

# Care Management Request for Proposal

## Attachment B – Scope of Work



## Table of Contents

|  |    |
|--|----|
| Table of Contents .....  | 2  |
| Cover Page .....   | 3  |
| B. Scope of Work .....   | 4  |
| 1. Executive Summary .....                                     | 4  |
| 2. Project Overview .....                                      | 4  |
| 3. Background .....  | 5  |
| 4. Care Management .....                                       | 6  |
| 5. Integration .....   | 8  |
| 6. Proposed Solution Scope of Work .....                       | 10 |
| 7. OHCA Roles and Responsibilities .....                       | 11 |
| 8. Care Management System Specifications .....                 | 16 |
| 9. Care Management System Scope of Work and Deliverables ..... | 17 |

## List of Tables

|   |    |
|---|----|
| Table 1 SoonerCare Enrollment Statistics Summary .....    | 6  |
| Table 2 OHCA Key Architecture Components .....            | 7  |
| Table 3 OHCA Key Staff and Roles & Responsibilities ..... | 11 |
| Table 4 Contractor Key Roles and Responsibilities .....   | 13 |
| Table 5 Phases and Deliverables .....                     | 17 |

## List of Figures

|  |    |
|--|----|
| Figure 1 Care Management Enterprise Architecture ..... | 7  |
| Figure 2 OHCA Physical Connectivity View .....         | 10 |

## Cover Page

RFP #: 8070000044

### Brief Description of Requirement:

The State of Oklahoma Office Of Management and Enterprise Services (OMES), Central Purchasing (CP), is soliciting competitive sealed bids from qualified Contractors for fixed price proposals for a hosted Care Management (CM) Solution on behalf of the Oklahoma Health Care Authority (OHCA) Care Management (CM) Program to primarily serve the Medicaid population of Oklahoma. The CM Solution needs to be implemented to comply with Centers for Medicare and Medicaid Services (CMS) Seven Conditions and Standards and CMS Medicaid Information Technology Architecture (MITA) 3.0. OHCA is seeking a system that will integrate closely with the Oklahoma Medicaid Management Information System (MMIS) and allow the agency to:

- Coordinate care management activities between business units and other organizations;
- Automate workflows;
- Provide better tracking and reporting capabilities;
- Provide smooth communication across business units and state organizations; and,
- Create a registry of care management outcomes across the agency.

### Calendar of Events

**All dates are estimates and subject to change.**

| ACTIVITY                                   | DATE                        |
|--|-----------------------------|
| RFP available on website/email Bidders     | Friday, December 14, 2018   |
| RFP Questions Due by 3:00 p.m. CST         | Friday, December 28, 2018   |
| RFP answers available on website           | Monday, January 7, 2019     |
| Proposals Due to OMES by 3:00 p.m. CST     | Wednesday, January 16, 2019 |
| Potential Demos                            | Wednesday, March 6, 2019    |
| Submission of Contract to CMS for Approval | Wednesday, April 3, 2019    |
| Award of Contract                          | Monday, June 10, 2019       |
| Operations Begin                           | Monday, July 1, 2019        |

Issued By and Return Sealed Bid in accordance with submission instructions in Section C. of the RFP.

To:

Office of Management and Enterprise Services  
Central Purchasing  
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Contracting Officer:

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## B. Scope of Work

### 1. Executive Summary

- a. OHCA is issuing this RFP for a state-of-the-art, Commercial Off The Shelf (COTS) Care Management System. OHCA is looking to modernize care management processes by replacing the current system with a more collaborative, centralized Care Management solution that will coordinate activities across the Oklahoma Medicaid Enterprise and between other agencies who are stakeholders in the care management process. OHCA future Care Management System will need to address the following components:
  - i. Implementing a single care management system that interfaces with OHCA Medicaid Management Information System (MMIS);
  - ii. Utilization of an electronic workflow;
  - iii. Mobile access and communications;
  - iv. Tracking capabilities;
  - v. Data extracting and reporting capabilities; and,
  - vi. Data Analytics.
- b. OHCA needs a common Care Management System that supports a holistic care management model by providing smooth communication across business units and state organizations, as well as creating a registry of care management outcomes across the agency. Additionally, OHCA is looking for a solution that allows for management of multiple programs in multiple work queues while also allowing Episodes of Care to be handled and integrated seamlessly between business units and other systems.

### 2. Project Overview

- a. OHCA intends to award a single Contract to a Contractor for the new Care Management System and ongoing maintenance and operations. OHCA is interested in proposals that demonstrate an integrated team approach with a single Prime Contractor and additional subcontractors, contracted to the Prime Contractor if indicated.
- b. The Contractor is expected to demonstrate an approach and solution that will:
  - i. Be flexible, robust, and interoperable with OHCA IT Enterprise technology to meet Care Management needs of OHCA;
  - ii. Be expandable in the future for possible additional users and agencies;
  - iii. Be flexible to meet State and federal policy changes; and,
  - iv. Be collaborative with OHCA staff with respect for the staffing limitations within OHCA and their other commitments.
- c. OHCA Care Management Solution will be utilized for the early identification of member healthcare needs, coordination of care, and results reporting. The solution will be built on MITA 3.0 compliant architecture meeting CMS Seven Conditions and Standards. In addition, the project includes implementing the proposed solution throughout the entire OHCA provider network and providing ongoing support for the System. The Contractor is also expected to host the System and provide technical support post-implementation.
- d. Specifically, the project will include the following components:

- i. Replacement of the current system, Atlantes, with a robust, full-functioning Care Management Solution which also includes risk stratification, and clinical/health analytics;
- ii. Conversion of Data from the MMIS and the Legacy Care Management System - Atlantes;
- iii. Implementation of Mobile access for OHCA staff, Members, Stakeholders, and Providers;
- iv. Hosting and operation of the Care Management Solution;
- v. Implementation of the Care Management Solution including services, installation, support, knowledge transfer, and training;
- vi. Near real-time data exchange with the Oklahoma MMIS;
- vii. Support for Member and Provider/Stakeholder portals that provide remote access from a variety of devices and locations, including mobile technology;
- viii. HIE and external provider EHR connectivity as well as direct messaging ability; and,
- ix. Ongoing maintenance and operation of the Care Management Solution;
- e. When implemented, OHCA Care Management information system must meet the CMS certification requirements for Care Management as defined in the CMS Medicaid Enterprise Certification Toolkit for Medicaid Management Information Systems, as applicable. The Contractor must participate in CMS Certification Life Cycle reviews. OHCA desires a COTS solution that is comprised of components that can be integrated into OHCA Enterprise Architecture. The solution shall have the potential to utilize OHCA MMIS components where desired. Dynamic data exchange with external systems is desirable. The System must support standards-based inbound and outbound transactions whenever appropriate.
- f. The Care Management Solution must also support OHCA business processes as described in the Use Cases in Attachment A. These processes are based on the MITA standards and the system must support the goals found in the MITA eSelf-Assessment in Attachment L.
- g. OHCA requires that no interruption of care management services will occur during and after the implementation of the new solution.

### 3. Background

- a. The Oklahoma Health Care Authority (OHCA) is the single state agency responsible for administering the Oklahoma Medicaid Program, known as SoonerCare. SoonerCare provides government assisted health insurance coverage to qualifying Oklahomans. Other state agencies that are also responsible for aspects of the Medicaid program include: the Oklahoma Department of Human Services (OKDHS), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and the Oklahoma State Department of Health (OSDH).
- b. SoonerCare covers a wide range of services through the programs, including:
  - i. Behavioral Health Services (BHS);
  - ii. Child Health Services (Early Periodic Screening, Diagnosis, and Treatment (EPSDT));
  - iii. Dental Services;

- iv. Physician Services;
  - v. Hospital Services;
  - vi. Nursing Home Services;
  - vii. Pharmacy Services;
  - viii. School-Based Services;
  - ix. Family Planning Services; and,
  - x. Non-Emergency Transportation Services
- c. SoonerCare health benefit and eligibility programs information.
- i. OHCA has many programs aimed at improving the health of our Members. A detailed description of the SoonerCare Health Program and Benefit information is available on the OHCA website at the following link: [www.okhca.org/SoonerCareProgramsandBenefits](http://www.okhca.org/SoonerCareProgramsandBenefits).
  - ii. The SoonerCare Annual Report Primer provides additional information on SoonerCare and is available at: <http://www.okhca.org/SoonerCareAnnualReportPrimer>.
  - iii. SoonerCare enrollment statistics are available on OHCA website at the following link: <http://www.okhca.org/EnrollmentStatistics> under the Fast Facts section. Table 1 SoonerCare Enrollment Statistics Summary below represents a summary of State Fiscal Year 2016 SoonerCare statistics.

**Table 1 SoonerCare Enrollment Statistics Summary**

| <b>Summary Report of SFY 2016</b>   |
|---|
| <ul style="list-style-type: none"> <li>▪ 1 in 4 Oklahomans were enrolled in SoonerCare.</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ There were 1,052,826 unduplicated Members enrolled in the SoonerCare or Insure Oklahoma programs. Of those Members 187,350 were CHIP.</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ A total of 1,018,836 SoonerCare Members received services.</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ 49,269,428 claims were processed, 99% of which were filed electronically.</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ On average, 802,916 Members were enrolled each month of the SFY. Females comprised 57 % of the unduplicated Enrollees.</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ Age of SoonerCare Enrollees:               <ul style="list-style-type: none"> <li>○ Children age 18 and younger – 59%</li> <li>○ Adults age 19 to 64 – 35%</li> <li>○ Adults age 65 and older – 6%.</li> </ul> </li> </ul> |

#### **4. Care Management**

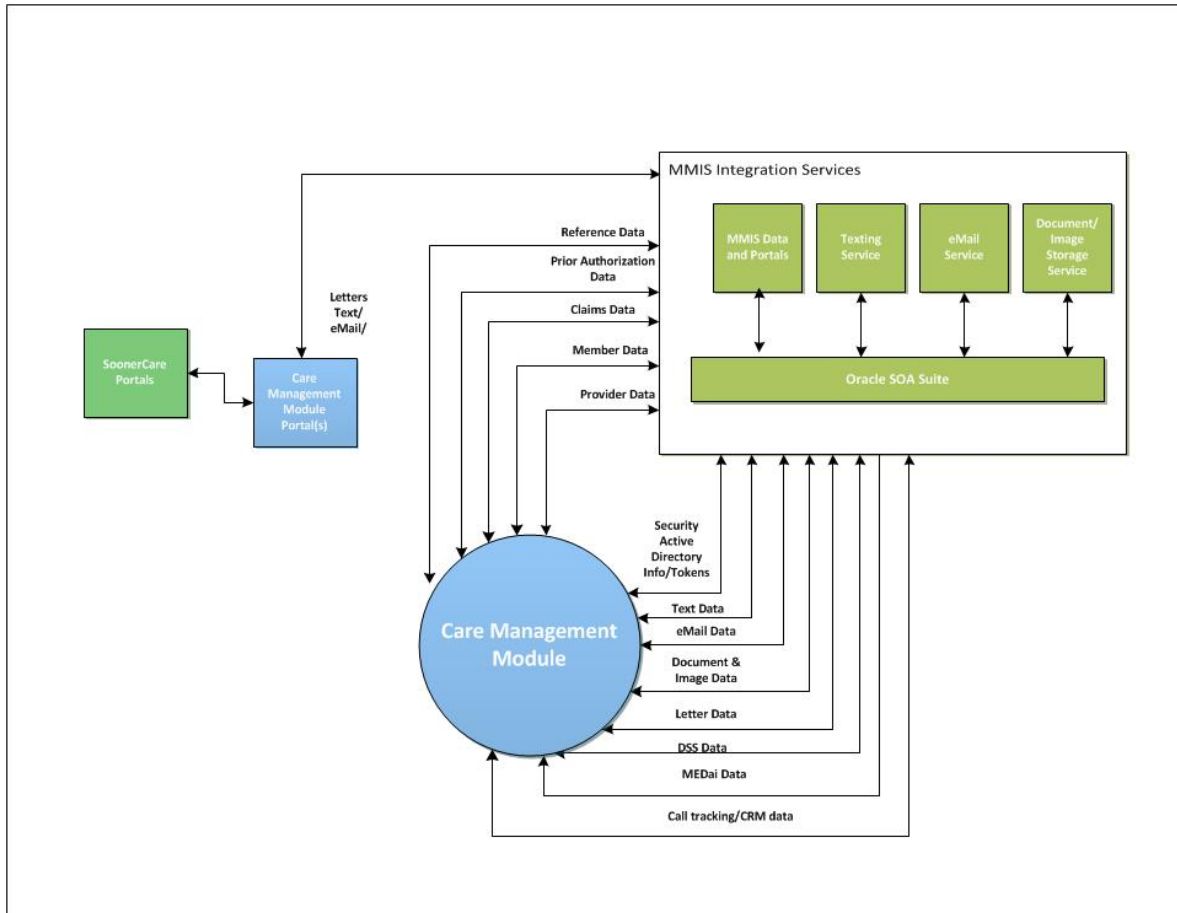
- a. The scope of OHCA Care Management procurement project encompasses multiple clinical departments of the agency. The Population Care Management, Behavioral Health Operations, Community Living Services and the Level of Care Evaluations departments provide care management, PASRR, and coordination services for SoonerCare Members depending on their needs.
- b. Detailed descriptions of OHCA Care Management Units and statistics can be found in Attachment D, Current Care Management Environment. Additional information on OHCA Care Management programs can be found in our Care

Management Program Evaluation, available for download at:  
<http://www.okhca.org/CareManagementProgramEval>.

c. Enterprise Architecture

OHCA technical enterprise is comprised of a traditional MMIS and an integrated Online Eligibility & Enrollment system. The Oracle SOA Suite is currently utilized in both systems. The integration of the SOA suite, business rules engines, and workflow tools follows OHCA’s strategy to meet the CMS Seven Standards and Conditions and CMS certification criteria. Figure 1 represents a high-level view of OHCA enterprise architecture with a Care Management focus. Table 2 provides a list of the key architecture tools and components of the OME.

**Figure 1 Care Management Enterprise Architecture**



**Table 2 OHCA Key Architecture Components**

| Tools                  | Product  | Function   | Responsibility          |
|------------------------|--|--|-------------------------|
| Business Rules Engines | <ul style="list-style-type: none"> <li>In Rule Business Rules Management System</li> </ul> | Provides separation and reuse of business rules for easier management in the MMIS, | Oklahoma MMIS Vendor(s) |

|                              |  |  |                         |
|------------------------------|--|--|-------------------------|
|                              | <ul style="list-style-type: none"> <li>▪ Progress Software's Corticon Business Rules Management System</li> </ul>  | Eligibility & Enrollment, and Workflow Systems.  |                         |
| Master Data Management       | <ul style="list-style-type: none"> <li>▪ IBM Initiate Master Data Service</li> </ul>   | Provides Master Person Index for OME systems   | Oklahoma MMIS Vendor(s) |
| Integration                  | <ul style="list-style-type: none"> <li>▪ Oracle SOA Suite</li> </ul>   | Provides integration services and business process automation services                                   | Oklahoma MMIS Vendor(s) |
| Data Warehouse and Analytics | <ul style="list-style-type: none"> <li>▪ Oklahoma MMIS Vendor(s) Data Warehouse running SAP BI Software</li> </ul>   | Provides query and analytics to OHCA Medicaid Enterprise.  | Oklahoma MMIS Vendor(s) |
| Document Management          | <ul style="list-style-type: none"> <li>▪ IBM Content Management on Demand for Multiplatform</li> <li>▪ On Demand Web Enablement Kit</li> <li>▪ DB2 Database</li> </ul> | Provides Document Storage for MMIS and Online Enrollment & Eligibility System.                           | Oklahoma MMIS Vendor(s) |
| Oracle SOA Suite             | <ul style="list-style-type: none"> <li>▪ Oracle SOA Suite</li> <li>▪ Business Process Management Suite</li> <li>▪ Web Services</li> </ul>                              | Provides integration of internal and external Systems with the MMIS and Eligibility & Enrollment Systems | Oklahoma MMIS Vendor(s) |
| Communication Generation     | <ul style="list-style-type: none"> <li>▪ Open Text Extream</li> </ul>  | Communication Generation and Management  | Oklahoma MMIS Vendor(s) |
| Predictive Modeling          | <ul style="list-style-type: none"> <li>▪ LexisNexis MEDai</li> </ul>   | Predictive Modeling and Analytics  | Oklahoma MMIS Vendor(s) |

## 5. Integration

a. OHCA Business Enterprise Division will act as the integrator for the Care Management replacement project. Oklahoma MMIS Vendor(s) will collaborate with the

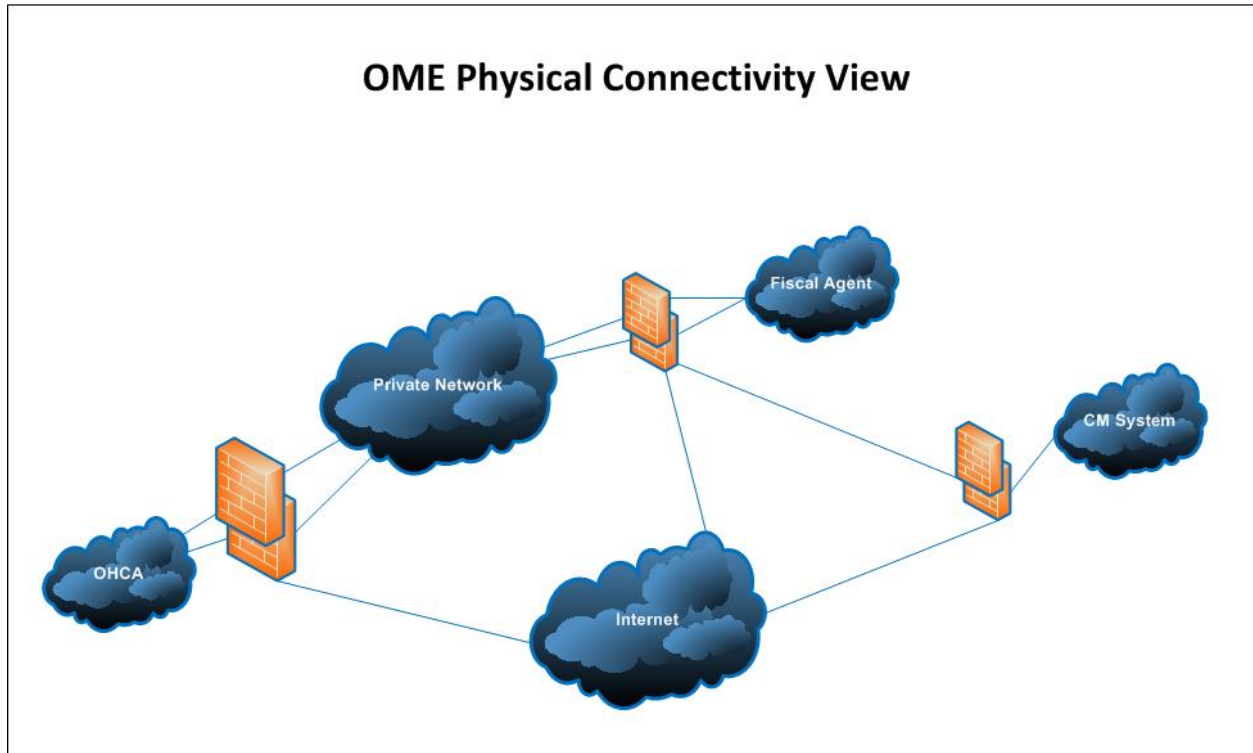


Contractor. The Contractor must collaborate with OHCA and Oklahoma MMIS Vendor(s) for integration and interface services to successfully accomplish the requirements of the RFP. The Contractor is required to collaborate with Oklahoma MMIS Vendor(s) to successfully complete the project deliverables. CMS requires integration and interface services to be developed based on industry standards where available and designed for reusability. The integration and interface services are part of the CMS certification process and must meet the requirements specified in the certification criteria. Figure 1 Care Management Enterprise Architecture depicts the integration and interface points that are proposed for the Oklahoma Medicaid Enterprise Architecture. Some integration points are suggested to foster reuse of existing systems.

b. Care Management Technical Environment - OHCA currently utilizes a Clinical Care Management System (CCMS) called Atlantes to manage the recording of Episode of Care information, tracking of the Episode of Care process, and production of reports. This system interacts with OHCA's MMIS, known as interChange (iCE), which is operated by a fiscal agent (FA), DXC, currently under contract with OHCA.

c. OHCA Physical Connectivity- Figure 2 depicts the physical connective view of the Care Management system within the Oklahoma Medicaid Enterprise. To establish the connection to the OME, the Care Management System will need a leased line with adequate bandwidth to support the needs of the OME. The connection will need to use modern VPN technologies that utilize standard government encryption algorithms to protect the data. The Care Management System will need to use non-RFC 1918 addresses to communicate with the OME and be capable of establishing a Federated Trust that is compatible with Microsoft authentication technologies. A larger diagram is available in Attachment E Architecture Diagrams.

Figure 2 OHCA Physical Connectivity View



## 6. Proposed Solution Scope of Work

a. This RFP requests the following services for the Proposed Scope of Work:

- Design, development, and implementation (DDI) of a Care Management System;
- Conversion from the legacy Care Management System and MMIS;
- Integration and Interfaces;
- Mobile access and communications;
- Implementation of HIE Data into the Care Management System;
- Maintenance and Operations of the implemented System; and
- CMS Certification.

OHCA is seeking an existing multi-tiered MITA-compliant COTS solution that is either cloud-based or a Software as a Service (SaaS) Solution. Customization of the System to meet the needs of OHCA should be kept to a minimum. Preferably, OHCA staff wherever possible, such as adding new users, updating workflow rules, and adding new programs, should do configuration of the Software.

OHCA intends to select a Contractor that demonstrates a complete understanding of the Care Management specifications. The Contractor must demonstrate the capability to

provide a Care Management Solution that embraces the MITA goals and objectives, meets CMS Seven Conditions and Standards, understands the MMIS environment, displays capability to comply with all State and federal changes in a timely manner, and address all of the requirements included in the RFP.

The Care Management System and Integration & Interface services must pass CMS Certification for Care Management systems after six months of implementation of Part I and Part II.

b. Project Governance

OHCA and the Contractor both have key roles for a successful Care Management project. OHCA will take an active role during project implementation. A Governance process that includes all participants, OHCA, the Contractor, IV&V, and CMS, will be the most successful.

**7. OHCA Roles and Responsibilities**

a. OHCA Care Management System Project team will coordinate the overall project management responsibilities including availability of OHCA resources as required to support the project. During the entire lifecycle of the project, OHCA will:

- Define the goals and objectives of OHCA Care Management programs and services throughout implementation and ongoing operations;
- Communicate the goals, objectives, and ongoing status of the project to all stakeholders;
- Work with stakeholders to identify and monitor project and program risk and appropriate mitigation issues;
- Monitor the project management approach that will govern the project;
- Review the draft deliverables and final deliverables developed by the Contractor and provide feedback, request changes, and provide final review until OHCA is satisfied with the resulting deliverable;
- Review and approve or reject final deliverables developed and revised by the Contractor;
- Provide access to OHCA management and Subject Management Experts (SMEs) for the approval of the deliverables required to meet the goals and objectives of the project;
- Perform the role of System Integrator for the project; and,
- Coordinate IV&V tasks with the IV&V contractor.

Table 3 describes OHCA’s key Project Staff and their Responsibilities.

**Table 3 OHCA Key Staff and Roles & Responsibilities**

| PROJECT TITLE                        | ROLES AND RESPONSIBILITIES   |
|--------------------------------------|--|
| <b>Chief of Business Enterprises</b> | <ul style="list-style-type: none"> <li>▪ Primary Point of Contact for Contract Administration and Disputes.</li> </ul> |

| PROJECT TITLE                                  | ROLES AND RESPONSIBILITIES  |
|--|---|
| <b>Contract Coordinator</b>                    | <ul style="list-style-type: none"> <li>▪ Point of Contact for Contract Administration and Disputes.</li> </ul>  |
| <b>Professional Services Contracts Manager</b> | <ul style="list-style-type: none"> <li>▪ Mediates contract dispute resolution.</li> </ul>   |
| <b>Program Manager</b>                         | <ul style="list-style-type: none"> <li>▪ Provides OHCA management of the project and serves as the chief liaison to the Chief of Business Enterprises for design, development, and project implementation activities, as well as the project's maintenance and operational phase</li> <li>▪ Makes day-to-day project decisions</li> <li>▪ Manages OHCA teamwork activities consistent with the approved work plan</li> <li>▪ Identifies resource requirements, coordinates use of personnel resources, identifies issues and solves problems, and facilitates implementation of the System</li> </ul> |
| <b>Integration Lead</b>                        | <ul style="list-style-type: none"> <li>▪ Coordinates integration services</li> <li>▪ Coordinates Oklahoma MMIS Vendor(s) services with Contractor</li> </ul>  |
| <b>Analyst IV Lead</b>                         | <ul style="list-style-type: none"> <li>▪ Assists Users to define Care Management Business Rules, Workflow Processes and other System specifications</li> <li>▪ Leads User Acceptance Testing</li> </ul>   |
| <b>Analyst III – Two Staff Members</b>         | <ul style="list-style-type: none"> <li>▪ Participates in User Acceptance Testing</li> <li>▪ Acts as Subject Matter Experts for MMIS processes</li> </ul>  |
| <b>Clinical Lead</b>                           | <ul style="list-style-type: none"> <li>▪ Provides clinical leadership to ensure the delivery and goals of OHCA Care Management system are met</li> <li>▪ Works closely with other team members.</li> <li>▪ Provides business expertise in OHCA Care Management programs</li> <li>▪ Provides expert guidance ensuring that OHCA Care Management policy and business rules are defined for the Contractor</li> </ul>  |
| <b>Security Governance Director</b>            | <ul style="list-style-type: none"> <li>▪ Participates as Subject Matter Expert for OHCA Enterprise Security processes and requirements</li> </ul>   |
| <b>Data Governance Director</b>                | <ul style="list-style-type: none"> <li>▪ Participates as Subject Matter Expert for Data Governance and Data Warehouse policy</li> </ul>   |
| <b>Behavioral Health Lead</b>                  | <ul style="list-style-type: none"> <li>▪ Participates as the Behavioral Health subject matter expert</li> </ul>   |
| <b>PASRR Lead</b>                              | <ul style="list-style-type: none"> <li>▪ Participates as the PASRR subject matter expert</li> </ul>   |
| <b>Community Living Service Lead</b>           | <ul style="list-style-type: none"> <li>▪ Participates as the Waiver subject matter expert</li> </ul>  |

| PROJECT TITLE | ROLES AND RESPONSIBILITIES  |
|---------------|---|
| IV&V          | <ul style="list-style-type: none"> <li>▪ Monitors and reviews project conditions and deliverables</li> <li>▪ Identifies project risks and recommends mitigation strategies</li> <li>▪ Provides IV&amp;V Status Reports for CMS as required for the MECT process</li> <li>▪ Provides Status Reports for OHCA</li> <li>▪ Provides technical reports and assessments to OHCA as requested</li> </ul> |

b. Contractor Roles and Responsibilities

Table 4 Key Personnel Roles and Responsibilities describes the key project positions, their corresponding roles project responsibilities, and minimum qualifications for each. Other positions may be proposed at the Contractor’s discretion.

**Table 4 Contractor Key Roles and Responsibilities**

| TITLE                            | ROLES AND RESPONSIBILITIES  | QUALIFICATIONS   |
|----------------------------------|---|--|
| <b>Account /Project Director</b> | <ul style="list-style-type: none"> <li>▪ Primary point of contact with the State’s contract administrator, BE Program Manager, CM Director, and other State executive sponsors for activities related to contract administration, overall project management and scheduling, correspondence between the State and the Contractor, dispute resolution, and status reporting to the State for the duration of the contract</li> <li>▪ Authorized to commit the resources of the Contractor in matters about the implementation performance of the Contract.</li> <li>▪ Responsible for ensuring all Contractor-required resources identified by project manager are staffed on time.</li> <li>▪ Responsible for naming a designated resource responsible for CMS Certification of the Care Management project.</li> <li>▪ Responsible for addressing any project-related issues that cannot be resolved by the Contractor’s project manager.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Minimum of 3 years of direct project oversight.</li> <li>▪ <u>Special consideration will be given to those who have MMIS experience.</u></li> <li>▪ Possess expert knowledge in CMS MITA and Certification requirements.</li> </ul> |
| <b>Project Manager</b>           | <ul style="list-style-type: none"> <li>▪ Provide onsite management of the project and serve as the chief liaison to</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Minimum of 3 years of project management</li> </ul>   |

| TITLE | ROLES AND RESPONSIBILITIES   | QUALIFICATIONS  |
|-------|--|---|
|       | <p>OHCA for design, development, and project implementation activities, as well as the project’s maintenance and operational phase.</p> <ul style="list-style-type: none"> <li>▪ Authorized to make day-to-day project decisions.</li> <li>▪ Responsible for facilitating the project by using the project management processes, organizing the project, and managing the teamwork activities consistent with the approved work plan.</li> <li>▪ Responsible for scheduling and reporting project activities, identifying resource requirements well in advance, coordinating use of personnel resources, identifying issues and solving problems, and facilitating implementation of the System.</li> <li>▪ Responsible for hosting bi-weekly status meetings, monthly milestone meetings, as well as interim meetings throughout implementation. Will assign Contractor staff to those meetings as appropriate. Will provide an agenda and develop minutes for each meeting.</li> <li>▪ Possesses business expertise in CM systems with a strong understanding of the Contractor’s business application.</li> <li>▪ Provides expert guidance ensuring that CM policy and business rules as defined by OHCA are correctly implemented in the Contractor’s solution.</li> <li>▪ Advises OHCA regarding best practices and recommends modifications to business processes to improve the overall CM program.</li> </ul> | <p>experience for a government or private sector health care payer, including experience in a state similar in scope and size.</p> <ul style="list-style-type: none"> <li>▪ Possess current Project Management professional certification, e.g., Project Management Institute (PMI), etc.</li> <li>▪ Possess a working knowledge of CM programs.</li> <li>▪ Possess expert knowledge in CMS MITA and Certification requirements.</li> </ul> |

| TITLE                 | ROLES AND RESPONSIBILITIES  | QUALIFICATIONS   |
|-----------------------|---|--|
| <b>Clinical Lead</b>  | <ul style="list-style-type: none"> <li>▪ Provides high quality clinical leadership to ensure the delivery and goals of OHCA Care Management system are met.</li> <li>▪ Works closely with the Technical Lead and other members of the team in all aspects of the project.</li> <li>▪ Possesses business expertise in Care Management with a strong understanding of the Contractor’s solution.</li> <li>▪ Provides Expert guidance ensuring that Care Management policy and business rules are correctly defined and implemented into the Contractor’s solution.</li> <li>▪ Advises OHCA regarding best practices and recommends modifications to business processes to improve the overall Care Management Program.</li> <li>▪ Provides Care Management expertise and support for the project implementation lifecycle.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Possess experience in a government or private sector health care payer.</li> <li>▪ Possess experience in another state similar in size and scope.</li> <li>▪ Possess a working knowledge of Care Management programs.</li> <li>▪ Possess a Bachelor of Science in Nurse Degree with current RN licensure.</li> <li>▪ Experience with HIPAA Privacy and Security.</li> <li>▪ Possess expertise implementing the Contractor’s solution</li> </ul>   |
| <b>Technical Lead</b> | <ul style="list-style-type: none"> <li>▪ Leads cross-functional teams through the entire project implementation lifecycle.</li> <li>▪ Provides knowledge transfer training to OHCA Staff.</li> <li>▪ Coordinates integration services.</li> <li>▪ Assists OHCA Staff with defining user workflows.</li> <li>▪ Possesses knowledge of mobile device development and implementation processes.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Experience with Process Improvement Methodology including defining and redefining workflows.</li> <li>▪ Possess experience in another state with a project in similar size and scope.</li> <li>▪ Possess expertise implementing the Contractor’s solution.</li> <li>▪ Knowledgeable of mobile devices, network connectivity and integration services.</li> <li>▪ Knowledgeable of CMS Privacy and Security requirements HIPAA, NIST and other privacy and security regulations.</li> <li>▪ Possess knowledge of CMS MITA and Certification requirements.</li> </ul> |

## 8. Care Management System Specifications

### a. Care Management System

Specifications for the core Care Management System are outlined in Attachment C: System Specifications. The detailed specifications are separated by worksheet tabs in the Attachment C workbook and include:

- Security Specifications
- Functional Specifications
- Non-Functional Specifications

Any proposed system should incorporate the specifications, as detailed, to ensure a complete proposal. Attachment C details the mandatory and desirable aspects of the solution being sought by OHCA and other than providing responses as instructed, the document should remain unaltered.

### b. Value Added – Predictive Modeling

In addition to the core system being sought by OHCA, Bidders are also provided the opportunity to respond to proposed specifications for a predictive modeling solution. This is a non-mandatory component of the RFP and OHCA may or may not opt to include predictive modeling in the final awarded solution. Oklahoma currently utilizes MEDai to identify members and providers for care management outreach programs. The current system utilizes batch processes to model data and does not have a real-time feed into the legacy Care Management system.

Oklahoma is interested in a near real time predictive modeling system that is seamlessly integrated with the proposed Care Management system. A value-add Care Management predictive modeling solution would include the following:

1. Modeling, as defined in the specifications of this RFP, of Member and Provider information utilizing MMIS data and other information sources as required;
2. Integration with the proposed Care Management Provider web portal to provide easy access for Providers to view predictive modeling data for the Members they serve;
3. Connectivity, if separate from the proposed Care Management System, to HIEs and external providers EHRs;
4. Hosting and operation of the Predictive Modeling solution;
5. Implementation of the Predictive Modeling solution including services, installation, support, knowledge transfer and training;
6. Care Management workflow integration where possible; and,
7. Ongoing maintenance and operation of the Predictive Modeling solution.

The Predictive Modeling system must seamlessly integrate with the proposed Care Management System and support the business processes described in Attachment A. When implemented, the Predictive Modeling information system must meet CMS certification requirements as defined in the CMS Enterprise Certification Toolkit for Medicaid Information Systems.



Section B Scope of Work deliverables, requirements, and standards apply to the Predictive Modeling system. The Value-Add Predictive Modeling System must be implemented simultaneously with the initial Scope of Work described in **Section B.9 Care Management System Scope of Work** and Deliverables. Additional specifications are included for the Value-Add in Attachment C.

c. Staffing

The required Technical Lead and Clinical Lead described in **Section B.7, Table 4 Contractor Key Roles and Responsibilities** above must have predictive modeling implementation experience or an additional Technical and Clinical Lead with Predictive Modeling expertise must be proposed.

**9. Care Management System Scope of Work and Deliverables**

a. The initial project Scope of Work is the implementation and CMS certification of the Core System. The Core System includes everything except the HIE, EHR and Direct messaging components. The HIE, EHR and Direct messaging components will be a separate implementation and separate CMS certification process.

Deliverables for each implementation are listed in Table 5 below. Many of the activities and deliverables listed may be iterative. OHCA is committed to an implementation based on COTS best practices for integration into OHCA Enterprise.

b. Activities and Deliverables

OHCA desires the deliverables and System development to be a collaborative process by OHCA Project Team and the Contractor where relevant.

Notice of Acceptance of a Deliverable:

1. OHCA will send a Notice of acceptance for each deliverable when approved.
2. An approval Notice from OHCA is required before UAT may begin.
3. OHCA will send Notice when UAT has officially ended.
4. OHCA will send an approval Notice when production may begin.

**Table 5 Phases and Deliverables**

|   |
|---|
| <b>Phase 1 Initiation and Planning</b>  |
| <i>Activities:</i>  |
| <ul style="list-style-type: none"> <li>• Initiation and Planning</li> </ul>   |
| <i>Deliverables:</i>  |
| <ul style="list-style-type: none"> <li>• Project Status Reporting – Required for all phases at a frequency defined by OHCA.</li> <li>• Project Schedule</li> <li>• Project Kickoff Materials</li> </ul> |
| <b>Phase 2 Requirements Design &amp; Development</b>  |
| <i>Activities:</i>  |

- Solution Review
  - Workflow Analysis & Design
  - Initial Training
- Modify Business Processes
- Configuration & Customization
- Develop
  - Interfaces
  - Custom Components
  - Data Conversion Script

***Deliverables:***

- Requirements Gap Analysis
- COTS Configuration Documentation
- Interface Documentation
- Data Conversion Mapping
- Data Conversion
- Customization Document
- Add-On Components List
- Installation of Hardware
- Installation of Software
- Workflow Documentation

**Phase 3 Integration and Testing**

***Activities:***

- Final Review & Validation
  - System Testing
  - User Acceptance Testing
  - Integration Testing
  - Go-Live Preparation
  - Maintenance Training
  - User Training

***Deliverables:***

- Completed Testing
- Final Configuration of System
- Training Materials

**Phase 4 Implementation**

***Activities:***

- Go-Live Production Migration
- System Optimization

***Deliverables:***

- Go-Live
- User System Acceptance

|   |
|---|
| <b>Phase 5 Operations and Maintenance</b>   |
| <b><i>Activities: Certification Planning &amp; Preparation</i></b>  |
| <ul style="list-style-type: none"> <li>• Post Go-Live Review</li> </ul>   |
| <b><i>Deliverables:</i></b>   |
| <ul style="list-style-type: none"> <li>• Upgrades and Enhancements</li> <li>• Monthly Network Security Scan Vulnerability Reports</li> <li>• Periodic System Security Penetration Testing</li> <li>• Participation in Disaster Recovery Drills</li> </ul> |