

Attachment A
Technical Requirements Matrix
RFP #5864 Z1

Bidders shall complete a Technical Requirements Matrix to provide Healthcare Network Provider and Medical Bill Processing Service. Bidders are required to describe in detail how their proposed solution meets the specifications outlined within each Requirement.

The Technical Requirements Matrix is used to document and track the project requirements from the proposal through testing to verify that the requirement has been completely fulfilled. The contractor will be responsible for maintaining the contract set of Baseline Requirements. The Technical Requirements Matrix will form one of the key artifacts required for testing and validation that each requirement has been complied with (i.e., 100% fulfilled).

The Technical Requirements Matrix must indicate how the bidder intends to comply with the requirement and the effort required to achieve that compliance. It is not sufficient for the bidder to simply state that it intends to meet the requirements of the RFP. The State will consider any such response to the requirements in this RFP to be non-responsive. The narrative should provide the State with sufficient information to differentiate the bidder's technical solution from other bidders' solutions.

The bidder must ensure that the original requirement identifier and requirement description are maintained in the Technical Requirements Matrix as provided by the State

How to complete the traceability matrix:

Column Description	Bidder Responsibility
Req #	The unique identifier for the requirement as assigned by the State, followed by the specific requirement number. This column is dictated by this RFP and must not be modified by the bidder.
Requirement	The statement of the requirement to which the bidder must respond. This column is dictated by the RFP and must not be modified by the bidder.

REQ #	REQUIREMENT
TRM – 1	Bidder to list their Network of Healthcare Providers in Nebraska to include the following information: <ol style="list-style-type: none"> 1. The level or type of providers' 2. The number of providers by level or type; 3. The numbers and types of specialists; 4. The geographic location of providers by level or type; and 5. If its provider agreements allow providers to bill for additional costs not covered.
Bidder Response:	
TRM – 2	Bidder to describe set-up, matrix design, and loading benefit system process.
Bidder Response:	
TRM – 3	Bidder to describe their Healthcare Claims processing
Bidder Response:	
TRM – 4	Provide a network of prearranged discounted healthcare rates.
TRM – 5	Bidder to describe their process for ensuring that all inquiries will be responded to within two (2) business days.
Bidder Response:	
TRM – 6	Bidder to describe how the daily claims will be processed with the understanding they will be reimbursed on a monthly basis.
Bidder Response:	

TRM - 7	Bidder to describe how they will conduct meetings, phone conferences, and training as deemed necessary by the State for the purpose of education, implementation, and other issues that may arise.
Bidder Response:	
TRM - 8	Bidder to describe process for making sure that denials and duplicate billings are nominal by reassigning or reprocessing.
Bidder Response:	
TRM - 9	Bidder to describe process for making sure that denials and duplicate billings are nominal by reassigning or reprocessing.
Bidder Response:	
TRM - 10	Ensure a turnaround time of bill processing within seven (7) to ten (10) working days.
Bidder Response:	
TRM - 11	Bidder to describe their process of notifying the Regional Centers within ten (10) business days of providers leaving the bidder's Provider Network.
Bidder Response:	
TRM - 12	Bidder to list all reports (by Title or Topic) that are considered Standard Reports and will be included with this service. These reports are the reports that are provided at no additional cost to the State.