layout</b>	Not Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not available
<b>Notes</b>	Database is currently being upgraded from Access to SQL server
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	Currently in Access and in the upgrade will be in SQL server
<b>Data Update Frequency</b>	Daily
<b>Primary Key</b>	Accession Number Kit Number
<b>Number of Records/Number of Years Included</b>	1200 K records Records are stored from 1999
<b>Projected Growth of Database</b>	150,000 records per year 700 gigabytes of storage space is recommended
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

## 1.2 BIRTH DEFECTS INFORMATION SUMMARY

The Ohio Department of Health started collecting information in the spring of 2006 on children seen at 16 hospitals in four counties. The registry includes children younger than 5 who have any of 45 conditions. This registry will help identify trends that might lead to discoveries about what causes birth defects and how to prevent them while working as a catalyst for parents to find the best care for their child.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Birth Defects Information System</b>
<b>Location of Data</b>	Ohio Department of Health
<b>Detail Data Dictionary</b>	Not Available
<b>Detailed Field Layout</b>	Not Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Available
<b>Notes</b>	The Birth Defects application stores Birth Defects related data in the Birth Defects database and is linked via a cross reference table to the Core Demographics Database ORC 3705.30 3705.32 and 3705.33 relate to data sharing
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	SQL Server with multiple databases.
<b>Data Update Frequency</b>	Still in pilot, scheduled to go into production February, 2007. Bulk data submissions from hospitals occur monthly. Manual entry of data (when enabled) can occur daily.
<b>Primary Key</b>	Internal GUID used as client key. If provided, SSN and Medicaid # can also be stored.
<b>Number of Records/Number of Years Included</b>	Currently one year of pilot data. Currently 6,500 'people' (child and parent/caregiver) records are in the system.
<b>Projected Growth of Database</b>	The Birth Defect program estimates that 6,400 children will be added each year. In addition the system includes parents and caregivers.
<b>Current Data Volume Estimates</b>	The Birth Defects and Core Demographics currently require 525 MB of drive space. Core Demographics will grow by about 450,000 clients per year.
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

## 1.3 VITAL STATISTICS DATA – BIRTHS, DEATHS, HEARING SCREENINGS, AND IMMUNIZATIONS GIVEN AT BIRTH

## Supplement Four: Data Sources

The legal records collected in the Ohio Department of Health, Division of Vital Statistics are the data source for many important statistical measures used in public health. These indicators track Ohio's health and are used locally for planning and community analysis. The Vital Statistics data source includes information created from the birth certificates, death certificates, fetal death certificate abstracts, and confidential abortion reports. The purpose of data collection is to collect Ohio birth data for public health analysis and the National Center for Health Services.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Vital Stats Database</b>
<b>Location of Data</b>	<b>Births, Deaths , Hearing Screenings and Immunizations Given at Birth</b>
<b>Detail Data Dictionary</b>	Ohio Department of Health
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Available
<b>Notes</b>	<p>The data in the birth and fetal death certificates is highly confidential and the release of identifying information requires interagency agreement, which we have. For the Vital Stats data to be useful it will need to link at the individual level. The products of this linkage will be used to manage the Medicaid program including research and programming. The data has release restrictions.</p> <p>Birth Data:</p> <ul style="list-style-type: none"> <li>○ The population covered is any live birth in Ohio and residents of Ohio who have an out-of-state birth.</li> <li>○ Data Content Categories: Parent demographics, socioeconomic data, behavior risk factors, mother's health care status and medical risk factors and child's health status.</li> <li>○ Geographical units recorded: State, County, City/Town, Zip Code, Address and Census Tract</li> <li>○ Data Collection Method: Data are completed on an Official State record form (typically in the hospital) with the assistance of the birth mother and possible medical records. The majority of records are transmitted electronically.</li> <li>○ Data Release Restrictions: Certain portions of the birth certificate are public record. Other parts of the birth certificate can only be released in aggregate form with restrictions.</li> </ul> <p>Death Data:</p> <ul style="list-style-type: none"> <li>○ The purpose of data collection is to collect Ohio Death Data for public health analysis and the Nation Center for Health Statistics.</li> <li>○ The population covered is any person who dies in Ohio and residents of Ohio who die out-of-state birth.</li> <li>○ Data Content Categories: demographic data, socioeconomic data, cause of death, details of injury, disposition and descendent.</li> <li>○ Geographical units recorded: State, County, City/Town, Zip Code, Address and Census Tract</li> <li>○ Data Collection Method: Office State record form that is typically completed by a funeral home director with the assistance of an information (typically next of kin)</li> <li>○ Data Release Restrictions: Public data</li> </ul>

Supplement Four: Data Sources

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Vital Stats Database Births, Deaths , Hearing Screenings and Immunizations Given at Birth</b>
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	Varies by part of database.
<b>Data Update Frequency</b>	The data are collected in real time.
<b>Primary Key</b>	Prior to 2006: Birth, death and fetal death certificate numbers Beginning in 2006: SSN
<b>Number of Records/Number of Years Included</b>	Electronic data goes back to 1959. 150,000 – 225,000 births records per year, 100,000 deaths per year, and 2,000 fetal deaths per year. Only most recent 7 years of data will be loaded into the Ohio Department of Job and Family Services Data Warehouse
<b>Projected Growth of Database</b>	See above
<b>Current Data Volume Estimates</b>	See above
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

## 1.4 WOMEN INFANT AND CHILDREN DATABASE (WIC) SUMMARY

Women Infant and Children (WIC) is the special supplemental nutrition program for Women, Infants, and Children. WIC helps income eligible pregnant and breastfeeding women, women who recently had a baby, and infants and children up to five years of age who are at health risk due to inadequate nutrition. The program improves pregnancy outcomes by providing or referring to support services necessary for full-term pregnancies; reduces infant mortality by reducing the incidence of low birth weight (infants under 5 ½ pounds are at greater risk of breathing problems, brain injuries and physical abnormalities); and provides infants and children with a healthy start in life by improving poor or inadequate diets.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Women Infant and Children (WIC)</b>
<b>Location of Data</b>	Ohio Department of Health
<b>Detail Data Dictionary</b>	Not available
<b>Detailed Field Layout</b>	Not available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Available for three types of data collected: Participant, Visit, and Obligation
<b>Notes</b>	The purpose of data collection is to meet Federal data requirements for the Special Supplemental Nutrition Program for Women, Infants and Children.
	The population covered is pregnant or breastfeeding women who recently had a baby; infants birth to 12 months and children 1 to 5 years. Participants must be a resident of the state of Ohio, determined by WIC health professionals to be a medical/nutritional risk and have income below or at 187% of Federal Poverty Income guidelines.
	Data Content Categories: Demographic data, socioeconomic data, behavior risk factors, health care utilization, health care cost, payment, mortality, morbidity, prevention, immunization and access to care.
	Data are collected at the individual level. Geographical units recorded: State, county, city/town, zip code and address. Data are collected through enrollment forms and some observations.
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	Data originates in IMS data structures and is available in flat files on a monthly basis
<b>Data Update Frequency</b>	Daily
<b>Primary Key</b>	Participant data uses a participant ID as the identifier. Visit data would use the same ID and a visit record date as the key. Obligation data would use an obligation sequence number along with an issue date as the key.

Supplement Four: Data Sources

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Women Infant and Children (WIC)</b>
<b>Number of Records / Number of Years Included</b>	The production participant database contains all active records (292,000) and six months of inactive records (245,000). The Obligation database contains approximately 6 months of data (6,000,000 records).
<b>Projected Growth of Database</b>	Annual growth of 2%-5% would be expected
<b>Current Data Volume Estimates</b>	Data storage requirements will be driven by the design of the warehouse or mart. The following describes the “new” transactions that would be expected to come through the WIC system each month. WIC Processes: <ul style="list-style-type: none"> <li>○ 1,000,000 obligations per month * 203 byte record length = ~200MB/month</li> <li>○ 100,000 participant records per month * 790 byte record length = ~75MB/month</li> <li>○ 100,000 participant visit records per month * 203 byte record length = 20MB/month</li> </ul>
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in the Ohio Department of Job and Family Services Data Warehouse at this time.

## 2 CHRONIC DISEASE DATA

### 2.1 HIV CASE MANAGEMENT DATABASE SUMMARY

The HIV databases are highly confidential databases that track information related to HIV infection. Data are utilized to plan programs for HIV prevention, treatment and services, and assist with funding decision that includes disease prevention and patient care. The purpose of the HIV Case Management is to collect case management services data for individuals diagnosed with HIV.

DATA SOURCE SUMMARY TABLE	
Data Source	HIV Case Management Database Overview
<b>Location of Data</b>	Ohio Department of Health
<b>Detail Data Dictionary</b>	Data dictionaries are included as tables in the HIV Case Management and HIV Drug Assistance databases and have not been compiled into a single document at this time.
<b>Detailed Field Layout</b>	Not Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Data models are not available electronically to program staff. Ohio Department of Health staff has models of both databases.
	Data collected include enrollment information (e.g., demographics) for both the Case Management and Ohio HIV Drug Assistance programs. Data also include claims paid and medication dispensing information.
	The population covered by the database is Ohioans diagnosed with HIV/AIDS.
	Data are collected at the individual level.
	Data Content Categories: Demographic data, behavior risk factors, health care utilization, mortality, morbidity, health insurance and health status.
	Geographic units recorded: State, county, zip code
	Data Collect Method: at time of enrollment
<b>Notes</b>	Data has release restrictions.
<b>Application Format (e.g., IMS, DB2,</b>	SQL for HIV Case Management database

Supplement Four: Data Sources

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>HIV Case Management Database Overview</b>
<b>SQL, Access, VSAM, etc.)</b>	
<b>Data Update Frequency</b>	Daily
<b>Primary Key</b>	Unique client identifier that is created using a combination of the client's demographic information.
<b>Number of Records/Number of Years Included</b>	The HIV Case Management Database has approx. 8,000 client records with over 100,000 claims records. There are approximately 12 years of data. Only 7 years of data will be loaded into the Ohio Department of Job and Family Services Data Warehouse.
<b>Projected Growth of Database</b>	It is expected that the number of client records will increase by 50% over the next 3-5 years.
<b>Current Data Volume Estimates</b>	Unsure about HIV Case Management database as it is now housed in Ohio Department of Health: OMIS.
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

## 2.2 HIV DRUG ASSISTANCE DATABASE SUMMARY

The purpose of the HIV Drug Assistance Database is to collect data used to plan programs for HIV prevention, treatment and services, and assist with funding decision that include disease prevention and patient care.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>HIV Drug Assistance Overview</b>
<b>Location of Data</b>	Ohio Department of Health
<b>Detail Data Dictionary</b>	Not Available
<b>Detailed Field Layout</b>	Not Available. There are approximately 65 tables with each table having an average of 10 data fields.
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not Available
<b>Notes</b>	Data collected include enrollment information (e.g., demographics), paid claims, and medication dispensing information.
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	Access (soon to be SQL) for HIV Drug Assistance database.

Supplement Four: Data Sources

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>HIV Drug Assistance Overview</b>
<b>Data Update Frequency</b>	Daily
<b>Primary Key</b>	Unique client identifier that is created using a combination of the client's demographic information.
<b>Number of Records/Number of Years Included</b>	The HIV Drug Assistance database has approx. 3,000 client records with about 30,000 application records from the past 5 years.  There are also over 225,000 medication dispensing records over the past 4 years.
<b>Projected Growth of Database</b>	The number of claims, application and medication dispensing records is expected to increase by 100% over the next 3-5 years.
<b>Current Data Volume Estimates</b>	The HIV Drug Assistance database requires approximately 500,000 KB of space. Additional space is required for reports (approx. another 250,000 – 500,000 KB).
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 2.3 HIV/AIDS REPORTING SYSTEM (HARS) SUMMARY

The HIV databases are highly confidential databases that track information related to HIV infection. Data are utilized to plan programs for HIV prevention, treatment and services and assist with funding decisions that include disease prevention and patient care.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>HIV/AIDS Surveillance Database</b>
<b>Location of Data</b>	Ohio Department of Health
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Available
<b>Business Process Model</b>	Available
<b>Notes</b>	The population covered by the databases is Ohioans diagnosed with HIV/AIDS and infants exposed to HIV.  Data Content Categories: Demographic data, behavior risk factors, health care utilization, mortality,

Supplement Four: Data Sources

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>HIV/AIDS Surveillance Database</b>
	<p>morbidity, health insurance and health status.</p> <p>Data are collected at the individual level.</p> <p>Geographic units recorded: State, county, city/town, zip code an address                      Data collection method: Medical records, lab reports and complete birth and death records are abstracted to complete a case report form provided by the Center for Disease Control.</p> <p>Dataset has release restrictions.</p>
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	<p>Relational sequel database.                      Browser based.</p>
<b>Data Update Frequency</b>	Data updated daily.
<b>Primary Key</b>	Software generated sequential state number.
<b>Number of Records/Number of Years Included</b>	<p>28,000 records.                      25 years of data collection.                      Only the most recent 7 years of data will be loaded into the Ohio Department of Job and Family Services Data Warehouse</p>
<b>Projected Growth of Database</b>	1,000 records per year.
<b>Current Data Volume Estimates</b>	<p>Currently HARS uses 120,000 KB.                      eHARS will demand more - approximately 240,000 KB                      Unable to estimate yearly demand</p>
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

## 2.4 OHIO CANCER INCIDENCE SURVEILLANCE SYSTEM (OCISS) SUMMARY

Cancer registries report their data to the National Cancer Data Base and the Ohio Department of Health's Ohio Cancer Information and Surveillance System (OCISS). This data are used in state and national comparisons. The cancer registries follow patients for a lifetime providing disease outcome and survival data comparisons. From this information, the Cancer Care Centers are able to determine and provide the needed education, screenings, and support to our community.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Ohio Cancer Incidence Surveillance System (OCISS)</b>
<b>Location of Data</b>	Ohio Department of Health
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not Available
<b>Notes</b>	<p>Any diagnosis or treatment for cancer in the State of Ohio is required to be reported to the OCISS by Hospitals, physicians, radiology, oncology labs, etc. OCISS collects, abstracts, and consolidates this information into cancer incidence reports and submits them to national organizations.</p> <p>Population Covered: Any provider who diagnoses or treats cancer is required to report specific patient level cancer data to the Ohio Department of Health as part of the Ohio Revised Code. The patient does not need to be an Ohio resident for reporting purposes. Data are also exchanged with bordering states and the State of Florida.</p> <p>Data are coded according to national standards for cancer registries, which may not be the coding standards for other health data, i.e., Medicaid data.</p> <p>Therefore, conversions may need to be obtained or written depending on the standard being used at Ohio Department of Job and Family Services in order for cancer data to be useful for analyses that include other health data.</p> <p>Data Content Categories: Demographic data, behavior risk factors, mortality, cancer data, health insurance (voluntary field), health status and type of treatment</p> <p>Data are collected at the individual level.</p> <p>Geographic units recorded: State, county, city/town, zip code and address</p> <p>Data Collection Method: Laboratory reports, facility reports, death certificates and Ohio Department of Health</p>

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<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Ohio Cancer Incidence Surveillance System (OCISS)</b>
	submission forms. Data has release restrictions.
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	Proprietary database, no programmatic interface. Can only export /import data via NAACCR flat file data standard.
<b>Data Update Frequency</b>	Daily
<b>Primary Key</b>	The primary key to the Data are the Central Tumor Registry ID, which is a unique number assigned to each cancer tumor. It consists of a unique patient ID plus a tumor sequence number.
<b>Number of Records/Number of Years Included</b>	Approx 900,000. Years 1993 – 2006 Only the most recent 7 years of data will be loaded into the Ohio Department of Job and Family Services Data Warehouse
<b>Projected Growth of Database</b>	Adding approx 60,000 records a year.
<b>Current Data Volume Estimates</b>	Approx 7 GB. Increasing by approx 500 mg a year.
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

## 2.5 OHIO DISEASE REPORTING SYSTEM SUMMARY (ODRS)

Ohio Disease Reporting System is utilized for disease surveillance in Ohio.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Ohio Disease Reporting System (ODRS)</b>
<b>Location of Data</b>	Ohio Department of Health
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Not Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Available

Supplement Four: Data Sources

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Ohio Disease Reporting System (ODRS)</b>
<b>Notes</b>	<p>All Ohio counties and local health departments enter the public health cases for the 92 reportable disease conditions via the Web front-end to the ODRS4 system. Once a week ODRS program users send the exported surveillance disease data from ODRS4 database to Center of Disease Control (CDC).</p> <p>Population Covered: Anyone in Ohio who is determined to have a probable case of any of 92 reportable disease conditions.</p> <p>Data Content Categories: Demographic data, behavior risk factors, mortality, morbidity, prevention, immunization and disease specific information, and lab information.</p> <p>Data are collected at the individual level.</p> <p>Geographic unit recorded: State, county, city/town, zip code and address.</p> <p>Data are report through laboratory reports and health care facilities.</p> <p>Data are coded according to national standards, which may not be the coding standards for other health data. Therefore, conversions may need to be obtained or written depending on the standard being used at Ohio Department of Job and Family Services in order for the data to be useful for analyses that include other health data.</p> <p>Data has release restrictions.</p>
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	<p>Back-end database: Microsoft SQL Server 2000</p> <p>Front-end interface: Web interface implemented on Microsoft .Net platform.</p>
<b>Data Update Frequency</b>	Daily (24/7)
<b>Primary Key</b>	PublicHealthCase ID is the unique identifier for each case in ODRS4 system. Type description of participation table is also a key to the case data for providers, hospitals and laboratories.
<b>Number of Records/Number of Years Included</b>	<p>Not Available</p> <p>A total of 6 years of Data are stored in ODRS4 system.</p>
<b>Projected Growth of Database</b>	Not Available
<b>Current Data Volume Estimates</b>	<p>About 2.0 GB</p> <p>Increases by about 200 MB a year.</p>
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

## 2.6 PAYMENT AUTHORIZATION FOR WAIVER SERVICES (PAWS) SUMMARY

The Payment Authorization for Waiver Services (PAWS) system is used to control and authorize payment for providers. PAWS is the system by which County Boards of MRDD authorize the Ohio Department of Mental Retardation and Developmental Disabilities to

## Supplement Four: Data Sources

reimburse providers for services rendered to individuals on a waiver. Any claim submitted by a provider must be matched to an approved PAWS record in order for the claim to be paid.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Payment Authorization for Waiver Services (PAWS) Database</b>
<b>Location of Data</b>	Ohio Department of Mental Retardation and Developmental Disabilities
<b>Detail Data Dictionary</b>	Not Available
<b>Detailed Field Layout</b>	Not Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Available
<b>Notes</b>	
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	SQL/Server 2000 upgrading to SQL/Server 2005
<b>Data Update Frequency</b>	Daily – real time
<b>Primary Key</b>	Claim number, Plan ID
	4,554,836 records from October, 1995 to current data.
<b>Number of Records/Number of Years Included</b>	Only the most recent 7 years of data will be loaded into the Ohio Department of Job and Family Services Data Warehouse.
<b>Projected Growth of Database</b>	300,000 records
<b>Current Data Volume Estimates</b>	2.8 gigabytes
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

## **2.7 PASSPORT INFORMATION MANAGEMENT SYSTEM (PIMS) AND PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) SUMMARY**

The Ohio Department of Aging has a data collection and decision tool called PASSPORT Information Management System (PIMS). This data source includes both PASSPORT Information Management Systems (PIMS) and Program of All-Inclusive Care for the Elderly (PACE) data, a managed care model that provides participants with all of their needed health care, medical care, and ancillary services in acute, subacute, institutional, and community settings. Services include primary and specialty care, adult day health services, personal care services, inpatient hospital, prescription drugs, occupational and physical therapies, and nursing home care.

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PASSPORT is a Medicaid waiver program that provides home and community-based services and support to older Ohioans. PASSPORT provides home and community services to 27,000 Ohioans age 60 and over who otherwise would be eligible for Medicaid coverage in a nursing facility. Thirteen regional PASSPORT administrative agencies provide care management services and oversight of providers.

PACE sites deliver all needed health care to recipients. The Department of Aging pays capitation from Medicaid to PACE sites. At the same time, Medicare pays its share of the capitation.

The Department of Aging certifies Medicaid providers. Provider certification includes initial and ongoing certification, rate settings, enrollee referrals to certified providers, structural compliance review, provider sanctions, and hearing provider challenges and appeals.

Ohio has two PACE sites: one in Cincinnati managed by Tri-Health Senior Link and one in Cleveland, managed by Concordia Care. Together, these sites can serve up to 880 Ohioans.

Beginning in April, 2005, the Department of Aging became the State administering agency for PACE, as authorized in House Bill 95. The Department of Aging will work to further expand the program through the addition of satellite sites for existing PACE providers or perhaps by creating new sites in other urban areas.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>PASSPORT Information Management System (PIMS) and Program of All-Inclusive Care for the Elderly (PACE)</b>
<b>Location of Data</b>	Ohio Department of Aging
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Available
<b>Notes</b>	<p>Data Content Categories: health status, functional ability, social and environmental situations, informal support systems, demographic, insurance information, hospitalization/ institutional history, behavior and mental health assessment information, as well as descriptions of formal supports already in place. Also collects data on pre-admission review, assessment activity, service plans for clients, and individual claims records submitted by service providers.</p> <p>In addition, there is some embedded logic that can assist in tracking potential fraud and abuse.</p> <p>The service package includes all Medicare and Medicaid covered services and other services determined necessary by the PACE team. Sites may pool their resources to pay for services for an individual, including services not otherwise covered by Medicare or Medicaid.</p>

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<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>PASSPORT Information Management System (PIMS) and Program of All-Inclusive Care for the Elderly (PACE)</b>
	Services include: medical care, including primary and specialty physician and nursing care, medical specialties, including audiology, dentistry, optometry and podiatry, physical and occupational therapies, medical transportation, mental health services, meals, nutritional counseling, social services, home health care and personal care, medications, respite care and hospital and nursing home care when necessary.
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	PIMS is an Oracle/PowerBuilder based software system
<b>Data Update Frequency</b>	Not Available
<b>Primary Key</b>	Not Available
<b>Number of Records/Number of Years Included</b>	Approx 133 Million Records (~ 21,000 MB)
<b>Projected Growth of Database</b>	Not Available
<b>Current Data Volume Estimates</b>	Not Available
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3 ADMINISTRATIVE DATA

#### 3.1 THIRD PARTY LIABILITY (TPL) MASTER FILE SUMMARY

The Third Party Liability (TPL) Master File from the Medicaid Management Information System contains third party liability information on Ohio Medicaid recipients. The following table includes information about the data source provided by the owners of the data.

DATA SOURCE SUMMARY TABLE			
Data Source	TPL Master File		
Location of Data	Ohio Department of Job and Family Services		
Detail Data Dictionary	Available		
Detailed Field Layout	Available		
Logical and Physical Data Models - Detail Copy Book	Available		
Business Process Model	Available		
Specific Business Rules	The TPL Master in MMIS- updated daily by staff and will be monthly by addition of TPL information from CMS.		
Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)	VSAM		
Data Update Frequency	Monthly		
Primary Key	Recipient ID		
Number of Records/Number of Years Included	Approx. 500,000		
		<b>10/27/06</b>	<b>11/03/06</b>
	Total records in Holding Tank	89,494	90,916
	Total records in TPL Master	500,916	502,223
	Active TPL records	244,073	243,793
	Active TPL records being cost avoided	158,928	159,233
	Closed TPL records	256,943	258,427
	<b>Change from prior week</b>		
Total records in Holding Tank			1,422

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<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>TPL Master File</b>
	Total records in TPL Master 1,307 Active TPL records -280 Active TPL records being cost avoided 305 Closed TPL records 1,484
<b>Projected Growth of Database</b>	Approx 370 GB
<b>Current Data Volume Estimates</b>	
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3.2 THIRD PARTY LIABILITY (TPL) RECOVERY FROM TPL RECOVERY VENDOR SUMMARY

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Third Party Liability (TPL) Recovery from TPL Recovery Vendor Summary</b>
<b>Location of Data</b>	Ohio Department of Job and Family Services
<b>Detail Data Dictionary</b>	Not Available
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not Available
<b>Notes</b>	TPL vendor will send file on monthly basis if all recoveries completed for the month on an individual recipient (TCN) level detail.
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	Text
<b>Data Update Frequency</b>	Monthly from CMS
<b>Primary Key</b>	Claim TCN
<b>Number of Records/Number of Years Included</b>	
<b>Projected Growth of Database</b>	Approximately 100,000 -150,000 records a year
<b>Current Data Volume Estimates</b>	

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<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Third Party Liability (TPL) Recovery from TPL Recovery Vendor Summary</b>
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3.3 BUY-IN DATA SUMMARY

The following table includes information about Buy-In Data provided by the owners of the data.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Buy-In Data</b>
<b>Location of Data</b>	Ohio Department of Job and Family Services
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Not Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not Available
<b>Notes</b>	
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	DB2
<b>Data Update Frequency</b>	Weekly on Monday nights.
<b>Primary Key</b>	SSN
<b>Number of Records / Number of Years Included</b>	322,000
<b>Projected Growth of Database</b>	
<b>Current Data Volume Estimates</b>	
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3.4 MEDICARE DATA: HISTORICAL CLAIMS SUMMARY

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The following table includes information about historical Medicare Claims data provided by the owners of the data. Identifiable data files contain actual beneficiary-specific and physician-specific information. Identifiable files require a formal request to be submitted to the Centers for Medicare & Medicaid Services (CMS) for approval.

CMS is responsible for administering the Medicare, Medicaid and State Children's Health Insurance Programs, as well as a number of health oversight programs. CMS gathers and formats data to support the agency's operations. Information about Medicare beneficiaries, Medicare claims, Medicare providers, clinical data, and Medicaid eligibility and claims is included. This data are made available to the public, subject to privacy release approvals and the availability of computing resources.

All requests for identifiable data must be developed and reviewed with the assistance of the Research Data Assistance Center (ResDAC); contact via the web at [www.resdac.umn.edu](http://www.resdac.umn.edu) or via email - [resdac@umn.edu](mailto:resdac@umn.edu).

Once data requests have been reviewed by ResDAC, the final request can be sent to CMS as directed by ResDAC.

DATA SOURCE SUMMARY TABLE	
Data Source	Medicare Data – Historical Claims
<b>Location of Data</b>	Ohio Department of Job and Family Services
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	
<b>Notes</b>	The Standard Analytical Files (SAFs) are generated by processing the National Claims History (NCH) file's raw claims through final action algorithms that match the original claim with adjusted claims to resolve any adjustments. SAFs are available for each institutional claim type (inpatient, outpatient, SNF, hospice, or HHA) from 1989 onward. Non-institutional Part-B physician/supplier SAFs are available beginning with 1991 for 100% laboratory services, 100% DME, and a 5% beneficiary sample (contains all final action claims submitted for the 5% of beneficiaries included in sample).
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	Media: DVD or Hard Drive - Available: 1991 through 2005 <a href="http://www.cms.hhs.gov/IdentifiableDataFiles/02_StandardAnalyticalFiles.asp">http://www.cms.hhs.gov/IdentifiableDataFiles/02_StandardAnalyticalFiles.asp</a>
<b>Data Update Frequency</b>	
<b>Primary Key</b>	
<b>Number of Records/Number of Years Included</b>	
<b>Projected Growth of</b>	

DATA SOURCE SUMMARY TABLE	
<b>Data Source</b>	<b>Medicare Data – Historical Claims</b>
<b>Database</b>	
<b>Current Data Volume Estimates</b>	
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3.5 MEDICARE PART D AND ADDITIONAL PHARMACY/PRESCRIPTION DATA

The Medicare Part D File contains detailed data and information that assists pharmacists and pharmacies with processing beneficiary prescriptions.

The National Council for Prescription Drug Programs, Inc. (NCPDP) is a not-for-profit ANSI-Accredited Standards Development Organization consisting of over 1,450 members representing virtually every sector of the pharmacy services industry.

NCPDP creates and promotes standards for the transfer of data to and from the pharmacy services sector of the healthcare industry. NCPDP also offers its members resources, including educational opportunities and database services, to better manage their businesses.

DATA SOURCE SUMMARY TABLE	
<b>Data Source</b>	<b>Medicare Data: Eligibility Data From EDB Database</b>
<b>Location of Data</b>	Medicare Part D Plans
<b>Detail Data Dictionary</b>	Available – NCPDP Standard Format
<b>Detailed Field Layout</b>	Available – NCPDP Standard Format
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not Available
<b>Notes</b>	Follow the National Council for Prescription Drug Program standard format (NCPDP). <a href="http://www.ncdp.org/">http://www.ncdp.org/</a>  NCPDP Standards are available to any interested party. (NCPDP documents are copyrighted and may not be copied or distributed without express written permission from NCPDP.)

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<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Medicare Data: Eligibility Data From EDB Database</b>
	<p>An NCPDP Standard Implementation Guide usually contains the data layout or format of transaction(s). It contains technical rules and guidance for the format. Additionally, it provides information about the transaction(s), including business rules, guidance for usage, matrices of usage, and examples.</p> <p>An NCPDP Data Dictionary contains the field identifiers, format, values, descriptions, and reject codes for the data elements supported in the various NCPDP Standards. It is intended to go hand-in-hand with a standard and implementation guide.</p> <p>An NCPDP External Code List (ECL) contains values, descriptions, and reject codes for a subset of the data elements supported in the current NCPDP Standards. It is intended to go hand-in-hand with the Data Dictionary and is a subset of that document.</p>
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	
<b>Data Update Frequency</b>	
<b>Primary Key</b>	
<b>Number of Records / Number of Years Included</b>	
<b>Projected Growth of Database</b>	
<b>Current Data Volume Estimates</b>	
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3.6 MEDICARE DATA: ELIGIBILITY DATA FROM EDB DATABASE

The Enrollment Data Base (EDB) is the Centers for Medicare and Medicaid Services' database of record for Medicare beneficiary enrollment information. It is the authoritative source for Medicare beneficiary information, entitlement, etc. The EDB has information on all Medicare beneficiaries, including Social Security Retirement and Disability insurance Beneficiaries, End Stage Renal Disease (ESRD) beneficiaries, and Railroad Retirement Board (RRB) beneficiaries.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Medicare Data: Eligibility Data From EDB Database</b>
<b>Location of Data</b>	Ohio Department of Job and Family Services
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not Available
<b>Notes</b>	<p>The EDB represents information on the beneficiaries from the beginning of Medicare (1966) to the present and is updated daily. It is not a sample, but a 5% sample of the EDB is maintained.</p> <p>The primary source for beneficiary information is the Social Security Administration (SSA) Master Beneficiary Record (MBR). Information on race is updated from SSA's Numerical Identification File (NUMIDENT).</p> <p>The record unit is the individual beneficiary. Data collected include Functional/Health Status; Service Expenditure and Financing; Age/Gender; and Other Demographic/Sociocultural.</p>
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	
<b>Data Update Frequency</b>	Monthly
<b>Primary Key</b>	SSN
<b>Number of Records / Number of Years Included</b>	Matches are about 300,000
<b>Projected Growth of Database</b>	Monthly records and additions would be about 10% yearly growth
<b>Current Data Volume Estimates</b>	
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3.7 MEDICARE DATA: ELIGIBILITY DATA FROM CMS MMA RETURN FILE

The Medicare Modernization Act (MMA) return file is the Centers for Medicare and Medicaid Services' monthly return file of Medicare beneficiary enrollment information used in the administration of Medicare Part D. It contains Medicare enrollment information from the Medicare Beneficiary Database (MBD) about Medicaid eligibles submitted to CMS in the MMA State Enrollment File.

DATA SOURCE SUMMARY TABLE	
Data Source	Medicare Data: Eligibility Data From MMA Database
<b>Location of Data</b>	Ohio Department of Job and Family Services
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not Available
<b>Business Process Model</b>	Not Available
<b>Specific Business Rules</b>	The MMA return field represents Medicare enrollment information on Medicaid eligibles submitted to CMS in the monthly MMA State Enrollment File.  The record unit is the individual beneficiary and contains Medicare enrollment information from the Medicare Beneficiary Database (MBD).
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	
<b>Data Update Frequency</b>	Monthly
<b>Primary Key</b>	SSN
<b>Number of Records / Number of Years Included</b>	Approx 1 Million Records per month / 1 Year of Data
<b>Projected Growth of Database</b>	
<b>Current Data Volume Estimates</b>	
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3.8 PERSEUS - LONG TERM CARE COST REPORT INFORMATION AND FRANCHISE FEE ADMINISTRATIVE DATA SUMMARY

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<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Perseus</b>
<b>Location of Data</b>	Ohio Department of Job and Family Services
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Not Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Available
<b>Notes</b>	
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	Oracle
<b>Data Update Frequency</b>	Daily
<b>Primary Key</b>	Document number
<b>Number of Records / Number of Years Included</b>	2,100 cost reports per year 400,000 cost records per year
<b>Projected Growth of Database</b>	Increase by 2,100 cost reports per year 40,000 cost records per year
<b>Current Data Volume Estimates</b>	
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3.9 PRE-ADMISSION SCREENING SUMMARY (PASRR)

The Pre-Admission Screening and Resident Review (PASRR) unit is part of the Medical Director's Division, Office of Quality Improvement. The unit is required to determine whether or not an individual who has an active diagnosis of mental illness meets Medicaid criteria for needing a nursing facility and specialized services for mental illness. At the present time, the Ohio Department of Mental Health rules define specialized services for mental illness as inpatient psychiatric hospitalization. Resources are available to aid in the PASRR application and review process.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Pre-Admission Screening (PASRR)</b>
<b>Location of Data</b>	Ohio Department of Mental Health
<b>Detail Data Dictionary</b>	Not Available
<b>Detailed Field Layout</b>	Not Available

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<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Pre-Admission Screening (PASRR)</b>
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not Available
<b>Notes</b>	<p>PASRR requires screening, evaluation, and decision making regarding nursing facility applicants, and under some conditions residents, who have a severe mental illness. Currently PASRR reviews 4,000 nursing facility cases a year. PASRR also needs to collect data on the consumer's age, address, location, responsible MHS board, diagnoses, physician name and address, hospital name and address, home address, legal representative name, phone number and address, nursing facility name, phone number and address and the nursing facility requestor's name, number and address, the PASRR unit determinations, reasons for determination, date of request and date completed. The turn around time for cases is expected to be seven days on average from referral to completion.</p> <p>PASRR also needs to maintain an evaluator data base accounting for over 150 evaluators representing all MHS board areas.</p> <p>A system that can produce reports about age, volume over time, source of referral, board area responsible, the reasons and diagnoses related to referral, PASRR determinations, case outcomes/dispositions, as well as case turn around times would meet current demands for PASRR data/information.</p>
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	Lotus Approach
<b>Data Update Frequency</b>	Daily
<b>Primary Key</b>	SSN
<b>Number of Records / Number of Years Included</b>	36,300 records
<b>Projected Growth of Database</b>	4500 to 5500 records
<b>Current Data Volume Estimates</b>	Current Data Volume =100 megabytes Projected Data Volume = 20- 40 megabytes per year.
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

### 3.10 PROVIDER SANCTION FILE FROM OIG

For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in federally-funded health care programs. The OIG, under

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this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections 1128 and 1156 of the Social Security Act, and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities.

Bases for exclusion include convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans.

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Provider Sanction File from OIG</b>
<b>Location of Data</b>	Health and Human Services (HHS) Office of Inspector General (OIG) Website HHS-OIG -Fraud Prevention & Detection - Exclusion Program
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Not Available
<b>Notes</b>	
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	DB2
<b>Data Update Frequency</b>	Daily
<b>Primary Key</b>	
<b>Number of Records / Number of Years Included</b>	Approx 27,000 Records / Data Available beginning in 2002
<b>Projected Growth of Database</b>	Not Available
<b>Current Data Volume Estimates</b>	Not Available
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time.

## 4 QUALITY MEASURES DATA

### 4.1 INCIDENT REVIEW TRACKING SYSTEM (ITS) SUMMARY

The purpose of the Incident Tracking System (ITS) is to collect, analyze and report information on incidents that occur to the Ohio Department of Mental Retardation and Developmental Disabilities' clients served by 88 County Boards

DATA SOURCE SUMMARY TABLE	
Data Source	Incident Review Tracking System (ITS)
<b>Location of Data</b>	Ohio Department of Mental Retardation and Developmental Disabilities
<b>Detail Data Dictionary</b>	Available
<b>Detailed Field Layout</b>	Available
<b>Logical and Physical Data Models - Detail Copy Book</b>	Available
<b>Notes</b>	<p>This system is shared among state, county boards, developmental centers, facilities, etc.</p> <ul style="list-style-type: none"> <li>○ By using Client/Server technology, the users of ITS have: Instant access to any and all records entered into ITS.</li> <li>○ Timely responses to an incident report.</li> <li>○ The elimination and reduction of data entry by accessing client and facility databases.</li> <li>○ The capacity to access other client information databases such as Ohio Individuals with Disabilities (OID) database, where the information on client ID, address, guardian and County Board Individual Information Form (IIF), etc. is available.</li> <li>○ The ability to run and analysis statistical reports.</li> </ul>
<b>Application Format (e.g., IMS, DB2, SQL, Access, VSAM, etc.)</b>	SQL/Server 2000 upgrading to SQL/Server 2005
<b>Data Update Frequency</b>	Daily
<b>Primary Key</b>	IncidentID in ITS_newmui table ClientID in cntrl_client table
<b>Number of Records/Number of Years Included</b>	About 120,000 records for ITS_newMUI About 1,000,000 records for Its_Comments About 270,000 records for cntrl_client, Others are small lookup tables

Supplement Four: Data Sources

<b>DATA SOURCE SUMMARY TABLE</b>	
<b>Data Source</b>	<b>Incident Review Tracking System (ITS)</b>
	Total around 8 years, but the most recent 5 years' data are accurate (since 7/1/2001)
<b>Projected Growth of Database</b>	Average 15,600 new incidents will be added each year
<b>Current Data Volume Estimates</b>	Around 1.2 GB for this system, including Main table Its_newmui 97 MB Its_Comments 905 MB Other lookup tables: 40 MB
<b>Currently Interfacing with Ohio Department of Job and Family Services</b>	Not included in Ohio Department of Job and Family Services Data Warehouse at this time

## ***B. ENHANCED DATA SOURCES SUMMARY***

The Contractor must provide enhancements to a selection of data sources that have some fields that are already included in the Ohio Department of Job and Family Services Data Warehouse and some fields that are not in the Data Warehouse. Table 2 presents an overview of these enhanced data sources.

**Table 2 - Enhanced Data Sources to Add to the Data Warehouse and Medicaid Decision Support System**

Type of Data	Agency	Data Source	Update Frequency	Phase to Add Data
<b>5 Child Health Data</b>				
5.1 <a href="#">Immunization and Lead</a>	ODH	Immunization Registry	Daily	Enhancement
<b>6 Chronic Disease Data</b>				
6.1 <a href="#">CareStar Data</a>	JFS	Care Star	Daily	Enhancement
<b>7 Administrative Data</b>				
7.1 <a href="#">Managed Care, PBM, and other health plan administrative and financial data</a>	JFS	MMIS	Monthly	Enhancement
7.2 <a href="#">EDI Data Store and X-File</a>	JFS	MMIS	Weekly	Enhancement
7.3 <a href="#">Claims History Data not currently captured</a>	JFS	MMIS	Monthly	Enhancement
7.4 <a href="#">RMF Data</a> (Recipient Master File)	JFS	MMIS – RMF	Weekly	Enhancement
7.5 <a href="#">PMF Data</a> (Provider Master File)	JFS	MMIS – PMF	Monthly	Enhancement
7.6 <a href="#">NPI Crosswalk File</a>	JFS	MMIS	Monthly	Enhancement

Supplement Four: Data Sources

Type of Data	Agency	Data Source	Update Frequency	Phase to Add Data
7.7 <a href="#">Provider applications</a> , agreements, and updates: Add additional fields from State Medical Board and State Dental Board	JFS	MMIS	Monthly	Enhancement
7.8 <a href="#">CRISE Eligibility Data</a>	JFS	CRISE	Weekly	Enhancement
7.9 <a href="#">PACT Fields</a>	JFS	MMIS	Weekly	Enhancement
7.10 <a href="#">Procedure, Drug, &amp; Diagnosis (PDD) Table</a>	JFS	MMIS	Monthly	Enhancement
7.11 <a href="#">Hospital Pricing Tables</a>	JFS	MMIS	Monthly	Enhancement
7.12 <a href="#">Census – update Census process/logic to follow same as ODH logic</a>	JFS	USGOV	Monthly	Enhancement
7.13 <a href="#">MACSIS Rendering Provider data</a>	ODMH/ ODADAS	MACSIS	Monthly	Enhancement

## 5 ENHANCED CHILD HEALTH DATA

### 5.1 IMMUNIZATION AND LEAD DATA

Ohio Department of Health maintains an immunization and lead registry that contains useful information about immunization and lead data related to Medicaid recipients that the Ohio Department of Job and Family Services can not obtain from Medicaid claims, such as utilization, clinical, and quality indicators.

This enhancement will upgrade Ohio’s current statewide Immunization and Lead Information System, which will reduce or eliminate the incidence of vaccine-preventable diseases and allow for immunization and lead testing information to be shared regularly. The system will enhance the current registry, and allow children enrolled in Medicaid to be tracked with the appropriate participation from providers through the Medicaid Managed Care system, or the Medicaid fee-for-service system. It will increase the capability to annually track vaccines and lead testing for children less than 19 years old. Managed care organizations will be

able to view, via web-based HIPAA compliant secure access, provider panel and consumer enrollment on immunization, VFC and lead test information.

Immunization and lead data will be modeled and loaded into the Ohio Department of Job and Family Services Data Warehouse by the State. The Contractor will be responsible for loading the data (approximately 20-30 fields) into the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

## **6 ENHANCED CHRONIC DISEASE DATA**

### **6.1 CARESTAR DATA**

The CareStar database (Microsoft SQL database) contains the Ohio Department of Job and Family Services' waiver consumer assessment data. The relational database is managed by the vendor ECLink and the Bureau of Community Access in the Ohio Department of Job and Family Services. Incorporating CareStar data into the Data Warehouse will provide a connection between service authorization and delivery data to claims payment data from the Medicaid Management Information System. CareStar data will be modeled and loaded into the Ohio Department of Job and Family Services Data Warehouse by the State. The Contractor will be responsible for loading the data (approximately 2-3 GB) into the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

## **7 ENHANCED ADMINISTRATIVE DATA**

### **7.1 MANAGED CARE, PBM, AND OTHER HEALTH PLAN ADMINISTRATIVE AND FINANCIAL DATA**

Health Plans contracting with Ohio Health Plans are required to submit annual administrative and financial data such as cost reports. The Contractor will be responsible for modeling and loading this data into the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

### **7.2 EDI DATA STORE AND X-FILE**

The EDI data store is a support tool used by Ohio Health Plans to analyze EDI transactions. The EDI data store is also a data staging area for any EDI data flowing in and out of Ohio Health Plans systems. The EDI data store will contain all of the unused fields present on the X.12 EDI transactions that are not currently used in adjudication.

The EDI data store will contain data from the inbound and outbound transactions passed through the EDI translation system. Data elements from the 837 and 835 transactions will be loaded into the Data Warehouse and Medicaid Decision Support System. This enhancement is in conjunction with the X-File. The X-File contains fields submitted on 837 Institution, Profession, and Dental transactions that are not currently used in the claim adjudication process.

Fields from the X-file will already be modeled and loaded into the Ohio Department of Job and Family Services Data Warehouse by the State. The Contractor will be responsible for loading these data elements into the Medicaid Decision Support System. In addition, the Contractor will be responsible for modeling and loading data elements from the 835 transactions as well as additional data elements from the 837 transactions (EDI Data Store) not currently loaded into both the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

### **7.3 CLAIMS HISTORY FIELDS THAT AREN'T CURRENTLY BEING CAPTURED**

The Medicaid Management Information System Claims History files contain information about paid claims, including information submitted on the claim by providers, as well as information about claim adjudication and payment. Most of the fields in the Medicaid Management Information System Claims History files are already modeled and loaded into the Ohio Department of Job and Family Services Data Warehouse by the State. The Contractor will be responsible for modeling and loading additional fields (40-50) from the Medicaid Management Information System Claims History files into the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

### **7.4 RMF DATA (RECIPIENT MASTER FILE)**

The Recipient Master File (RMF) contains Medicaid eligibility information that is used during the claims adjudication process. Most of the fields in the RMF are already modeled and loaded into the Ohio Department of Job and Family Services Data Warehouse by the State. The Contractor will be responsible for modeling and loading additional fields (40-50) from the RMF into the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

### **7.5 PMF DATA (PROVIDER MASTER FILE)**

The Provider Master File (PMF) contains Medicaid provider enrollment information that is used during the claims adjudication process. Most of the fields in the PMF are already modeled and loaded into the Ohio Department of Job and Family Services Data Warehouse by the State. The Contractor will be responsible for modeling and loading additional fields (15-25) from the PMF into the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

## **7.6 NPI (NATIONAL PROVIDER IDENTIFICATION) CROSSWALK FILE**

The National Provider Identification (NPI) crosswalk file will contain valuable information about the NPI numbers associated with the Ohio Medicaid Provider Identification numbers. The NPI crosswalk file will contain approximately 10-15 fields. The Contractor will be responsible for modeling and loading fields from the NPI crosswalk file into both the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

## **7.7 PROVIDER APPLICATIONS, AGREEMENTS, AND UPDATES: ADD ADDITIONAL FIELDS FROM STATE MEDICAL BOARD AND STATE DENTAL BOARD**

Files from the State Medical Board and State Dental Board contain information about Ohio providers. Some fields from these files are already modeled and loaded into the Ohio Department of Job and Family Services Data Warehouse. The Contractor will be responsible for modeling and loading additional fields (10-20) from these files into the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

## **7.8 CRISE ELIGIBILITY DATA**

CRISE contains information about Medicaid eligibility and eligibility determination. Most of the fields in CRISE are already modeled and loaded into the Ohio Department of Job and Family Services Data Warehouse by the State. The Contractor will be responsible for modeling and loading additional fields (40-50) from CRISE into the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

## **7.9 PACT FIELDS**

Administrative information about PACT enrollment is stored in PACT files located in the Medicaid Management Information System. The Contractor will be responsible for modeling and loading 5-10 PACT fields into the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

## **7.10 PROCEDURE, DRUG AND DIAGNOSIS TABLE (PDD)**

The Procedure, Drug and Diagnosis Table (PDD) contains information used in claim adjudication. Most of the fields in the PDD are already modeled and loaded into the Ohio Department of Job and Family Services Data Warehouse by the State. The Contractor will be responsible for modeling and loading additional fields (30-50) from the PDD into the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

## **7.11 HOSPITAL PRICING TABLES**

The Medicaid Inpatient and Outpatient Hospital Claims are priced based on information from three tables stored in the Medicaid Management Information System: The Hospital Provider Table, The Hospital Provider Rate File, and the DRG Relative Weight Table. The information in these tables, when linked to the claim records, provides useful information to business users about payment pricing and methodologies. The Contractor will be responsible for modeling and loading additional fields (15-20) from these tables into the Ohio Department of Job and Family Services Data Warehouse and the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

## **7.12 CENSUS – UPDATE CENSUS PROCESS/LOGIC TO FOLLOW SAME AS OHIO DEPARTMENT OF HEALTH LOGIC**

### **The Ohio Department of Health Use of Population Data**

This section describes the datasets created for use as population denominators for vital statistics rates for the 1990-2004 time periods. These files incorporate the 2000, 2001, 2002, 2003, and 2004 July 1 post-censal estimates posted in the bridge population section of the National Center for Health Statistics website. The population values can change for the time period 2000-2003 in this vintage release. These are the vintage 2004 pops and were posted there on 9/9/2005. Four different SAS files were created:

**NCHS file** contains 11 age groups by county/gender/race/Hispanic status/year

## Supplement Four: Data Sources

<b>MCH file</b>	contains 9 age groups for females and a total population for crude birth rate calculation by county/gender/race/Hispanic status/year
<b>STD file</b>	contains 11 age groups by county/gender/race/Hispanic status/year
<b>NCI file</b>	contains 19 age groups by county/gender/race/Hispanic status/year

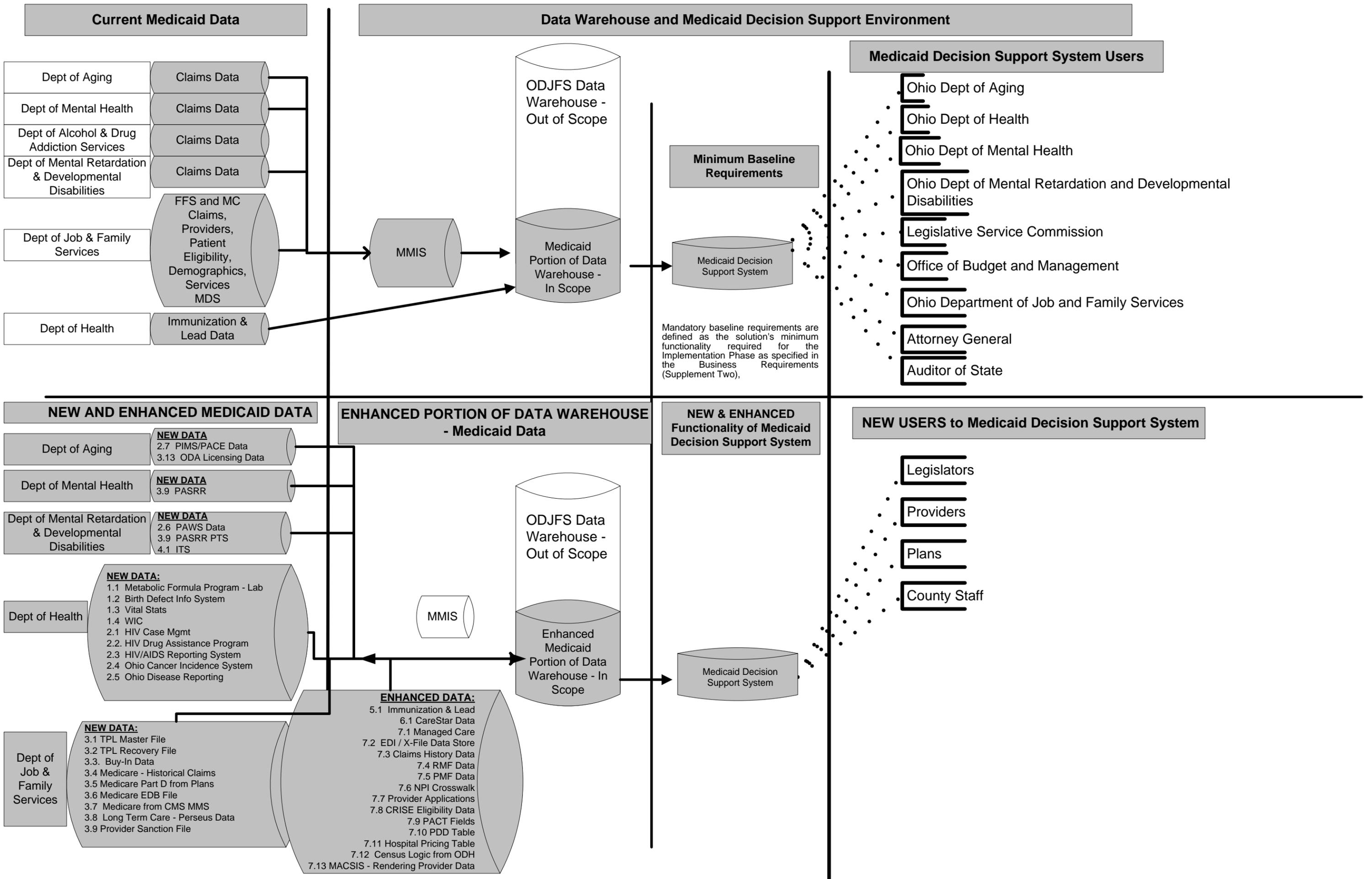
The Contractor will be responsible for modeling and loading these files into both the Ohio Department of Job and Family Services Data Warehouse and into the Medicaid Decision Support System following established Ohio Department of Job and Family Services Data Warehouse architecture and data management standards.

### **7.13 MACSIS RENDERING PROVIDER DATA**

The rendering provider is not currently submitted on claims that are submitted by the Ohio Department of Mental Health or Ohio Department of Alcohol and Drug Addiction Services to the Ohio Department of Job and Family Services for adjudication. The Ohio Department of Mental Health and Ohio Department of Alcohol and Drug Addiction Services does maintain a file indicating the rendering provider for each of these claims. This information needs to be added into the Ohio Department of Job and Family Services Data Warehouse so that the rendering provider on the Ohio Department of Mental Health and Ohio Department of Alcohol and Drug Addiction Services claims can be identified. The Contractor will be responsible for this work.

# Supplement 5

## Current and Future Environment



# Supplement 6

Data Warehouse  
Data Dictionary

Supplement 6  
ODJFS Data Warehouse Data Dictionary

Attribute	Definition
AG Created Indicator	Set to 'Y' when a record with the same APPL_NBR exists in FACT_APPL_AG_WK. Set to 'N' when no corresponding AG exists in FACT_APPL_AG_WK. Used to identify and carry over APPLs with APPL_STAT_CD = 'I' that do not become AGs.
AG Name CRISE Recipient ID	For APPLs, this is the Primary Information Provider (PIP) from GS01INDV.INDV01-NBR-RCPT  For AGs, this is the AG name from INDV01-NBR-RCPT via PTR102-SW-NAME-AG. PTR102-SW-NAME-AG points to the individual who is the payee for the AG.
AG Payee CRISE Recipient ID	From GS02PTR1.PTR102.NBR_RCPT. This is the AG payee
AG Sequence Number	From AGXX02-NBR-SEQ-PROG. System-generated sequence number that differentiates different instances of the same program within a case.
AG Status Reason Code 1	from AGXX.CDE-RSN-STAT1. The reason an AG was given the status it holds.
AG Status Reason Code 2	from AGXX.CDE-RSN-STAT2. The reason an AG was given the status it holds.
AG Status Reason Code 3	from AGXX.CDE-RSN-STAT3. The reason an AG was given the status it holds.
Age	The chronological age of an individual. The age of the person at the beginning of the month. AGE = Birth Date - Beginning of Month Processing Date.
APPL Date	APPL date is not the same as application date. While every application will have an application date, only those not previously known to CRIS-E will have an APPL date. For AG records with REAPP_CD = 'I,' the application date comes from the APPL Date field (DTE-APPL) in the APPL01 database. For AG records with REAPP_CD in ('R', 'S'), the APPL date is null. This date is entered by the worker and may be updated, post dated, or backdated
APPL Sequence Number	For APPLs of type 'R,' APPL_SEQ_NBR is always '00.'

Supplement 6  
ODJFS Data Warehouse Data Dictionary

Attribute	Definition
APPL Status Code	<p>Application status code comes from APPL01-CDE-APPL-STAT. The CRIS-E lookup table is TASC, APPL/2453 STATUS CODE</p> <p>It is entered via CRIS-E trx ARAD field STATUS. Valid values are</p> <p>P = PENDING C = CASE (PRIOR TO INDIVIDUALS RECEIVING LINE NUMBERS ON AEIID) I = INACTIVE (NO LONGER AN APPL NOW A CASE - INDIVIDUALS HAVE LINE NUMBERS ON AEIID). ENTERABLE WHEN APPLICATION REGISTRATION IS COMPLETE BUT APPLICATION ENTRY HAS NOT YET BEGUN D = DENIED.</p> <p>Status code P Initial applications will have an Application Status of 'P'. Days pending will be the difference between the date the record was extracted and the Application Date.</p> <p>Status code D - When an Application is denied the Application Status becomes a 'D' and the Application Disposition date records date of the change in status. At this point the application is considered resolved, and is no longer tracked. Days pending will be the difference between the Disposition Date (date the application was denied) and the Application Date.</p> <p>Status code C - When a case is started in the case (02) database, the</p>
APPL Status Description	
Application Authorization Date	<p>from AGXX02-DTE-AUTHORIZED via AEWAU/GAE501. Only applications at the AG stage will have an authorization date. This date is entered by the system and may not be updated. Workers may repeatedly authorize an AG without changing anything else, however, CRIS-E allows workers to authorize a particular AG only once a day. This column has a default value of '12/31/9999' if there is no auth date.</p>
Application Date	<p>For APPLs: (CRISE program id = 'APPL'), the appl date comes from GS01APPL.APPL.</p> <p>For break and spinoff AGs: signature date from GS02AGXX.AGXX02-DTE-SIGNED. Entered by user via AEFPY/GAE446. Only applications at the AG stage will have a signature date.</p>
Application Extract Date	Date the weekly extract occurred for the record week.

Supplement 6  
ODJFS Data Warehouse Data Dictionary

Attribute	Definition
Application Number	From GS01APPL.APPL01-NBR-APPL. ARAD ARHA System generated
Application Number	System generated. From GS01APPL.NBR-APPL via ARAD. For AGs with REAPP_CD = 'I,' this is the current application number. For AGs that generally don't have a new application, the APPL_NBR is from the original application, which could be several years old.
Application Reason Code	List of all reason codes used to authorize any change or reauthorization of the assistance group (e.g. 005, 091, 313, 368).  Application Reason Code comes from GS01APPL.APPL01-CDE-RSN-STAT-APPL. CRIS-E lookup table is TSCR, System Reason Code.  Application Reason Code corresponds to the AG Primary Reason Code. It is generally not populated unless the application is denied.
Application Sequence Number	From GS01APPL.NBR_APPL_SEQ. Application sequence number depends on the application type. The sequence number for types A and H will always be 0, while the sequence number for type W will always be greater than 0. The application sequence number allows the system to keep a history of changes to the application.
Application Signature Date	From AGXX02-DTE-SIGNED. Entered by user via AEFY/GAE446. Signature date comes from the AGXX database. Only applications at the AG stage will have a signature date. Only signed AGs are considered applications; AG records without signature dates will not be stored. This date is entered by the worker and may be updated.
Application Status Code	An application can be an APPL or an AG, depending on its progress through the application process, but it cannot be both at the same time. Once an AG is created from a case that has been opened because of an application, all activity against the APPL ceases. Application Status melds APPL status with AG status. An application's status varies, depending on its place in the application process. See section 5.3 of the Application Timeliness Business rules for a complete list of possible values for an application status and the accompanying status of the underlying record (APPL or AG).
Application Status Description	

Supplement 6  
ODJFS Data Warehouse Data Dictionary

Attribute	Definition
Application Type Code	Application Type comes from APPL01-CDE-TYPE-ROOT. The three types of applications are A - Regular (ARAD); H - Hospital (ARHA); W - Working (AEIID). Type A applications are entered via CRIS-E screen ARAD. Both OHP and OFS use ARAD to enter applications. Type H applications are entered via CRIS-E screen ARHA. Only certain counties use ARHA to enter applications. Applications entered via ARHA do not become cases. Type W applications are entered via CRIS-E screen AEIID; these are amendments to type A applications.
Application Type Description	
Assistance Group Authorization Date	from AGXX02-DTE-AUTHORIZED via AEWAU/GAE501. Only applications at the AG stage have an authorization date. CRIS-E allows workers to authorize a particular AG only once a day. This date is entered by the system and may not be updated.
Assistance Group Status Code	A code used to identify the status of the assistance group in CRIS-E. Possible values include Open, Closed, Deny, etc. This is a different status from the AG Eligibility Status.
Authorizing Worker ID	The id of the worker who authorized the AG. From AGXX02-CDE-AUTHORIZE
Case Number	<p>From APPL01-NBR-RELATED.</p> <p>An application may or may not have a Case Number, depending on the application status.</p> <p>P            Sometimes C            Always D            Sometimes I            Always</p> <p>When NBR-RELATED is populated, the corresponding record in the case database has columns 'NBR-APP' and 'NBR-APPL-SEQ.' These columns will contain the application number of the record that is pointing to the case. Case and application numbers will always be synchronized; the case whose number is in an application record will contain that application number.</p> <p>If the applicant is not known to the system, the case number will be the same as the application number. If the applicant is known to the system, then the system will apply the original case number when the application is initiated. However, the caseworker has the discretion to start a new case for the applicant. In this situation, the new application will contain the new case number, the new case will contain the new application number, the old case history</p>

Supplement 6  
ODJFS Data Warehouse Data Dictionary

Attribute	Definition
Caseload Number	<p>For APPLS, from GS01APPL.APPL01-CDE-CASELOAD.</p> <p>For AGs, from GS02CASE.CASE02-CDE-CASELOAD</p> <p>The number assigned by the county to uniquely identify this caseload among all of the County's caseloads. Statewide, it is NOT unique unless concatenated with county code.</p> <p>Caseload Number may be null or '0000' if APPL Status is 'P'</p>
Circumstance Code	<p>From INDV03-GS03INDV. INDV03-CDE-FLAG-RED-1. Entered via AEIIA. FLAGS</p>
Circumstance Description	
CMS Date CMS Deferred File	<p>From GS85DCMS.DCMS85-DTE-CMS-DEFER. Field name on AEICM is DEFERRED: This is the date CMS deferred the case back to the CDJFS.</p>
CMS Date CMS Received File	<p>From DCMS85-DTE-RCVD-CMS. Field name on AEICM is RECD: This is the date CMS enters in CRISE that they received the information.</p>
CMS Date CMS Received Returned Deferral from JFS	<p>From DCMS85-DTE-CMS-DEFER-RCVD. Field name on AEICM is DEFERRAL RECD: The date CMS received the deferral response information.</p>
CMS Date JFS Returned Deferred File to CMS	<p>From GS85DCMS.DCMS85-DTE-DEF-RET. Field name on AEICM is RETD: The date the CDJFS returned a deferred file to CMS.</p>
CMS Date Originally Sent to CMS	<p>From DCMS85-DTE-SENT-REF. Field name on AEICM is DATE SENT: Date the hard-copy application was sent to CMS for referral.</p>

Supplement 6  
ODJFS Data Warehouse Data Dictionary

Attribute	Definition
CMS Indicator	<p>Indicates whether or not the record of any individual in an AG has been sent to County Medical Services (CMS) for evaluation.</p> <p>For APPLS, this column is always 'N' for 'no.'</p> <p>For AGs, this column is set to 'Y' for 'yes' if the CMS_STAT_CD in the corresponding record in the base table (FACT_APPL_AG_MTH) is populated.</p> <p>CMS is used only for the following programs:</p> <p>(GA A) - Disability Financial Assistance Cash (MA G) - Disability Assistance Medical (MA B) - Medicaid for the Blind (MA D) - Medicaid for the Disabled</p>
CMS Status Code	<p>This is the OVERALL status of the CMS record. From DCMS85.CDE_STATUS. Field name on CRISE screen AEICM is CMS ST. CRISE lookup table is TCST. Values are:</p> <p>A APPROVED MEDICAID DISABILITY (STATE MEDICAL), DISAB &gt;=12 MTH B APPROVED STATE DISABILITY ONLY, DISABILITY 9-12 MONTHS D CMS DENIED DISABILITY CLAIM F DEFERRAL DATE ENTERED I INCOMPLETE P PENDING (REFERRAL STARTED) V APPROVED FOR ALIEN EMERGENCY ASSISTANCE ONLY (AEMA)</p>
CMS Status Description	
CRISE Recipient ID	
Current Week Indicator	Indicates whether or not the given row is the current week. Used by ETL and report building programs
Date of Birth	From GS01INDV.DTE-BIRTH.

Supplement 6  
ODJFS Data Warehouse Data Dictionary

Attribute	Definition
Days Band Code	Days Bands are used to group records together for aging. Values are: 00 < 0 days (postdated) 01 0 - 10 days 02 11 - 20 days 03 21 - 30 days 04 31 - 45 days 05 46 - 60 days 06 61 - 90 days 07 91 - 120 days 08 more than 120 days
Days Band Description	
Days Between Application Date and Signature Date	Calculated. This is the number of days from the day the application was initiated (Application Date) to the day the AG application was signed (Signature Date). If the Signature Date is null, then this value will also be null. Zero in this field indicates that the application was signed the same day it was initiated.
Days between Signature Date and Authorization Date	Calculated. This is the number of days from the day the application was signed (Signature Date), to the day the AG was authorized (Assistance Group Authorization Date). If the Signature Date is null or the Authorization Date is null, then this value will also be null. Zero in this field indicates that the application was authorized the same day it was signed.
Days Pending	Calculation of Days Pending depends on the state of the application. FOR APPLICATIONS (CRISE Program = 'APPL'): If the application status code = 'P' or 'C,' then Days Pending = extract date minus application date. If the application status code = 'I' but there are no AGs assigned (CRISE Program = 'APPL'), then Days Pending = extract date minus disposition date. FOR ASSISTANCE GROUPS (CRISE Program NOT = 'APPL'): If the AG status code = 'P' and a signature date exists, then Days Pending = extract date minus signature date. If the AG status code = 'P' and a signature date exists, then Days Pending = extract date minus disposition date.
Days Since Initiation	Calculated. This is the number of days from the day the application was initiated (Application Date) to the most recent extract date. This is a cumulative total.

Supplement 6  
ODJFS Data Warehouse Data Dictionary

Attribute	Definition
Days Since Last Status Change	Calculated. This is the number of days from the day the application status was last changed (Disposition Date) to the most recent extract date. This total is not cumulative; if the status code = 'I,' then the Days Since Last Status Change will be the number of days since the status became 'I.' The Days Since Initiation, on the other hand, will be the number of days since the application was created.
Disposition Date	For pending APPLs, the origin of the Disposition date depends on the status and position of the application. For APPLs with status 'D,' the Disposition date comes from the segment date of the APPL01 database record. For APPLs with status other than 'D,' the Disposition date comes from the DATE-DISP field of the APPL01 database record.  For pending AGs, from AGXX02-DTE-SEGMENT. Segment date, date the AG was created.  For authorized AGs, from AGXX02-CDE-AUTHORIZE. Date the AG was resolved.
Eligibility Data Mart Partition Number	
Evacuee Indicator	
Evacuee State Code	This field was added during the final stages of testing in the fall of 2005 after the Gulf Coast was devastated by first Katrina, then Rita. It was used to identify recipients who had been evacuated from the affected areas.
Extract Date	Date record was extracted from CRIS-E
First Day of the Week	First day of the record week.
First Name	For an APPL, this is the Primary Information Provider (PIP), populated from INDV01-NAM-FIRST where INDV01-SW-PIP = '1'.  For an AG, this is the AG Name, populated from INDV03-GS03INDV.INDV03-NAM-FIRST-INDIV where PTR102-GS02PTR1.PTR102-SW-NAME-AG is set.
Individual Sequence Number	
Individual Sequence Number	From GS01INDV.INDV01-NBR-SEQ. A system-generated sequence number that allows multiple individuals to be associated with the same application. '00' is the most common sequence number.
Last Day of the Week	Last day of the record week.
Last Name	For an APPL, this is the Primary Information Provider (PIP), populated from INDV01-NAM-LAST where INDV01-SW-PIP = '1'.  For an AG, this is the AG Name, populated from INDV03-GS03INDV.INDV03-NAM-LAST-INDIV where PTR102-GS02PTR1.PTR102-SW-NAME-AG is set.

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ODJFS Data Warehouse Data Dictionary

Attribute	Definition
Middle Initial	<p>For an APPL, this is the Primary Information Provider (PIP), populated from INDV01-NAM-MIDDLE where INDV01-SW-PIP = '1'.</p> <p>For an AG, this is the AG Name, populated from INDV03-GS03INDV.INDV03-NAM-INITIAL-MI-INDI where PTR102-GS02PTR1.PTR102-SW-NAME-AG is set.</p>
Middle Initial	<p>For an APPL, this is the Primary Information Provider (PIP), populated from INDV01-NAM-MIDDLE where INDV01-SW-PIP = '1'.</p> <p>For an AG, this is the AG Name, populated from INDV03-GS03INDV.INDV03-NAM-INITIAL-MI-INDI where PTR102-GS02PTR1.PTR102-SW-NAME-AG is set.</p>
Migrant Farm worker Indicator	<p>Indicates if a person in this AG is a migrant farmworker.</p> <p>Migrant workers are not limited to Food Stamp AGs; they appear across the spectrum of programs. In Application Timeliness, migrant worker status is considered only in determining breaks in eligibility for only the Food Stamp program. For Food Stamps, migrant farmworkers have up to a 30-day break in eligibility before another Food Stamp application is considered an initial application.</p> <p>Default value for this column is 'N' for No. Therefore, applications that begin as APPLs will always have 'N' in this field, even if the AG is later marked to indicate that somebody in it is a migrant farmworker.</p> <p>The extract process uses the REAPP_CD field to pass migrant farmworker information. If the record is a Break in Eligibility for a Migrant Farmworker, then the REAPP_CD = 'M.' The ETL process then uses that M to set this column, the Migrant Farmworker Indicator, to 'Y' for yes. In all other cases, the REAPP_CD contains one of ('B','I','S'), and the Migrant Farmworker Indicator is set to 'N' for no.</p>
Migrant Farm worker Indicator	<p>Indicates if a person in this AG is a migrant farm worker. This applies only to breaks in eligibility for Food Stamp programs. It does not apply to initial applicants unknown to the source system, or to spinoffs, or to any CRISE program other than Food Stamps. For Food Stamps, migrant farm workers have up to a 30-day break in eligibility before another Food Stamp application is considered an initial application.</p>

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ODJFS Data Warehouse Data Dictionary

Attribute	Definition
Newly Created Indicator	<p>Calculated. Default = 'Y' for yes. For both APPLs and AGs: if a record for this Appl Number exists in the previous week, then set Newly Created Indicator to 'N' for no.</p> <p>In other words, if this application first appeared in this week then it is newly created. A record will be Newly Created in the first week it appears; in subsequent weeks the indicator will be set to 'N' for no.</p>
Previous Application Number	From GS01APPL.APPL01-NBR-APPL-PREV. This associates any previous applications from the same individual or household, e.g., if a person applies for food stamps one day and then comes in a week later to apply for disability.
Primary Information Provider Indicator	From GS01INDV.SW-PIP. Indicates if this person is the Primary Information Provider for the application.
Processed Timely Indicator	<p>Set to 'Y' for Yes for timely applications, 'N' for No for untimely applications.</p> <p>An application is resolved in one of three ways:</p> <p>The APPL application is denied.</p> <p>An AG is authorized.</p> <p>An AG is initiated but subsequently denied.</p> <p>For the OFS Application Timeliness measure APPLs, OWF and Food Stamp applications are considered timely if they are resolved within 30 days. The number of days is calculated as follows:</p> <ul style="list-style-type: none"> <li>- The initial day is excluded from the computation and the last day is included.</li> <li>- If the last day of the time period falls on a Saturday, Sunday, or legal holiday, the time period shall extend to the end of the next work day.</li> </ul> <p>For example, if an OWF application is signed on August 1, the count begins August 2 and runs through August 31. If August 31 falls on a Saturday, then the count ends on the following Monday (in this example September 2).</p>

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ODJFS Data Warehouse Data Dictionary

Attribute	Definition
Reapplication Code	<p>from FACT_APPL_AG_WK.REAPP_CD. Generated by the extract process to denote the provenance of an application.</p> <p>I = Initial. For all programs, an application is new when the applicant is not already known to CRIS-E. All APPLs and the AGs that result from APPLs have reapplication code = 'I.'</p> <p>B = Break in eligibility. For Food Stamps, the break must be at least one day, except in the case of migrant farm workers, who can have a break of 30 days. For all other programs, including Medicaid, the break must be at least one day.</p> <p>S = Spinoff. When a recipient who is already receiving assistance applies for a new category of assistance, e.g. a Medicaid recipient applies for food stamps, the new category of assistance, in this case food stamps, is tracked for timeliness. For most programs, the new assistance program is an initial application, whether a new case is created or a new assistance group is created under the existing case. For some Medicaid programs, however, the creation of a new AG is NOT considered an initial application.</p>
Reapplication Code	<p>from FACT_APPL_AG_WK.REAPP_CD. Generated by the extract process to denote the provenance of an application.</p> <p>I = Initial. For all programs, an application is new when the applicant is not already known to CRIS-E. All APPLs and the AGs that result from APPLs have reapplication code = 'I.'</p> <p>B = Break in eligibility. For Food Stamps, the break must be at least one day, except in the case of migrant farm workers, who can have a break of 30 days. For all other programs, including Medicaid, the break must be at least one day.</p> <p>S = Spinoff. When a recipient who is already receiving assistance applies for a new category of assistance, e.g. a Medicaid recipient applies for food stamps, the new category of assistance, in this case food stamps, is tracked for timeliness. For most programs, the new assistance program is an initial application, whether a new case is created or a new assistance group is created under the existing case. For some Medicaid programs, however, the creation of a new AG is NOT considered an initial application.</p>
Reapplication Description	

Supplement 6  
ODJFS Data Warehouse Data Dictionary

Attribute	Definition
Reason Code 1	<p>A code used to identify the reasons used to authorize any change or reauthorization of the assistance group. (e.g. 005, 091, 313, 368) From AGXX02-CDE-RSN-STAT(1).</p> <p>Eligibility lookup table is DM_AG_STAT_RSN. CRIS-E lookup table is TSCR, System Reason Codes.</p> <p>For an AG, this column is populated from AGXX02-CDE-RSN-STAT(1). If the REAPP_CD is 'B' or 'S,' the reason code might be an old one from a previous application.</p> <p>For an APPL, this column is populated from APPL01-CDE-RSN-STAT-APPL. This column is sporadically populated in APPL01, usually only when an application is denied. It is populated via CRIS-E trx ARAD.</p>
Reason Code 2	<p>A code used to identify the reasons used to authorize any change or reauthorization of the assistance group. (e.g. 005, 091, 313, 368) Eligibility lookup table is DM_AG_STAT_RSN. CRIS-E lookup table is TSCR, System Reason Codes.</p> <p>For an AG, this column is populated from AGXX02-CDE-RSN-STAT(2). If the REAPP_CD is 'B' or 'S,' the reason code might be an old one from a previous application. For an APPL, this column is not populated.</p>
Reason Code 3	<p>A code used to identify the reasons used to authorize any change or reauthorization of the assistance group. (e.g. 005, 091, 313, 368).</p> <p>Eligibility lookup table is DM_AG_STAT_RSN. CRIS-E lookup table is TSCR, System Reason Codes.</p> <p>For an AG, this column is populated from AGXX02-CDE-RSN-STAT(3). If the REAPP_CD is 'B' or 'S,' the reason code might be an old one from a previous application.</p> <p>For an APPL, this column is not populated.</p>
Reason Description	The text description of the Reason Code.
Signature Date	<p>from AGXX02-DTE-SIGNED. Date the application is signed. An application must have a valid signature date in order to be authorized; lack of signature date is grounds for denial of the application. Entered by worker via AEFPY.</p>
Social Security Number	
Staging Table Indicator	for use by the extract program; not a reporting field.
State	Two-character abbreviation code for the state.
Week Name	For report captions.

Supplement 6  
ODJFS Data Warehouse Data Dictionary

<b>Attribute</b>	<b>Definition</b>
Worker Id	The unique identifier assigned to distinguish a state/county worker from all other state/county workers.  From GS01APPL.APPL01-NBR-WORKER. (CRISE screen ARAD field WORKER) The worker who is assigned to this application. This column is not required by trx ARAD or ARHA, but it must be populated before an AG can be created.
Year-Week ID	Surrogate key, sequentially assigned by calendar year, e.g., the first week of January 2005 is week 200501.

# Supplement 5

## Current and Future Environment

# Supplement 7

Available Supporting  
Information for Data Sources

**Supplement 7**  
**Available Supporting Information for New and Enhanced Data Sources**

Supplement Four contains information on the new and enhanced data sources to be included in the Data Warehouse and Medicaid Decision Support System. Record layout, physical model, logical model and data dictionary information is available for a subset of the new and enhanced data sources contained in Supplement Four. Due to the volume of these documents, the State is making this supporting information available on CD upon request by prospective offerors. Offeror's interested in receiving a CD must use the inquiry process described in the RFP to request the information. Requests submitted via the inquiry process must contain the name and complete mailing address of the person to receive the CD. All requests will be mailed via regular U.S. mail. Offeror's that would prefer to pick-up the CD at 30 East Broad Street 39<sup>th</sup> Floor, Columbus, Ohio must indicate this preference and provide a phone number for the State to call to arrange for pick-up.

Below is a table indicating available additional information for new and enhanced data sources. All items mark with a "Y" will be included on the CD provided by the State.

**A. NEW DATA SOURCES**

	<b>Data Source</b>	<b>Record Layout</b>	<b>Physical Model</b>	<b>Logical Model</b>	<b>Data Dictionary</b>	<b>Agency</b>
<b>1</b>	<b>Child Health Data</b>					
1.1	Metabolic Formula Program Summary	N	N	N	N	ODH
1.2	Birth Defects Information summary	Y	N	Y	Y	ODH
1.3	Vital Statistics Data – Births, Deaths, Hearing screenings, and Immunizations Given at Birth	N	N	N	N	ODH
1.4	Women, Infant and Children Database (WIC) summary	Y	N	N	Y	ODH
<b>2</b>	<b>Chronic Disease Data</b>					
2.1	HIV Case Management Database summary	N	N	N	N	ODH
2.2	HIV Drug Assistance Database summary	N	N	N	N	ODH
2.3	HIV/AIDS Reporting System (HARS) summary	Y	N	N	N	ODH
2.4	Ohio Cancer Incidence Surveillance System (OCISS) summary	Y	N	N	Y	ODH

**Supplement Seven  
Available Supporting Information for Data Sources**

	<b>Data Source</b>	<b>Record Layout</b>	<b>Physical Model</b>	<b>Logical Model</b>	<b>Data Dictionary</b>	<b>Agency</b>
2.5	Ohio Disease Reporting System summary (ODRS)	Y	Y	N	Y	ODH
2.6	Payment authorization for waiver services (PAWS) Summary	N	Y	N	N	MRDD
2.7	PASSPORT Information Management System (PIMS) and Program of All-Inclusive Care for the Elderly (PACE) summary	Y	N	N	N	ODA
<b>3</b>	<b>Administrative Data</b>					
3.1	Third Party Liability (TPL) Master File Summary	Y	N	N	N	ODJFS
3.2	Third Party Liability (TPL) Recovery from TPL Recovery Vendor Summary	N	N	N	N	ODJFS
3.3	Buy-In Data Summary	N	Y	N	N	ODJFS
3.4	Medicare Data: Historical Claims Summary	Y	N	N	N	ODJFS
3.5	Medicare Part D and Additional Pharmacy/Prescription Data	see national database	see national database	see national database	see national database	ODJFS
3.6	Medicare Data: Eligibility Data from EDB Database	Y	N	N	Y	ODJFS
3.7	Medicare Data: Eligibility Data FROM CMS MMA RETURN FILE	N	N	N	Y	ODJFS
3.8	Perseus - Long Term Care Cost report information and Franchise Fee Administrative Data Summary	Y	N	N	Y	ODJFS
3.9	Pre-Admission Screening Summary (PASRR)	N	Y	Y	N	ODMH
3.10	Provider Sanction File from OIG	Y	N	N	N	ODJFS
<b>4</b>	<b>Quality Measures Data</b>					

**Supplement Seven  
Available Supporting Information for Data Sources**

	<b>Data Source</b>	<b>Record Layout</b>	<b>Physical Model</b>	<b>Logical Model</b>	<b>Data Dictionary</b>	<b>Agency</b>
4.1	Incident Review Tracking System (ITS) Summary	Y	Y	Y	Y	MRDD

**B. ENHANCED DATA SOURCES**

	<b>Data Source</b>	<b>Record Layout</b>	<b>Physical Model</b>	<b>Logical Model</b>	<b>Data Dictionary</b>	<b>Agency</b>
7.2	EDI Data Store X File	Y	Y	Y	Y	ODJFS

# Supplement Trailer