

Attachment E – Drug Rebate Performance Guarantees

Drug Rebate Performance Guarantees

Performance Measure	Functional Requirement ID	Requirement	Performance Standard	Damages to be Assessed
1	IVM-1	Solution must support automated generation of the Drug Rebate Electronic Invoice Files for each drug manufacturer with current rebate information, with the ability to generate and distribute electronically and on paper.	Within forty-five (45) to sixty (60) days of the end of the previous quarter.	DHHS may assess \$5,000 per incident per day not in compliance with performance standard.
2	IVM-11	Solution must automatically generate delinquent letters to manufacturers who have not paid an invoice or have an outstanding balance.	Within ten (10) business days for payments not received within thirty-eight (38) days for the most recent quarter and a subsequent letter for payments not received within sixty-eight (68) day for the most recent quarter or has an outstanding balance of original invoice date.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
3	IVM-17	Solution must generate and provide electronic files of all rebate (federal and state) invoicing, prior period adjustments and collections by NDC on a quarterly basis in a format defined by DHHS.	Within one (1) business day upon completion of the quarterly invoicing cycle quarter.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
4	IVM-22	Contractor must support DHHS in dispute resolution meetings (informal, appeal, judicial review, etc.) with manufacturer or labelers, including providing staff to participate with DHHS in meetings.	Within five (5) business day of DHHS's request.	Not applicable
5	IVM-29	Solution must migrate, convert, and manage the transfer of historical rebate data provided by DHHS.	No later than thirty (30) calendars days prior to implementation.	Not applicable
6	IVM-30	Solution must obtain and maintain CMS quarterly drug rebate information necessary for the generation of accurate rebate invoices. <ul style="list-style-type: none"> • Unit Rebate Amounts • Labeler Information • Unit Rebate Offset Amounts 	Prior to the subsequent quarterly invoicing cycle.	Not applicable

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7	IVM-31	<p>Solution must accept and maintain information provided by DHHS necessary for the generation of accurate rebate invoices:</p> <ul style="list-style-type: none"> • Claims utilization information • Managed Care Organization (MCO) information • Drug description information • Nebraska Medicaid Provider information • National Provider Identification (NPI) information 	Prior to the subsequent quarterly invoicing cycle.	Not applicable
8	IVM-38	Solution must generate a report listing all adjustments made to drug rebate invoices, with the capability to be filtered by labeler, time period, invoice number, NDC, number of units adjusted, total dollar amount adjusted, and adjustment code.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable
9	IVM-39	Solution must generate a report listing claims paid for any terminated drugs, in a specific quarter.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
10	IVM-40	Solution must generate a report listing of all claims paid for a specific labeler, in a specific quarter. A sample of the report must be submitted with the Technical Proposal.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
11	IVM-41	Solution must generate a report listing the total amounts billed, collected, adjusted, interest accrued, credits, disputed, not invoiced, and balance due, for all labelers, broken down by quarter and program. A sample of the report must be submitted with the Technical Proposal.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
12	IVM-42	Solution must generate a report listing current outstanding balances or credits of a labeler code at the invoice level.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable

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13	IVM-43	Solution must generate a report listing current outstanding balances or credits of a labeler code at the NDC level.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable
14	IVM-44	Solution must generate a report listing the total amounts for all labelers that are a specified number of days past due, broken down by invoice number.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable
15	IVM-45	Solution must generate a report listing the outstanding balances by labeler for all invoices and PQAS sent in a specified quarter. A sample of the report must be submitted with the Technical Proposal.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
16	IVM-46	Solution must generate a report listing total amount of Drug Rebate deposits, by deposit, for a specified time period. A sample of the report must be submitted with the Technical Proposal.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable
17	IVM-47	Solution must generate a report of all of the Unit Rebate Offset Amounts that occurred in the quarter plus any changes to previous quarters Unit Rebate Offset Amounts.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
18	IVM-48	Solution must generate report summations of adjustments (credits and debits), rebates billed and payments that occurred in the quarter. Each amount is summed by the quarter where the first invoice was recorded.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
19	IVM-49	Solution must generate a report listing invoices created for a specified invoice quarter or labeler.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
20	IVM-50	Solution must generate a report listing the amount billed, paid, adjusted, and outstanding for all labelers.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable
21	IVM-51	Solution must generate a report listing the date the quarterly file was received from CMS, the date the quarterly file was	Frequency is annually and on request – Report must be refreshed within one (1) business day following end of calendar year	Not applicable

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		processed by the contractor, the date the invoices were submitted to labelers, and the date the invoices were received by the labelers. A sample of the report must be submitted with the Technical Proposal.	or from date of request. Data must reflect prior year or time period specified DHHS.	
22	IVM-52	Solution must generate a report listing information on all invoices and prior quarter adjustment statements sent for a specific labeler in a specific time frame (Rebate Claimed, Adjustments, Interest Accrued, Payments, Outstanding Balance), broken down by program group (fee-for-service and encounter pharmacy and professional claims). Interest must be itemized at the NDC/line level.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable
23	IVM-53	Solution must generate a report listing of all drugs that were invoiced for, in a specific invoice quarter, but were not on the CMS file (rebateable).	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
24	IVM-54	Solution must generate a report listing of all invoices and prior quarter adjustment statements created in a specified invoice quarter.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
25	IVM-55	Solution must generate a report listing the accrued interest for a specified labeler. Interest must be itemized at the NDC/line level.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable
26	IVM-56	Solution must generate a report listing any drug that was invoiced an amount greater than Medicaid paid.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable
27	IVM-57	Solution must generate a report to notify labelers of the status of disputes, or how a dispute was resolved.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
28	IVM-58	Solution must generate a report listing all family planning drugs invoiced, including the Medicaid amount paid, and amount invoiced.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable

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29	IVM-59	Solution must generate and maintain an electronic file and report of all paid encounter and pharmacy claims with disputed products (NDCs) for the rebate quarter under review to facilitate dispute research and resolution. A sample of the report must be submitted with the Technical Proposal.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
30	IVM-60	Contractor must provide DHHS with a copy of CMS pharmacy-related communications (e.g., manufacturer or labeler code changes, DESI code changes, product deletions, labeler terminations, new manufacturer or labelers).	Within one (1) business day of receipt by the Contractor of CMS communication.	Not applicable
31	IVM-61	Solution must generate a report listing all instances in which a quarter-to-quarter variation equal to or exceeding fifteen percent (15%) occurs, in terms of either units invoiced or dollars collected, the reason(s) for the variance, and convey this information to DHHS for inclusion with the CMS-64.9R submission.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
32	IVM-62	Solution must generate a report that demonstrates the claims information provided by DHHS is used in each quarterly invoicing cycle, and any exceptions with reasons for not including specific claims in the applicable cycle.	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	Not applicable
33	IVM-63	Solution must generate ad-hoc reports against information provided by CMS and DHHS and information generated by the contractor’s proposed solution used for drug rebate invoicing, dispute management, and accounting processes.	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	Not applicable
34	IVM-64	Solution must allow users to run ad-hoc queries against information provided by CMS and DHHS and information generated by the Contractor’s proposed solution used for drug rebate invoicing, dispute	Frequency request is on request – query functionality must be real-time for data maintained within the system used for invoicing, disputes, and accounting. All reports with a standard monthly, quarterly,	Not applicable

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		management, and accounting processes. Users must be able to choose from multiple pre-built defined parameters, singularly or in combination, to generate user-customized results.	and annual frequency must also be available on request based on user-customized time periods.	
35	IVM-65	Contractor must provide DHHS a report documenting any deficiencies between the contractor's proposed solution and federal and state rebate standards.	Frequency is annually – Report must be refreshed within thirty (30) calendar days following end of calendar year. Data must reflect prior year.	Not applicable
36	IVM-66	Contractor must provide DHHS with white papers that provide an analysis, impact, and applicable options and recommendations for changes identified in Federal rebate standards.	Contractor must notify DHHS within one (1) business day of becoming aware of a change to Federal rebate standards. The Contractor notification must include an estimate of the time necessary to provide DHHS with the white paper.	Not applicable
37	IVM-67	Solution must allow all reports with claims information to be identified and reported based on claim type (e.g. pharmacy, professional) and procedure code (e.g. NDC, J-Code).	Frequency request is on request – query functionality must be real-time for data maintained within the system used for invoicing, disputes, and accounting. All reports with a standard monthly, quarterly, and annual frequency must also be available on request based on user-customized time periods.	Not applicable
38	ACC-1	Solution must capture, or convert electronically, the prior quarter adjustment statement (PQAS) and reconciliation of state invoices (ROSIs), perform line item match by drug, link to the invoice and identify disputes when payments are received.	Within three (3) business days of when payments are received.	DHHS may assess \$5,000 per incident per day not in compliance with performance standard.
39	ACC-4	Solution must produce accounting reports for outstanding drug rebate debt including interest calculated based on CMS rules. Interest must be itemized at the NDC/line level.	Monthly or within one (1) business day of request.	Not applicable
40	ACC-6	Solution must systematically establish Accounts Receivables at the Manufacturer or Labeler level for drug manufacturers	Within one (1) business day upon completion of the quarterly invoicing cycle.	Not applicable

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		invoiced for each drug rebate invoice generated by the system.		
41	ACC-7	Contractor must accept and deposit payments from manufacturers, and ensure payments are posted to the Accounts Receivables System and reconciled to the applicable invoice.	Within one (3) business days of receiving check from manufacturer.	DHHS may assess \$5,000 per incident per day not in compliance with performance standard.
42	ACC-8	Solution must provide monthly and quarterly drug rebate reconciliation according to DHHS defined criteria.	Within forty-five (45) calendar days after the end of each quarter.	Not applicable
43	ACC-9	Solution must provide reconciliation between the drug rebates received and the amount reported on the CMS-64.9R form for the quarter.	Within fifteen (15) calendar days after the end of each quarter.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
44	ACC-12	Solution must maintain, display, and report an audit trail of all changes made to invoices and identify invoice records that have been changed to facilitate future processing. The audit trail must minimally include invoice detail before and after the change, date of change, reason for change, and source of change. The audit trail must be accessible to DHHS staff online and in a report format.	Within one (1) business following the end of a calendar month.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
45	CDT-1	Contractor must provide technical assistance to all entities included in the drug rebate process, including CMS, DHHS, Labelers, MCOs, providers, and other contractors.	Contractor must provide acknowledgement of the request to the requestor within one (1) business day. The Contractor's acknowledgement must include an estimate of the time necessary to provide the requested technical assistance.	Not applicable
46	CDT-2	Contractor must provide DHHS with support, including contractor staff participation in meetings, and documentation if a drug manufacturer dispute, or other rebate-related action, proceeds to an administrative or judicial review.	Contractor must provide acknowledgement of the request to the requestor within one (1) business day. The Contractor's acknowledgement must include an estimate of the time necessary to provide the requested support or documentation.	Not applicable
47	CDT-3	Contractor must coordinate with appropriate CMS staff and, as necessary,	Contractor must provide acknowledgement of the request to the requestor within one	Not applicable

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		appropriate contacts for pharmaceutical manufacturers when the contractor determines that necessary CMS information pertaining to any given manufacturer's rebate-qualified drug is missing, incomplete, or otherwise inaccurate.	(1) business day. The Contractor's acknowledgement must include an estimate of the time necessary to provide the requested support, coordination, or response.	
48	CDT-4	Contractor must respond to all Medicaid drug program related inquiries, including surveys, from drug manufacturers and any entity acting on behalf of a drug manufacturer, as well as any other interested parties as requested by DHHS.	Contractor must provide acknowledgement of the inquiry from the requestor within one (1) business day. The Contractor's acknowledgement must include an estimate of the time necessary to provide a response.	Not applicable
49	CDT-5	Contractor must provide DHHS with an analysis of CMS pharmacy-related information that specifies if action by DHHS or other contractor is required and, if so, what that action is, by what entity it must be undertaken, and by when it must be completed.	Contractor must provide acknowledgement of the request to the requestor within one (1) business day. The Contractor's acknowledgement must include an estimate of the time necessary to provide analysis.	Not applicable
50	CDT-6	Contractor must support communication with other contractors, regarding the inclusion of applicable claims for rebates invoicing purposes, both state and federal.	Contractor must provide acknowledgement of the request to the requestor within one (1) business day. The Contractor's acknowledgement must include an estimate of the time necessary to provide response.	Not applicable
51	CDT-8	Contractor must provide a draft Training Plan with the proposal. A sample of the Training Plan must be submitted with the Technical Proposal. A final detailed Training Plan must be developed, reviewed and approved by DHHS within 45 calendar days of the contract start date. The approved Training Plan must address the following topics for training activities: <ul style="list-style-type: none"> • Approach and scope (including all audience groups); • Training activity, schedule, duration, types (i.e., in person, online, pre-recorded, real time, interactive, etc.), locations, for 	Same as requirement.	Not applicable

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		various stakeholder groups (e.g. state staff, labelers, providers, etc.) by task; <ul style="list-style-type: none"> • Assurances for providing timely, appropriate training activities for all stakeholders; • Roles and responsibilities for all stakeholder types; • Training to support the initial implementation of solution; • Post implementation training activities and frequency throughout the life of the contract; • Languages that training will be provided in and basis for verifying accuracy of all translations; and • Identification of standardized and ad hoc training materials. 		
52	CDT-11	Contractor must provide Training Plan updates on the following basis: <ul style="list-style-type: none"> • Prior to the scheduled pre-solution Implementation training; • Each time a solution change or upgrade is implemented. The updated and DHHS approved plan must be distributed to solution users prior to the implementation of the system change or upgrade; and • A complete review and update must be performed on an annual basis within thirty (30) days of the start of each contract year. The annually updated, DHHS-approved plan must be distributed or made available to all solution users. 	Same as requirement.	Not applicable
53	CDT-12	Contractor must perform updates to standardized training and communication	Same as requirement.	Not applicable

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		<p>materials. Updated materials must be reviewed and approved by DHHS on the following basis:</p> <ul style="list-style-type: none"> • At a minimum, on an annual basis in accordance with the training schedule; and • A minimum of ten (10) business days prior to a scheduled training event. • All updates must include a version identifier and date updated notation. 		
54	CDT-29	Solution must provide and keep current all system and user documentation at the time changes and upgrades are applied to the system.	Within ten (10) business days from the time a change or upgrade is applied to the system.	Not applicable
55	SAR-1	<p>Contractor must provide implementation and operational staff to support the following functions:</p> <ul style="list-style-type: none"> • Project Management/Support (e.g. requirements, design, development, testing, implementation, etc.) • Development or Configuration Management / Coordination • Testing Management/Coordination • Training Management/Coordination • Certification Management/Coordination 	Contractor must provide the applicable implementation and operational staff to support the deliverables and work products included in the Contractor's PWP for all projects executed under the Contract.	Not applicalbe
56	SAR-3	<p>Contractor must provide operational staff to support the following functions:</p> <ul style="list-style-type: none"> • Invoicing • Disputes • Reporting • Accounting • Customer Support 	Contractor must provide trained staff thirty (30) calendar days prior the Go Live date. Replacement of Key Personnel will take place within thirty (30) calendar days.	DHHS may assess up to \$1,000 per Business Day for each Business Day beyond the thirty (30) calendar days allowed for replacement of Key Personnel.

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		<ul style="list-style-type: none"> • Training • System Maintenance 		
57	TCC-1	At least one hundred eighty (180) days before the end of the Contract, the Contractor must develop and implement a DHHS approved Turnover Plan. The Turnover Plan must be comprehensive detailing the proposed schedule, activities, and resource requirements associated with turnover tasks.	Same as requirement.	Not applicable
58	CRT-1	Contractor shall ensure the system complies with all CMS and State Certification Requirements and provide evidence of compliance as requested by DHHS. Certification will take place under the certification process identified by CMS at the time of the associated ORR and CR reviews and requires ongoing reporting of performance indicators and proof of adherence to security standards. DHHS is currently following the CMS streamlined modular certification (SMC) process.	Contractor must provide DHHS with the necessary data and CMS certification documentation and artifacts according to the Contractor's approved PWP.	DHHS will withhold payment of Implementation Milestones until performance standard is met.
59	TNL-4	<p>The Solution must provide a comprehensive auditing framework that provides the following features</p> <ul style="list-style-type: none"> • Maintain a record of all changes made to any item within the system (e.g., data element, business rule, process control, software program), the ID of the person or process that made the change, before and after images of the affected data records, and the date and time the change was made. • Archive and retain audit data based on state retainage requirements 	Same as requirement.	Not applicable

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		<ul style="list-style-type: none"> • Allow DHHS users to view, filter, and sort the system audit trail, and export audit data in a standardized format (e.g., XML, CSV, ASCII, and RTF). • Provide a configurable option to allow the audit of usage by screen, by data on the screen, and by the user, based on specified timeframes. • provide an audit trail or log which identifies all access to PHI • Retain Audit trail or log data used to identify access to protected health information for a minimum of ten (10) years 		
60	TNL-5	<p>The Contractor must describe their maintenance approach for their software product/solution that ensures the following:</p> <ul style="list-style-type: none"> • All hardware, software, and communication components installed for use by state staff are compatible with the State's currently supported versions of the Microsoft Operating System, Microsoft Office Suite, and the Chrome Browser, and current technologies for data interchange. • The Solution is browser agnostic and must be maintained, updated, and supported with a cadenced and planned schedule. DHHS currently uses Chrome as the browser standard. For provider and client-facing systems, the State of Nebraska requires that the systems support industry-standard browsers such as Chrome, Firefox, Safari, and Microsoft Edge. The 	Same as requirement.	Not applicable

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		<p>Solution should support the current versions of these browsers with minimum backward compatibility for two older browser versions. The Solution roadmap should include plans to maintain compatibility with future browser versions. If a mobile application is offered, it should support both Apple and Android operation systems with at least the current OS plus the prior two versions.</p> <ul style="list-style-type: none"> • Maintain all hardware and software products required to support the Solution at the most current to -2 version, including patches, fixes, upgrades, and releases for all software, firmware, and operating systems. Any security patches must be maintained at the most current level after thorough testing. • Keep current all software version upgrades within 6 months of release or with approval from State for a modified schedule. • Maintain a product roadmap (updated at a minimum on an annual basis) that provides details regarding planned updates, the timing of product versions/releases, end of support (EOS), and end of life (EOL) for current and past versions. The roadmap should contain information regarding third-party products that the Solution utilizes. 		

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61	TNL-7	<p>The solution must operate and must meet the following SLA's</p> <ul style="list-style-type: none"> • The solution must be available 99.5% of the time during State business days. • The solution must notify in advance, within one (1) business day, DHHS and other contractors when the system will be unavailable due to maintenance. • The solution must return to operations (RTO) within 1 business day following an incident (e.g., disaster, power loss, etc.). • The solution must provide for a two (2) hour recovery point objective (RPO) for manual updates, and as necessary to support the RTO requirement. • The off-site system must be operational within twenty-four (24) hours following a service disruption. • The System online access should have a response time of less than 2 seconds for queries and less than 5 seconds for inserts and updates. 	Same as Requirement.	DHHS may assess \$5,000 per day when the average daily performance fails to meet the performance standard.
62	TNL-8	<p>Solution must have a Business Continuity and Disaster Recovery (BC/DR) Plan to ensure recovery of all system components in the event of a disaster. The draft version of the BC/DR Plan must:</p> <ul style="list-style-type: none"> • Be submitted with the proposal; • Be reviewed and approved by DHHS within timeframes agreed in approved work plan. • Be compliant with Federal Guidelines identifying every 	Must be submitted with Bidder's proposal, and reviewed and approved by DHHS during DDI. Must be updated annually, or more frequently as necessary.	Not applicable

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		<p>resource that requires backup and to what extent backup is required.</p> <ul style="list-style-type: none"> • The BC/DR Plan must, at a minimum, address the following elements: <ul style="list-style-type: none"> ○ Establish the purpose and scope of the BC/DR Plan; ○ Acknowledge and ensure compliance with applicable HIPAA and HITECH standards; ○ Describe the approach and strategy to disaster recovery and business continuity; ○ Describe how the plan will meet the MDR specific RTO and RPOs ○ Establish roles and responsibilities for managing disaster recovery and business continuity; ○ Identify risk areas; ○ Describe protocols for managing disaster recovery and business continuity (during and after); ○ Describe the approach to ongoing testing and validation of the BC/DR Plan; ○ Describe the frequency of updates. At a minimum, the plan must be updated 		

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		annually, or as needed more frequently.		
63	TNL-9	The contractor must perform an annual disaster recovery test demonstrating the efficacy of the BC/DR plan and provide an after-action report (AAR) of the test results to DHHS. The report must detail, the scope of the test, what was a success, what failed, what can be improved, and a plan to address those items. Full data restore capability must be demonstrated with no loss of data. The contractor must comply with and assist DHHS in updating and testing existing Security and Disaster Recovery/Business Resumption Plans.	Must be performed each calendar year during the Operations Phase of the Contract. AAR must be submitted to DHHS within thirty (30) days following the annual disaster recovery test.	Not applicable
64	TNL-10	Solution must provide real time monitoring and alerting for all system components for performance, errors, warnings, and capacity. Also, the Contractor must submit a system performance report with actual system availability and response times to DHHS monthly. Report should calculate based on 24x7 hours less approved maintenance windows. Reports should calculate to the minute. Downtime should be calculated from a full solution level with component calculations optional.	Submit system performance report within five (5) business days of the end of the prior month.	Not applicable
65	PMI-2	Contractor must develop and maintain a Project Management Plan (PMP). The PMP minimally must include the following: <ul style="list-style-type: none"> • Communications Plan • Change Management Plan • Staffing Management Plan • Quality Management Plan • Risk Management Plan • Issue Management Plan • Work Breakdown Structure 	Contractor must deliver the PMP to DHHS within thirty (30) days of contract signing.	DHHS will withhold payment of Implementation Milestone 1 until performance standard is met.

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		The PMP plan must be reviewed and approved by DHHS staff, and any identified adjustments will be made prior to signoff. A sample of the PMP plan must be submitted with the Technical Proposal.		
66	PMI-5	Contractor must participate in and capture notes from all necessary project meetings. The contractor must be responsible for creation and dissemination of all project meeting agendas, minutes, and necessary documentation.	Meeting agendas must be distributed one (1) business day prior to each meeting, and meeting minutes must be distributed within two (2) business days following each meeting.	Not applicable
67	PMI-6	Contractor must facilitate a project initiation kickoff meeting with key stakeholders and create a kickoff meeting presentation targeted to specific scope and audiences. The presentation must be submitted to and approved by DHHS.	Contractor must hold the Kickoff Meeting within thirty (30) days of contract signing.	DHHS will withhold payment of Implementation Milestone 1 until performance standard is met.
68	PMI-8	<p>Contractor must utilize, maintain, and facilitate a deliverable development and maintenance process. The contractor must take the following into account in the process:</p> <ul style="list-style-type: none"> • Deliverables must be delivered in a consistent format that includes change history, version control, and approval page. • The size and complexity of the deliverables must be taken into account when determining the length of time available for review cycles. Collaboration with DHHS staff for review turnaround expectations is required. • Any change control processes must be taken into consideration. • Contractor facilitated 	Contractor must deliver the draft Deliverable Development and Maintenance Process to DHHS within thirty (30) days of contract signing.	DHHS will withhold payment of Implementation Milestone 1 until performance standard is met.

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		<p>walkthroughs of draft deliverables must be used when requested.</p> <ul style="list-style-type: none"> DHHS staff capacity to support simultaneous review of numerous deliverables. 		
69	PMI-9	<p>Contractor must submit and update a project status report to support the steering and operating committee meetings. The report must contain the following at a minimum:</p> <ul style="list-style-type: none"> Current project work plan and schedule with percentage complete for milestones and tasks. Overall completion status. All past due tasks or milestones and the plan(s) for completing them. Planned tasks and activities for the next 30 days. Identification of any staffing issues or changes. Current status on all identified issues and mitigation proposed. Current status on all identified risks and mitigation steps. Current status on testing and metrics. Current status on performance standards. 	<p>Contractor must deliver and update the project status report monthly, and submit to DHHS within five (5) days of the end of the prior month.</p>	Not applicable
70	PMI-10	<p>Contractor must develop and maintain a detailed project work plan (PWP) that includes milestones, tasks, planned start and finish dates, actual start and finish dates, work hours, and assigned resources. The PWP must be developed and maintained in Microsoft Project, and also be</p>	<p>Contractor must deliver the draft PWP to DHHS within thirety (30) days of contract signing, and update weekly throughout implementation.</p>	<p>DHHS will withhold payment of Implementation Milestone 1 until performance standard is met.</p>

Performance Measure	Functional Requirement ID	Requirement	Performance Standard	Damages to be Assessed
		represented visually (e.g. Gantt Chart). The contractor must provide DHHS the PWP in Adobe PDF and Microsoft Excel formats. A sample of the PWP must be submitted with the Technical Proposal.		
71	PMI-12	Contractor must develop and maintain an Implementation Plan (IP) that includes the pre-Go Live, Go Live, and post-Go Live activities and implementation progress reporting. Post-Go Live activities must include an online end user survey to solicit feedback on the implementation results. Contractor must resolve customer friction points as identified through customer inquiries. The contractor must submit the draft IP to DHHS for review and approval.	Contractor must deliver the draft IP to DHHS within six (6) months of Go Live date, and update weekly throughout implementation.	DHHS will withhold payment of Implementation Milestone 2 until performance standard is met.
72	PMI-16	Contractor must provide all mutually agreed upon implementation work products and deliverables identified in the PWP to DHHS staff for review and approval and follow the agreed upon deliverable review process. Work products and deliverables include requirements, design, development, testing, pre-implementation (e.g. training, data conversion, etc.), go live, and post-implementation.	Contractor must submit deliverables and work products to DHHS as mutually agreed upon and documented in the PWP.	DHHS will withhold payment of Implementation Milestones until performance standard is met.
73	PMI-17	Contractor must develop and maintain a Test Management Plan that minimally includes roles and responsibilities, planning and execution activities, testing methodology and approach, progress reporting, defect management, and testing tool(s). The Test Management Plan must include the testing phases (e.g. unit, system, integration, performance, user acceptance, end to end testing) and activities required for each environment and interface. The Test Management Plan must align with the CMS Testing Framework.	Contractor must deliver the draft Test Management Plan to DHHS thirty (30) days prior to the start of testing activities, and update as necessary during implementation.	DHHS will withhold payment of Implementation Milestone 2 until performance standard is met.

Performance Measure	Functional Requirement ID	Requirement	Performance Standard	Damages to be Assessed
74	PMI-18	Contractor must develop and maintain an Integration Plan that details the milestones, tasks, schedule, and dependencies for establishing interfaces with the Contractor's solution.	Contractor must deliver the draft Integration Plan to DHHS within thirty (30) days following DHHS approval of requirements and design, and update as necessary during implementation.	DHHS will withhold payment of Implementation Milestone 2 until performance standard is met.
75	PMI-22	Contractor must utilize, maintain, and facilitate a Performance Standard Management Process and documentation to monitor, manage, and report on the contractor's adherence to the contract performance standards.	Contractor must deliver the draft Performance Standard Management Process and Report to DHHS within thirty (30) days of contract signing. Contractor must submit the Performance Standard Management Report to DHHS monthly during the DDI and M&O phases of the Contract.	Not applicable
76	PMI-24	Contractor must conduct an Implementation Assessment that includes an analysis of the state's existing solution and operational processes, and must provide a detailed plan for transitioning data and operations, including process changes, to the contractor's solution. The Transition Plan must track DHHS state of readiness to transition to the Contractor's solution and operational processes.	Contractor must provide the Implementation Assessment within thirty (30) calendar days of the implementation start date, and provide the Pre-Operational Transition Plan within sixty (60) days of the implementation start date.	DHHS will withhold payment of Implementation Milestones until performance standard is met.