**115136 O3**

**Attachment F – PBM Performance Guarantees**

# Pharmacy Benefit Management (PBM) Performance Guarantees

| **Performance Measure** | **Functional Requirement ID** | **Requirement** | **Performance Standard** | **Liquidated Damages to be Assessed** |
| --- | --- | --- | --- | --- |
|  | CPA-27 | Solution must generate a day-by-day claim submission statistical report to DHHS that identifies the number of claims submitted and a breakdown of the results of processing by claims status (i.e., paid, reversed, rejected), with total dollar amounts for paid, reversed, and rejected claims for each 24-hour period. A sample of the report must be submitted with the Technical Proposal. | Contractor must submit to the State daily. | Not applicable |
|  | CPA-28 | Solution must generate on-demand pre-formatted reports from the POS that provides real-time information. | Contractor must generate within five (5) business day of the request. | Not applicable |
|  | CPA-33 | Solution must process paper claims accurately within fifteen (15) business days of receipt. | Same as requirement. | Not applicable |
|  | CPA-34 | Solution must generate and email to providers a weekly report of denied paper claims detailing the reason for denial to assist in claim resubmission. | Same as requirement. | Not applicable |
|  | CPA-35 | Solution must return to providers claims received which cannot be processed due to missing/invalid information within fifteen (15) business days of receipt. A letter of explanation must be sent to assist in claim resubmission. | Same as requirement. | Not applicable |
|  | CPA-36 | Solution must generate a detailed monthly report for DHHS of paper claims received and processed. A sample of the report must be submitted with the Technical Proposal. | Same as requirement. | Not applicable |
|  | PRM-1 | Solution must provide a monthly Utilization Statistics Report with the option of viewing reports on-line or in hard copy that includes:* Brand/Generic utilization by claim
* Amount paid
 | Same as requirement. | Not applicable |
|  | PRM-2 | Solution must provide a daily claim processing report with the option of viewing reports on-line or in hard copy that includes:* Volume
* Processing Time
* Other Statistics such as abnormalities
 | Same as requirement. | Not applicable |
|  | PRM-3 | The Contractor will provide a quarterly expenditures report for the Federal and Supplemental Rebates with the option of viewing reports on-line or in hard copy. A sample of the report must be submitted with the Technical Proposal. | Same as requirement. | Not applicable |
|  | PRM-4 | Solution must provide a monthly Prior Authorization Report with the option of viewing reports on-line or in hard copy that includes:* Number of requests
* Number of approvals
* Number of denials
* Number of cancellations
* Number of interventions with Turn Around Time (TAT)

A sample of the report must be submitted with the Technical Proposal. | Same as requirement. | Not applicable |
|  | PRM-5 | Solution must provide a Specialty Drug report, as needed with the option of viewing reports on-line or in hard copy, that includes:* Claims paid for specialty drugs for data ranges requested by DHHS
* Input to be variable, based on current list of products considered “Specialty” drugs
* Ability to add or delete products and drug categories
 | Same as requirement. | Not applicable |
|  | PRM-6 | Solution must provide a monthly "Emergency Supply” Aggregate Report with the option of viewing reports on-line or in hard copy that includes:* Monthly listing of all claims paid, submitted by pharmacy as "3-Day Emergency Supply"
 | Same as requirement. | Not applicable |
|  | PRM-7 | Solution must provide a weekly Top 20 Reject Code Report with the option of viewing reports on-line or in hard copy that includes:* All claims denied for “NDC Not Covered”
* Reason for denial
* 70 Reject Denial, even if it is not in the Top 20

A sample of the report must be submitted with the Technical Proposal. | Same as requirement. | Not applicable |
|  | PDR-11 | Solution must provide the necessary Pro-DUR information to the DUR Contractor to support the completion of the CMS Annual Drug Utilization Review (DUR) report, as described in Section 1927 (g)(3)(D) of the Social Security Act.  | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | EFD-2 | Solution must retain and access historical reference file data according to state retention requirements. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | EFD-3 | Solution must retain up to three (3) years of claim history, historical member eligibility, provider, prior authorizations, and TPL records on-line. | Same as requirement. | Not applicable |
|  | EFD-4 | Solution must retain up to ten (10) years of archived data. | Same as requirement. | Not applicable |
|  | EFD-7 | Solution must archive data and purge archived data in accordance with DHHS archival and purge schedules. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | CCS-3 | Solution must provide service staffed by clinical pharmacists for the performance of prospective and retrospective DUR. This includes providing clinical consultation to providers over the phone, and authorization of drugs as deemed appropriate. The Contractor will respond to any request for prior authorization within 24 hours of receipt of the request. | Same as requirement. | DHHS may assess $1,000 per incident per day not in compliance with performance standard. |
|  | CCS-4 | Solution must provide service staffed by pharmacy technicians for the support of prospective DUR (e.g., informing of preferred drugs and applying state criteria for authorization (building PA), or denial of non-preferred drug, via phone, fax, or web-based). The Contractor will respond to any request for prior authorization within 24 hours of receipt of the request. | Same as requirement. | DHHS may assess $1,000 per incident per day not in compliance with performance standard. |
|  | CCS-6 | Solution must supply regular monthly reporting on all activities performed as part of clinical services, to include Utilization of Preferred Drug Classes, list of claims authorized, performance measure compliance figures, comparison report of requests by all methods, electronic online, market forecast of drugs coming on the market, generic conversion rates, consultation performance and results. Reports to be provided not later than the 15th day of the following month. | Same as requirement. | Not applicable |
|  | CCS-7 | Solution must provide a toll-free telephone line(s) for providers to contact Contractor clinical pharmacists to perform Clinical Consultation Services. The toll-free telephone line must be staffed Monday through Friday 8:00 AM to 7:00 PM and Saturday 8:00 AM to 1:00 PM Central Time, with 24 hours per day, seven (7) days per week, 365 days per year emergency on-call availability. | Same as requirement. | DHHS may assess $1,000 per incident per day not in compliance with performance standard. |
|  | CCS-9 | Solution must generate and send correspondence, using all methods, including electronic online to prescriber, and pharmacy to communicate any decision made on requests for authorization. Correspondence is required even if it duplicates information communicated orally. All correspondence to be mailed or faxed within five (5) business days of decision. | Same as requirement. | DHHS may assess $1,000 per incident per day not in compliance with performance standard. |
|  | CCS-10 | Solution must track and report to the State each PA decision made. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | CCS-12 | Contractor's dedicated Clinical Pharmacist must provide analysis of new drugs entering the market, including, but not limited to, anticipated market share and recommended coverage criteria. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | CCS-13 | Contractor's dedicated Clinical Pharmacist must provide a weekly analysis report of drug information database changes with coverage recommendations to DHHS. | Same as requirement. | Not applicable |
|  | CCS-14 | Contractor must provide implementation and operational staff to support the following functions:* 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 |
|  | CCS-15 | Contractor must provide operational staff to support the following functions:* Claims Processing and Adjudication
* Prior Authorization
* Ad hoc Reporting and Analysis up to 500 hours per 12-month period determined by and at the request of DHHS. This is exclusive of the annual CMS reporting and DUR Board support
* Prospective and Retrospective Drug Utilization Review
* Clinical Consultation Services
* Customer Support
* System Maintenance
 | Contractor must provide trained staff thirty (30) calendar days prior to 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. |
|  | CDT-1 | Call Center must resolve all problems, inquiries, and questions within one (1) business day. | Same as requirement. | DHHS may assess $1,000 per incident per day not in compliance with performance standard. |
|  | CDT-2 | Call Center must be available to address providers' questions and concerns 24) hours per day, seven (7) days per week, and three hundred sixty-five (365) days per year. | Same as requirement. | DHHS may assess $1,000 per incident per day not in compliance with performance standard. |
|  | CDT-7 | Call Management system must provide the State with a monthly Call Center Statistics Report as defined by DHHS. | Same as requirement. | Not applicable |
|  | CDT-8 | Call Management system must generate Customer Satisfaction Surveys to randomly selected populations. | Contractor must complete annually. | Not applicable |
|  | CDT-12 | Call Management system must create State-defined extract files that contain summary information on all calls received during a specified timeframe. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | CDT-21 | Contractor must establish and maintain a Customer Support Plan that addresses all aspects of customer care services, including a help desk function. The draft version of the Customer Support Plan shall:* Be submitted with the proposal;
* Be submitted to DHHS for review and approval within thirty (30) calendar days of the contract effective date;
* Establish the purpose and scope of the Customer Support Plan;
* Describe the customer support services, including but not limited to help desk services;
* Establish roles and responsibilities for providing customer support functions; and
* Establish operational hours for the provision of customer support services.
 | Same as requirement. | Not applicable |
|  | CDT-22 | Contractor must provide a help desk function. The help desk must provide:* Technical support by phone and online, every calendar day, (seven (7) days per week during the hours 8 a.m. to 6 p.m. CT) for all stakeholders for the first ninety (90) days of the Operations and Maintenance Task in accordance with the DHHS-approved Solution Customer Support Plan.
* Technical support by phone and online in accordance with DHHS's regular business hours (8 a.m. to 6 p.m. CT) for the duration of the contract beginning on the 91st day of Operations and Maintenance task. Support shall be provided in accordance with the DHHS-approved Solution Customer Support Plan.
* On-call technical support for hours outside production support core business hours.
* Return contact within fifteen (15) minutes of state contact to Contractor on-call support number.
* Active and continued resolution activity until problem is resolved for incidents
 | Same as requirement. | DHHS may assess $1,000 per incident per day not in compliance with performance standard. |
|  | CDT-25 | Contractor must document inquiries and provide routine reports to DHHS regarding reasons for inquiries.  | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | CDT-27 | Contractor must document grievances and provide routine reports regarding the reasons for the grievances and the resolution of the grievances. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | CDT-28 | Solution must provide a callback option. For callers who select a callback option. The Contractor must have their call returned within four (4) business hours. | Same as requirement. | DHHS may assess $1,000 per incident per day not in compliance with performance standard. |
|  | CDT-29 | Contractor must provide Customer Support monthly reporting statistics and criteria, and associated reports are to be delivered on a monthly basis. Some of the criteria to be included, but is not limited to are:* Call Center Calls Received by Month
* Calls Abandoned
* Calls Answered
* Average Handle Time
* Calls Held
* Average Hold Time
* Calls Abandoned %
* Call back statistics
* Average Speed of Answer
* Calls transferred to Voicemail
* Callers who left Voicemail
* Time to return Voicemail
* Dropped Calls.
 | Same as requirement. | Not applicable |
|  | CDT-31 | Contractor's Technical Support Call Center must be available to DHHS staff persons during normal business hours of 8:00 A.M. to 5:00 P.M., Central Time. | Same as requirement. | Not applicable |
|  | CDT-32 | Contractor's Technical Support (e.g., on-call) must be available twenty-four (24) hours a day seven (7) days a week. | Same as requirement. | Not applicable |
|  | CDT-33 | Contractor must respond to all technical system problems and questions within two (2) hours. The Contractor shall also submit an operational problem/trouble report to DHHS when System operational problems occur, describing the nature of the problem, the expected impact on ongoing functions, a corrective action plan, and the expected time of problem resolution. These reports shall be submitted as soon as possible, but no later than at the close of business of the day the problem is identified. | Same as requirement. | Not applicable |
|  | CDT-34 | Contractor must provide to DHHS access to Key Personnel during normal business hours of 8:00 A.M. to 5:00 P.M., Central Time. | Same as requirement. | Not applicable |
|  | CDT-37 | Contractor must provide a draft Training Plan with the 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:* 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 various stakeholder groups (e.g. state staff, labelers, providers, etc.) by task;
* 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.
 | Same as requirement. | Not applicable |
|  | CDT-40 | Contractor must provide Training Plan updates on the following basis:* 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 |
|  | CDT-41 | Contractor must perform updates to standardized training and communication materials. Updated materials must be reviewed and approved by DHHS on the following basis:* 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.
 | Same as requirement. | Not applicable |
|  | CDT-58 | 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 |
|  | 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 |
|  | 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. |
|  | TNL-4 | The Solution must provide a comprehensive auditing framework that provides the following features* 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
* 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

The auditing framework when applied must address the following scenarios * Track and provide the capability to report system processing applied to an individual claim, including data changes to all reference tables that affected the claim.
* Track and Report business rules applied to an individual claim, including tracking all edits/audits encountered, resolved, or overridden, and all claims rebilled.
* Track the login ID, date and time for all overridden edits must be captured.

Display and inquire on client data updates applied to the client eligibility data, drug information database updates etc. | Same as requirement. | Not applicable |
|  | TNL-5 | The Contractor must describe their maintenance approach for their software product/solution that ensures the following: * 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 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.
* 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.
 | Same as requirement. | Not applicable |
|  | TNL-7 | The solution must operate and must meet the following SLA’s* Solution’s annual overall availability percentage for the production system is to be 99.5% or higher. This availability target shall consider the impact of both planned and unplanned events.
	+ Planned Outages – Planned outages or scheduled maintenance should result in less than 1.0% reduction in overall availability. This equates to approximately 1.7 hours of planned downtime per week.
	+ Unplanned Outages – Unplanned outages or unscheduled maintenance should result in less than 0.1% reduction in overall availability. This equates to approximately 10 minutes of downtime per week.
* The solution must notify in advance, within one (1) business day, DHHS and other contractors when the system will be unavailable due to maintenance.
* Solution must be available to providers and the State twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days per year.
* Solution must return to operations (RTO) within twenty-four (24) hours following an incident (e.g. disaster, power loss, etc.).
* Solution must provide for a five (5) minute 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.
* Solution must meet all performance criteria twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days per year.

The system must conduct the majority processing in a real-time, interactive-based model and meet the following SLA’s* Record Search Time – The response time must be within four (4) seconds 95% of the time and under ten (10) seconds for 100% of the time for record searches.
* Record Retrieval Time – The response time must be within four (4) seconds 95% of the time and under ten (10) seconds 100% of the time for record retrievals.
* Screen Response Time – The response time must be within two (2) seconds 95% of the time and under ten (10) seconds for 100% of the time for screen response.
* Print Initiation Time – The response time must be within two (2) seconds 95% of the time and under ten (10) seconds 100% of the time for print initiations.
* Point of Sale Response Time – The elapsed time from receipt of the transaction by the Contractor from the switch vendor until the POS completes delivery of the transaction back to the switch vendor must not exceed two (2) seconds for 95% of the transactions, and four (4) seconds for 100% of the transactions.
 | Same as Requirement. | DHHS may assess $5,000 per day when the average daily performance fails to meet the performance standard. |
|  | TNL-8 | 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:* 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 resource that requires backup and to what extent backup is required.
* The BC/DR Plan must, at a minimum, address the following elements:
	+ 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 annually, or as needed more frequently.
 | Must be submitted with Bidder’s proposal, and reviewed and approved by DHHS during DDI. Must be updated annually, or more frequenty as necessary. | Not applicable |
|  | 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 |
|  | 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 |
|  | TNL-22 | Solution must have the ability to interface and exchange the following data from different State designated external systems (eligibility system, MMIS, Integration Platform etc.) * Member/Client Eligibility data
* TPL, co-pay information
* Provider eligibility
* drug information database updates
* Other data needed for POS claims adjudication.

The Solution must verify and report to DHHS that the interface files/data sent from DHHS systems has been successfully received and accepted into the proposed system with no errors. Incomplete file exchanges must be reported with defined error messages. Solution must send to DHHS an error report information for the processing of data received from DHHS, using a defined error reporting framework with pre-defined error codes | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | TNL-24 | Solution must provide adjudicated claims and payment data to DHHS according to requirements agreed upon in the design including but not limited to NCPDP post-adjudicated format and State defined file format.The Solution must support State-supplied Nebraska Claim Numbers framework as outlined below:* A different Nebraska Claim Number must be included on each claim record sent from the Contractor to the State.
* The system must display the Nebraska Claim Number on each claim.
* The Nebraska Claim Number from the reversed claim must be identified on the rebilled claim sent from the Contractor to the State.
* Each line item on a compound drug will be assigned a different Nebraska Claim Number.

Also the Solution must send paid and rejected claim records to the State's MMIS, with the exception of a claim paid and reversed on the same day. If a claim was paid and rebilled on the same day, only the rebilled claim record would be sent. | Same as requirement. | Not applicable |
|  | PMI-2 | Contractor must develop and maintain a Project Management Plan (PMP). The PMP minimally must include the following:* Communications Plan
* Change Management Plan
* Staffing Management Plan
* Quality Management Plan
* Risk Management Plan
* Issue Management Plan
* Work Breakdown Structure

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. | 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. |
|  | 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 |
|  | 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. |
|  | PMI-8 | Contractor must utilize, maintain, and facilitate a deliverable development and maintenance process. The contractor must take the following into account in the process:* 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 walkthroughs of draft deliverables must be used when requested.
* DHHS staff capacity to support simultaneous review of numerous deliverables.
 | 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. |
|  | PMI-9 | 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:* 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.
 | 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. | Not applicable |
|  | PMI-10 | 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 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. | Contractor must deliver the draft PWP to DHHS within thirety (30) days of contract signing, and update weekly throughout implementation. | DHHS will withhold payment of Implementation Milestone 1 until performance standard is met. |
|  | 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. |
|  | 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. |
|  | 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. |
|  | 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. |
|  | 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 |
|  | 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. |