**115136 O3**

**Attachment G – PDL Performance Guarantees**

# Preferred Drug List (PDL) Performance Guarantees

| **Performance Measure** | **Functional Requirement ID** | **Requirement** | **Performance Standard** | **Damages to be Assessed** |
| --- | --- | --- | --- | --- |
|  | PSR-4 | Contractor must create supplemental rebate invoices to manufacturers quarterly from NDC utilization data provided by DHHS no later than seventy-five (75) days from the end of the quarter. | Same as requirement. | DHHS may assess $5,000 per incident per day not in compliance with performance standard. |
|  | PSR-7 | Contractor must report the expected value of supplemental rebates at supplemental invoice generation.Contractor must provide Supplemental Rebates report quarterly, including quarterly supplemental rebate invoices, and supplemental rebates collected no later than ninety (90) days after the end of the quarter.When there have been adjustments in previous quarters, Contractor must report the previous quarters’ gross amounts, with adjustments detailed by drug class. | Same as requirement. | Not applicable |
|  | PSR-8 | Contractor must report the amount of dollars invoiced, received, and adjusted each quarter within fifteen (15) days after the end of the quarter for the CMS 64.9 report. | Same as requirement. | Not applicable |
|  | PTC-1 | Contractor must produce and provide to DHHS and the Pharmacy & Therapeutics Committee therapeutic class reviews of each therapeutic class or specific drugs under review by the P & T Committee no later than twenty-eight (28) days before each P & T Committee meeting. These reviews will include evidence-based monographs which summarize the relative safety, comparative efficacy, side effects, dosing, prescribing trends, and indications of each drug within the therapeutic class. | Same as requirement. | Not applicable |
|  | PTC-2 | Contractor must produce and provide cost analysis of the therapeutic class to DHHS and the P & T Committee no later than twenty-eight (28) days prior to each P & T Committee meeting. This analysis will include supplemental rebate negotiation and savings analyses based on monthly utilization data from the State’s POS contractor for each therapeutic class (or specific drugs out of cycle) under review by the P & T Committee. Savings estimations will be coded to protect the confidentiality of rebate information. | Same as requirement. | Not applicable |
|  | PTC-5 | Contractor must act as the recording secretary of all P & T Committee meetings and provide detailed and comprehensive draft minutes to DHHS and posted publically within ten (10) Business days after the meeting in accordance with the Nebraska Open Meetings Act. | Same as requirement. | Not applicable |
|  | PPA-3 | Contractor must develop and maintain a website with listing of historical approved State preferred drug lists. These documents should be readable and downloadable.  | Within five (5) business days after the updated PDL is posted. | Not applicable |
|  | PPA-5 | Contractor must maintain a weekly PDL file with NDCs and specific drug information and send it to DHHS and the MCOs. | Same as requirement. | Not applicable |
|  | PPA-7 | Contractor must provide an electronic file containing updates for the PDL to the State’s POS contractor within fourteen (14) days after DHHS final approval of P & T Committee PDL recommendations. | Same as requirement. | Not applicable |
|  | PPA-8 | Contractor must provide to DHHS not less frequently than weekly new products available on the market, new FDA approved indications for existing products, and new generic introductions. | Same as requirement. | Not applicable |
|  | PPA-10 | Contractor must provide interim updates to the PDL between P & T Committee meetings and will provide an electronic file containing interim updates to the PDL to the State’s POS contractor on a schedule agreed to by DHHS and the Contractor, but not less frequently than weekly. | Same as requirement. | Not applicable |
|  | PPA-12 | Contractor must handle all requests for prior authorization of non-preferred drugs and use of preferred drugs outside of established guidelines including the determination of coverage or denial of coverage.Contractor must be responsible for the entire prior authorization transaction, including initial determinations, providing Nebraska-licensed physician support for handling requests for reconsideration and for peer-to-peer review consultations when requested, and issuing notices in accordance with Nebraska Medicaid procedures. Contractor must provide documentation and testimony in respect to their decisions on prior authorizations to support DHHS handling of a formal appeal filing, A description of the state’s appeal process can be found at 465-NAC-2001.02 Right to Appeal.Contractor must respond to any request for prior authorization within one (1) business day of receipt of the request. | Same as requirement. | DHHS may assess $1,000 per incident per day not in compliance with performance standard. |
|  | PPA-17 | Contractor must provide a monthly report of all requests of non-preferred drugs and use of preferred drugs outside of established guidelines and reconsiderations of denials of coverage of non-preferred drugs and use of preferred drugs outside of established guidelines within fourteen (14) days after the end of each month. A sample of the report must be submitted with the Technical Proposal. | Same as requirement. | Not applicable |
|  | PPA-18 | Contractor must provide Prior Authorization report quarterly, including numbers of approvals, denials, reconsiderations, and peer-to-peer reviews. | Within fifteen (15) days after the end of the quarter. | Not applicable |
|  | MSP-12 | Contractor must ensure that all information necessary for the proper and timely invoicing of all possible medical supply item rebates is acquired and maintained by the Contractor. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | MSP-14 | Contractor must ensure that monthly reconciliation of medical supply item rebate funds meets State-specified standards for quality and timeliness. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | MSP-15 | Contractor must ensure issuance of accurate medical supply item rebate invoices to medical supply item manufacturers, doing so in a time frame in accordance with DHHS-specified requirements. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | MSP-21 | Contractor must provide DHHS, on a calendar quarterly basis and in a format as required by DHHS, a report detailing the results of contacts of providers in instances in which the Contractor determines that the provider’s claim(s) data is incorrect or otherwise questionable. | Same as requirement. | Not applicable |
|  | MSP-25 | Contractor must provide DHHS staff as designated an accounting and reconciliation of medical supply item rebates, doing so monthly and in accordance with requirements and procedures as established by DHHS staff. The reconciliation involves amounts of rebates received by the Contractor, amounts transferred to the State bank account, and amounts reported on the CMS-64.9R form for the quarter. | Same as requirement. | Not applicable |
|  | MSP-26 | Contractor must provide reconciliation, including copies of bank Statements, sent to the State within thirty (30) calendar days after the end of each quarter.Provide all Contractor-provided portions of the CMS-64R to designated DHHS staff, doing so by the tenth (10th) calendar day following the end of the quarter. | Same as requirement. | Not applicable |
|  | MSP-28 | Contractor must annually and in accordance with a schedule provided by DHHS, conduct a thorough review and analysis of the State’s medical supply item rebate program. | Same as requirement. | Not applicable |
|  | MSP-29 | Contractor must subsequent to the annual review and analysis of the State’s medical supply item rebate programs, issue a comprehensive report to DHHS, doing so in compliance with a time frame mandated by DHHS. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | MSP-30 | Contractor must annually or other time frame as directed by DHHS, perform an analysis and issue a report to DHHS of other States’ medical supply item rebate programs, identifying which States have “best practices” that should be incorporated into Nebraska’s medical supply item rebate program. | Same as requirement. | Not applicable |
|  | MSP-32 | Contractor must at least annually, issue a report to DHHS regarding the state of readiness of the medical supply item rebate program for auditing from any source (e.g., Federal, State Board of Accounts.) | Same as requirement. | Not applicable |
|  | MSP-37 | Contractor must provide an electronic file of all medical supply item rebate invoicing and collections, broken out by National Drug Code, CPT or HCPCS, as applicable and doing at a frequency and in a format defined by DHHS. | Frequency as mutually agreed upon by State and Contractor. | Not applicable |
|  | PRA-1 | Contractor must provide a PDL/Medical Supply Program Savings Report quarterly, including supplemental rebates and market shift savings per drug class no later than ninety (90) days after the end of each quarter. A sample of the report must be submitted with the Technical Proposal. | Same as requirement. | Not applicable |
|  | PRA-2 | Contractor must provide a quarterly report of brand vs. generic dispensing rates. | Same as requirement. | Not applicable |
|  | PRA-3 | Contractor must provide a quarterly report of year-to-year changes of supplemental rebates and savings from market shifts for the PDL/Medical Supply Program. | Same as requirement. | Not applicable |
|  | PRA-4 | Contractor must provide monthly reports that detail the compliance of Medicaid providers to the PDL/Medical Supply Program within fifteen (15) days after the end of each month. | Same as requirement. | Not applicable |
|  | PRA-5 | Contractor must provide report of Top 25 drugs by total claims, pharmacy reimbursement, and net-net expenditures no later than ninety (90) days after the end of each quarter. | Same as requirement. | Not applicable |
|  | PRA-6 | Contractor must provide report of Top 10 drugs by total claims, pharmacy reimbursement, and net-net expenditures no later than ninety (90) days after the end of each quarter. | Same as requirement. | Not applicable |
|  | PRA-7 | Contractor must provide a monthly Utilization Statistics Report that includes:* Brand/Generic utilization by claim
* Amount paid
 | Same as requirement. | Not applicable |
|  | PRA-8 | Contractor must provide a monthly Pharmacy Drug Spend Report for the PDL/Medical Supply Program that includes spend by category and drug. A sample of the report must be submitted with the Technical Proposal. | Same as requirement. | Not applicable |
|  | PRA-9 | Contractor must provide a quarterly Federal Rebate and Supplemental Rebate Report for the PDL/Medical Supply Program that includes:* By drug
* Details to drill down to all drugs and categories
 | Same as requirement. | Not applicable |
|  | PRA-10 | Contractor must provide a monthly PDL/Medical Supply Program Compliance (Drug Formulary) Report by Provider and Specialty. | Same as requirement. | Not applicable |
|  | PRA-11 | Contractor must provide a monthly Prior Authorization Report 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 |
|  | PRA-12 | Contractor must provide, at a minimum, a quarterly Clinical Initiative Report that:* Gauge the effectiveness of various clinical initiatives
* Movement of market share within given therapeutic categories
 | Same as requirement. | Not applicable |
|  | PRA-13 | Contractor must provide a monthly "Emergency Supply” Aggregate Report that includes:* Monthly listing of all claims paid, submitted by pharmacy as "3-Day Emergency Supply"
 | Same as requirement. | Not applicable |
|  | PRA-14 | Contractor must provide a weekly Top 20 Reject Code Report that includes:* All claims denied for “NDC Not Covered”
* Reason for denial
* 70 Reject Denial, even if it is not in the Top 20
 | Same as requirement. | Not applicable |
|  | STD-1 | 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 |
|  | STD-2 | Contractor must provide operational staff to support the following functions:* Multi-State Purchasing Pool
* State Plan Amendments
* Pharmacy and Therapeutics Committee
* Preferred Drug List
* Supplemental Rebate Administration
* Prior Authorization
* Medical Supply Program
* Reporting
* System Maintenance
 | 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. |
|  | STD-4 | 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 |
|  | STD-7 | 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 |
|  | STD-8 | 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 |
|  | STD-25 | 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.
 | 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 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. 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 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.
* 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. |
|  | 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 |
|  | 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. |