



RFP SERVICES: INDEPENDENT VERIFICATION AND VALIDATION (IV&V) SERVICES

RFP NUMBER: 8070000049

SECTION A: SCOPE OF WORK

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Calendar of Events

All dates are estimates and subject to change.

ACTIVITY	DATE
RFP available on OMES website	5/22/2020
Questions and Answers period on wiki closes	6/5/2020
Final RFP questions due by 3:00 PM CST	6/5/2020
Questions and answers amendment available on website by 3:00 PM CST	6/12/2020
Proposals due to OMES by 3:00 PM CST	6/25/2020
Interviews (Optional) Completed no later than	1/1/2021
Award to be posted on wiki	3/31/2021
Operations Begins	7/1/2021

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A. SCOPE OF WORK

A.1. Definitions

As used herein, the following terms shall have the following meaning unless the context clearly indicates otherwise:

- A.1.1.** “Bid” means an offer in the form of a bid, proposal or quote a Bidder submits in response to this Request for Proposal (RFP).
- A.1.2.** “Bidder” means an individual or Business Entity that submits a Bid in response to this RFP.
- A.1.3.** “Center for Medicaid and CHIP Services (CMCS)” means the federal agency responsible to provide health coverage to more than 100 million people through Medicare, Medicaid, the Children’s Health Insurance Program, and the Health Insurance Marketplace. CMCS provides federal oversight to the Oklahoma Health Care Authority.
- A.1.4.** “COTS” means software that is commercial off the shelf.
- A.1.5.** “Contract” means this RFP, which together with other Contract Documents, as may be amended from time to time, evidences the final agreement between the parties. See Section B, Terms and Conditions, for description of the Contract.
- A.1.6.** “Contract Document” means, when executed by all applicable parties as necessary, this RFP, the Bid of the awarded Contractor, any statement of work, work order, rider or similar document related hereto, any purchase order related hereto, other statutorily required or mutually agreed documents related hereto, additional Bidder responses to OHCA questions, and any Amendment to any of the foregoing. See Section B, Terms and Conditions, for description of the Contract.
- A.1.7.** “Contractor” means the Bidder with whom the State enters into the Contract awarded pursuant to this RFP.
- A.1.8.** “Closing Date and Time” is 3:00 P.M. Central Time on the date this RFP closes.
- A.1.9.** “Deliverable” means specific tangible or intangible products or services produced as a result of the Project Order. Deliverables may be a project, a report, a document, a test, a meeting, and other relevant outputs. Deliverables may be a single output completed within a month or may be composed of multiple smaller deliverables that are completed within specified timeframe that extends beyond a month.
- A.1.10.** “Eligibility and Enrollment or E&E” means the electronic system OHCA uses to establish eligibility in the Oklahoma Medicaid program called SoonerCare.
- A.1.11.** “Fiscal Agent” means a private contractor to the state who may operate the state’s Medicaid Information System.
- A.1.12.** “Governance” means the established policies, and continuous monitoring of their proper implementation, by members of the governing body of this contract. It includes the mechanisms required to balance the powers of the members (with the associated accountability), and their primary duty of enhancing the effectiveness and viability of the contract related to OHCA’s goals and objectives.
- A.1.13.** “Health Information Technology or HIT” means the systems authorized for procurement under HIT requirements at:
- A.1.14.** “Independent Verification and Validation or IV&V” means for federal purposes, the scope of IV&V includes, planning, management, and other programmatic activities in conformance with the term’s usage in federal regulations at 45 CFR § 95.626.

- A.1.15.** “Medicaid Management Information System (MMIS)” means the mechanized claims processing and information retrieval systems as defined as is identified in section 1903(a)(3) of the Act and defined in regulation at 42 C.F.R. 433.111.
- A.1.16.** “Milestone” mean specific progress point(s) or task(s) that must be reached to achieve progress on the Project. The milestone is a measurement of progress toward the deliverable.
- A.1.17.** “Oklahoma Health Care Authority or OHCA” means the State of Oklahoma Agency responsible to administer the Medicaid program.
- A.1.18.** “Project” means the temporary endeavor authorized in a Project Order undertaken to create a unique product, service, or result. This may include a project to deliver one or more business products according to a specified business case.
- A.1.19.** “Project Orders” means the formal contract document OHCA uses to request services from one or more contractor attained through the Contract. Project Orders may be awarded to one or more contractors and shall be signed by both OHCA and the awarded contractor(s) prior to work being performed. Project Orders may be authorized for a single State Fiscal Year (SFY) or for multiple SFYs.
- A.1.20.** “Reporting Entity” means a separate Oklahoma State entity who the successful Contractor(s) shall coordinate on Project Orders and Project based on CMCS requirements.
- A.1.21.** “Request for Proposal or RFP” means this document inviting Bids.
- A.1.22.** “State Fiscal Year” means July 1 through June 30 annually.

A.2. OHCA Overview

OHCA is the state agency that administers the Oklahoma Medicaid Program known as SoonerCare. Medicaid is a Federal and State entitlement program that provides funding for medical benefits to certain low-income individuals who have inadequate or no health insurance coverage. Medicaid guarantees coverage for basic health and long-term care services based upon income and/or resources created by Title XIX or of the Social Security Act of 1965, Medicaid is administered at the Federal level by the CMCS within the Department of Health and Humans Services (HHS). CMCS established and monitors certain requirements concerning funding, eligibility standards, scope, and quality of medical services. States have the flexibility to determine some aspects of their own program, such as setting Provider (an individual or entity contracted with OHCA to provide healthcare services to enrolled Members) reimbursement rates and determining the eligibility requirements and benefits offered within certain Federal parameters.

A.3. Fiscal Agent (FA)

DXC Technology is currently contracted to provide the OHCA MMIS Enterprise. The OHCA MMIS Enterprises system currently encompasses claims processing, member eligibility and enrollment, provider contracting, member and provider files, prior authorization system data warehouse, etc. Contractor shall be required to coordinate with the FA and other OHCA MMIS Enterprise Contractors to complete the scope of work for this contract.

A.4. RFP Overview

- A.4.1.** Oklahoma Health Care Authority (OHCA) is issuing this RFP to obtain Independent Verification and Validation (IV&V) contract(s) to provide IV&V Services for CMCS and Oklahoma in support of the CMCS required certification activities. CMS certification requirements are subject to change during the life of the Contract resulting from this RFP. Current guidance can be found in the Medicaid Enterprise Certification Life Cycle (MECL), Medicaid Eligibility and Enrollment Life Cycle (MEECL), and the Electronic Visit Verification Certification. More information about

the CMCS requirements is available at <https://www.medicaid.gov/medicaid/data-and-systems/index.html>.

A.4.2. OHCA may award contracts to more than one Bidder by awarding the contract(s) by item or groups of items or may award the contract on an all or none basis, whichever is deemed to be in the best interest of OHCA. Although multiple awards are possible, OHCA seeks to minimize the number of awards to reduce the number of contract implementations, ensure the work can be effectively divided among Contractors, ensure the funding is available to support ongoing Contractor operations, and there is enough work for each Contractor to perform.

A.4.3. OHCA's goals for this contract include, but are not limited to, the following:

A.4.3.1. Obtain independent verification services to ensure MMIS, E&E, and HIT systems being procured, developed, and implemented are effective, efficient, service-oriented solutions that work on an enterprise level, providing support, services, and expanded capacity to all relevant MMIS enterprise components, agencies, and functions in the State of Oklahoma.

A.4.3.2. Verify the system(s) being implemented per the Project Plan, and independent verification that the system meets its functional requirements.

A.4.3.3. Conform with state and federal regulations.

A.4.3.4. Leverage industry standards and best practices for software verification and validation

A.4.3.5. Formulate an independent understanding of the system(s), the artifacts and operational needs of the software lifecycle.

A.4.3.6. Analyze if the configuration development meets the requirements of the project, including the functionality and security of the system.

A.4.3.7. Lend a different and independent perspective to the project procurement and implementation activities through education and guidance of the participants involved in projects.

A.4.3.8. Implement IV&V through a coordinated approach to assure the Project Order objectives are achieved.

A.4.3.9. Ensure the project solutions are well planned and are successfully developed and implemented (as an effective and efficient enterprise solution).

A.4.3.10. Activities complement the project approach and that the IV&V Contractor assesses quality in all aspects of the respective project components to assure program and business objectives are achieved.

A.5. Overview of the MMIS Certification Life Cycle

A.5.1. The Medicaid Enterprise Certification Life Cycle (MECL) administered by CMCS contains four life cycle phases and three types of certification milestone reviews. The milestone reviews occur at different phases of system/module development. The types of milestone reviews are the Project Initiation Milestone Review, the Operations Milestone Review, and the MMIS Certification Final Review. The life cycle and its milestone reviews are explained in detail in CMCS Medicaid Enterprise Certification Toolkit.

A.5.2. Reviews should include Project Initiation Milestone Reviews, Operational Milestone Reviews, and MMIS Certification Final Reviews, determined by OHCA's release plan(s).

A.6. Overview of the MMIS Enrollment Certification Lifecycle (MEECL)

A.6.1. A cornerstone of the new Medicaid Eligibility and Enrollment Toolkit (MEET) is the Medicaid Eligibility and Enrollment Life Cycle (MEECL). MEECL is flexible, fitting various state

approaches and system development life cycles. The MEECL and toolkit checklist ensure alignment with the latest federal regulations and guidance, Medicaid Information Technology and Architecture (MITA) and the standards and conditions for Medicaid IT.

A.6.2. MEET describes the key roles in the MEECL, provides tools for the states to use, and presents an end-to-end view of CMCS's process to review the Medicaid E&E business functions and supporting systems being developed by states.

A.7. Overview of Minimum Acceptable Risk Standards for Exchanges (MARS-E)

The MARS-E provides guidance to Health Insurance Exchanges and their contractors regarding the minimum level security controls that must be implemented to protect information and information systems for which CMCS has oversight responsibility. As the Oklahoma State Medicaid Agency, OHCA participates in the Federal Health Insurance Exchange, also known as the Marketplace, and must comply with MARS-E. Additional information on MARS-E is available on the CMCS website.

A.8. Mandatory Provisions

A.8.1. The Contractor shall be independent from the OHCA and the service vendor in accordance with 45 CFR § 95.626.

A.8.2. The Contractor shall have a minimum of ten (10) years of experience providing IV&V services.

A.8.3. Conflict of Interest

A.8.3.1. Any contractor (and its subcontractors) serving in the role of independent verification and validation (IV&V) service contractor/provider to the OHCA is prohibited from soliciting, proposing, or being awarded any project management, quality assurance, software design, development, or other manner of planning, design, development, or implementation phase activity on the Project for which these IV&V services are being procured.

A.8.3.2. This exclusion is executed in accordance with federal regulations at 45 CFR 95.626, which require that this IV&V effort "...be conducted by an entity that is independent from the State (unless the State receives an exception from the CMCS/HHS)."

A.8.3.3. For clarity purposes, the CMCS defines "the State" in the above regulatory citation as being a state's IT project, and the umbrella agency or department. The primary purpose of this exclusion is to ensure the IV&V Contractor avoids any real or perceived conflicts of interest. For federal purposes, the scope of IV&V Contractor avoids any real or perceived conflicts of interest. For federal purposes, the scope of IV&V includes planning, management, and other programmatic activities in conformance with the term's usage in federal regulations at 45 CFR 95.626.

A.8.3.4. IV&V is the set of verification and validation activities performed by an agency not under the control of the organization developing the software. IV&V services must be provided and managed by an organization that is technically and managerially independent of the subject software development project. This independence takes two mandatory forms.

A.8.3.4.1. First, technical independence requires that the IV&V services provider organization, its personnel, and subcontractors are not and have not been involved in the software development or implementation effort or in the project's initial planning and/or subsequent design. Technical independence helps ensure that IV&V review reports are free of personal or professional bias, posturing, or gold plating.

A.8.3.4.2. Second, managerial independence is required to make certain that the IV&V effort is provided by an organization that is departmentally and hierarchically separate from the software development and program management organizations. Managerial independence helps ensure that the IV&V Contractor can deliver findings and recommendations to state and federal executive leadership and management without restriction, fear of retaliation, or coercion (e.g. reports being subject to prior review or approval from the development group before release to outside entities, such as the federal government).

A.9. Budget

A.9.1. As an indefinite quantity contract, the budget for this RFP shall not exceed the amount set by awarded Project Orders and Purchase Orders/Change Orders from the Contract Award Date through **June 30, 2021**.

A.9.2. The not-to-exceed amount for subsequent options to renew shall be established by awarded Project Orders and Purchase Order/Change Orders to the contract.

A.9.3. In accordance with 74 O.S. § 85.40, all travel expenses to be incurred by Contractor in performance of the contract shall be included in the total Bid price/contract amount.

A.10. Payment Structure

A.10.1. In consideration for the satisfactory performance of the Scope of Work, OHCA shall pay Contractor in accordance with its Cost Proposal up to the established not-to-exceed amount.

A.10.2. Before beginning work on any project under this contract, OHCA or Reporting Entity (RE) shall submit to Contractor(s) a Project Order along with the fixed number of hours to be billed at the established hourly rate. This statement of work and the number of hours shall be approved by the RE and OHCA before work begins. On a monthly basis Contractor(s) shall invoice the OHCA for the hours and travel completed during the prior month; the total amount billed shall not exceed the total fixed amount for each individual Project Order.

A.11. Project Information

A.11.1. Projects that are currently in progress prior to the award of this contract are anticipated to be completed by the incumbent IV&V Contractor. Should an existing Project transition to the successful Contractor for this RFP, OHCA shall facilitate knowledge transfer to the successful Contractor. The successful Contractor(s) for this RFP shall complete all new projects upon award.

A.11.2. Anticipated projects requiring IV&V services during the total lifecycle of this contract include but are not limited to the following:

A.11.2.1. MMIS re-procurements complying with CMCS requirements for modularity – the anticipated number of procurements are unknown at this time. OHCA anticipates beginning procurement planning after July 1, 2020, and the IV&V Contractor(s) shall work with OHCA and one or more consultants to develop the Project deliverables and artifacts from procurement through implementation.

A.11.2.2. IV&V services related to Eligibility and Enrollment Systems enhancement or replacement.

A.11.2.3. Certification of MARS-E compliance for connection to the Federal Insurance Exchange.

A.11.2.4. CMCS Required independent system or process testing.

A.12. Contract Governance

OHCA, the RE, and the Contractor both have key roles for a successful contract. OHCA and the RE take an active role during contract implementation. A Governance process that includes OHCA, the RE, and the Contractor is the most successful.

IV&V services will be part of the larger oversight of the day-to-day operations and management of the Project. The IV&V Contractor shall have complete access to documents, facilities, and staff during normal business hours, as required to carry out its oversight role.

The IV&V Contractor will review the project and MMIS system processes and progress in areas including, but not limited to, Project Management and Modular Development expanded on in Sections A.16.9.1. and A.16.9.2, respectively.

A.13. OHCA and RE Roles and Responsibilities

A.13.1. The OHCA Contract team will coordinate the overall project management responsibilities including availability of OHCA and RE resources as required to support the contract. During the entire lifecycle of the Contract, the RE and OHCA will:

A.13.1.1. Define the goals and objectives of the contract and services throughout implementation and ongoing operations.

A.13.1.2. Communicate the goals, objectives, and ongoing status of the contract to all stakeholders.

A.13.1.3. Work with stakeholders to identify and monitor project and program risk and appropriate mitigation issues related to the contract.

A.13.1.4. Monitor the project management approach that will govern the contract.

A.13.1.5. Review the draft deliverables and final deliverables developed by the contract and provide feedback, request changes, and provide final review until the RE is satisfied with the resulting deliverable.

A.13.1.6. Review and approve or reject final deliverables developed and revised by the Contractor.

A.13.1.7. Provide access to OHCA management and Subject Matter Experts (SMEs) for the approval of the deliverables required to meet the goals and objectives of the project.

A.13.2. Table 1 describes OHCA's and the Reporting Entity's key staff and roles and responsibilities

A.13.2.1. Table 1

PROJECT TITLE	ROLES AND RESPONSIBILITIES
Reporting Entity – Business Owner	<ul style="list-style-type: none">▪ Primary point of contact for Contract administration and for disputes.
OHCA - Contract Coordinator	<ul style="list-style-type: none">▪ Point of contact for Contract administration and for disputes.
OHCA - Professional Services Contracts Manager	<ul style="list-style-type: none">▪ Point of contact for disputes unresolved by the Business Owner and/or Contract Coordinator.
OHCA - Program Manager	<ul style="list-style-type: none">▪ Provides daily management of the project and serve as the chief liaison to the Business Owner for design, development, and project

PROJECT TITLE	ROLES AND RESPONSIBILITIES
	<p>implementation activities, as well as the project's maintenance and operational phase</p> <ul style="list-style-type: none"> ▪ Authorized to make day-to-day project decisions; ▪ Responsible for managing the OHCA teamwork activities consistent with the approved work plan ▪ Responsible for identifying resource requirements, coordinating use of personnel resources, identifying issues and solving problems, and facilitating implementation of the System.

A.14. Contractor Staffing, Roles, and Responsibilities

A.14.1. The Contractor shall provide the following:

A.14.1.1. All staff necessary to perform the service required under the RFP.

A.14.1.2. The following key personnel

A.14.1.2.1. A Project Director (PD) with day to day responsibility for the services required under this RFP

A.14.1.2.2. A Project Manager

A.14.2. Contractor shall not change the designation of the Key Personnel without prior approval through formal correspondence from the RE and OHCA. (The Contractor may use its expertise and experience to propose other types of staff – OHCA at its sole discretion may decide to accept a proposed staff category.)

A.14.3. Project Orders may ask the Contractor to propose the location for staff members proposed for the project or Project Order may require staff to be onsite or offsite for the requested work.

A.14.4. Staff Requirements

A.14.4.1. Contractor shall disclose in the Project Order proposal any other projects or regular duties which key personnel will be assigned.

A.14.4.2. Contractor shall obtain RE and OHCA approval before replacing, reassigning or adding key personnel during the Project Order.

A.14.4.3. Contractor shall change Project Order personnel as requested by the RE in agreement with OHCA.

A.14.4.4. Replacement candidates due to changes by the Contractor or the State must be approved by OHCA and the RE. OHCA and the RE must be given the opportunity to interview and approve replacements.

A.14.4.5. Due to security requirements, OHCA will provide office space for the IV&V Contractor staff within the OHCA office buildings used by OHCA employees. The Contractor shall utilize their non-proprietary hardware and software for project tracking, reporting, management, and production of the deliverables. Software versions used by Contractor shall be compatible with OHCA's. Any specialized hardware or software required will be provided by OHCA or as a requirement in the Project Order.

A.14.4.6. Contractor and staff shall have an ongoing relationship with OHCA staff and the RE that is based on trust, confidentiality, objectivity, and integrity. The Contractor shall be expected to operate at all times in CMCS and OHCA's best interests and in a straight forward, trustworthy, and professional manner. As part of the tasks described in this RFP, the Contractor shall:

A.14.4.6.1. Work cooperatively with the staff of OHCA, RE and the OHCA's business partners whenever required in the course of performing in the functions required by the Contract.

A.14.4.6.2. The awarded Contractor(s) shall be able to work cooperatively with the staff of other component, COTS products, or service contractors whenever required in the course of performing the functions required by the Contract.

A.14.4.6.3. The RE and OHCA maintains authority over all contracts and no authority shall be delegated to the Contractor over the agency's business partners.

A.14.5. Table 2 Contractor Key Personnel Roles and Responsibilities describes the key project positions, their corresponding roles project responsibilities, and minimum qualifications for each. Other positions may be proposed at the Contractor's discretion multiple positions can be held by one person.

A.14.5.1. Table 2

TITLE	ROLES AND RESPONSIBILITIES	QUALIFICATIONS
Project Director	<ul style="list-style-type: none"> ▪ Primary point of contact with the Reporting Entity, OHCA's Program Manager and Contract Coordinator for activities related to contract administration, overall project management and scheduling, correspondence between the OHCA and the Contractor, dispute resolution, and status reporting to the OHCA for the duration of the contract. ▪ Authorized to commit the resources of the Contractor in matters about the implementation performance of the Contract. ▪ Responsible for ensuring all Contractor-required resources identified by project manager are staffed on time. ▪ Responsible for addressing any issues that cannot be resolved with the Contractor's project manager. 	<ul style="list-style-type: none"> ▪ Minimum of 3 years of direct project oversight. ▪ Special consideration may be given to those who have Medicaid experience.
Project Manager	<ul style="list-style-type: none"> ▪ Provide onsite management of the project and serve as the chief liaison to the OHCA for design, development, and project implementation activities, as well as 	<ul style="list-style-type: none"> ▪ Minimum of 7 years of project management experience for a government or private sector health care payer,

TITLE	ROLES AND RESPONSIBILITIES	QUALIFICATIONS
	<p>the project's maintenance and operational phase.</p> <ul style="list-style-type: none"> ▪ Authorized to make day-to-day project decisions. ▪ Responsible for facilitating the project by using the project management processes, organizing the project, and managing the teamwork activities consistent with the approved work plan. ▪ Responsible for scheduling and reporting project activities, identifying resource requirements well in advance, coordinating use of personnel resources, identifying issues and solving problems, and facilitating implementation of the services. ▪ Shall host bi-weekly onsite status meetings, monthly milestone meetings, as well as interim meetings as needed. Will assign Contractor staff to those meetings as appropriate. Will provide an agenda and develop minutes for each meeting. ▪ Possess business expertise in IV&V for MMIS modularization. ▪ Provide expert guidance ensuring that policy and business rules as defined by the OHCA are correctly implemented in the Contractor's solution. ▪ Advise the OHCA regarding best practices and recommends modifications to business processes to improve the overall program. 	<p>including experience in a state similar in scope and size.</p> <ul style="list-style-type: none"> ▪ Possess current Project Management professional certification, e.g., Project Management Institute (PMI), etc.

A.15. Project Order Process

A.15.1. Before beginning work on any project under this contract, OHCA shall submit to Contractor(s) a Project Order defining the system implementation or project and IV&V work to be completed. Project Orders shall contain:

A.15.1.1. The project variables and scope required for successful IV&V.

A.15.1.2. The performance standards for the project.

A.15.1.3. A sample Project Order form is available in the Bidder's Library.

A.15.2. Contractor shall submit a response by the date and time indicated on the Project Order.

- A.15.3.** Contractor shall direct any questions about the Project Order to the Contract Coordinator.
- A.15.4.** If requested by Contractor, OHCA shall meet with Contractor either face-to-face or via teleconference to clarify the requirements. Discussion may include:
- A.15.4.1.** Data needs and availability
 - A.15.4.2.** Clarification of objectives and expectations for the Project
 - A.15.4.3.** Staffing requirements or options
 - A.15.4.4.** Other relevant issues as determined by the Parties
- A.15.5.** Contractor shall:
- A.15.5.1.** Indicate a firm, fixed number of hours to complete the project; this is a maximum number of hours to be billed for the Project Order.
 - A.15.5.1.1. If Contractor devotes fewer hours to the Project Order, Contractor shall only invoice OHCA for actual hours worked.*
 - A.15.5.1.2. The actual hours reimbursed shall not exceed the estimate without OHCA issuing an Amendment to the Project Order.*
 - A.15.5.2.** Indicate the proposed staffing and pricing from the Contractor's price proposal.
 - A.15.5.3.** Indicate a not-to-exceed amount for any required travel if not already included in the hourly rate selected.
- A.15.6.** OHCA may request that Contractor clarify, expand, or modify its response and contractor may accept or decline.
- A.15.7.** OHCA shall accept or decline Contractor's response based on technical merit, hours required, and any other relevant factors; e.g. budget, schedule, etc.
- A.15.8.** Accepted Project Orders shall be signed by the RE Business Owner, OHCA Program Manager, and Contract Coordinator, and the Contractor Project Director.
- A.15.9.** OHCA and Contractor shall each designate a Project Lead for each accepted Project Order who will serve as primary contacts and facilitators of the Project.
- A.15.10.** The OHCA Project Order and Contractor and response cannot be altered, and the changes shall be binding on either Party, without the written agreement of both parties in the form of a Project Order Amendment. The Amendment shall contain at minimum the following:
- A.15.10.1.** The requirements of the proposed changes.
 - A.15.10.2.** Proposed staffing changes.
 - A.15.10.3.** Any new implementation milestones and/or delivery dates resulting from such proposed changes.
 - A.15.10.4.** Any cost increase or decrease (if any) resulting from such proposed changes.
- A.15.11.** The successful Contractor(s) awarded the Project Orders shall perform the required work.
- A.15.12.** The Contractor(s) shall demonstrate the ability to assign staff with the technical expertise required to perform IV&V services applicable to a wide variety of technology required to operate the Medicaid Enterprise.

A.16. CMCS Requirements

- A.16.1.** The IV&V Contractor shall provide services for CMCS and OHCA in support of the MECL in accordance with guidance found in the MECT, the MEELC in accordance with guidance found in the MEET, and the Electronic Visit Verification Certification.
- A.16.2.** The IV&V Contractor shall provide services in accordance with the most current CMCS certification requirements, for example outcomes based certification and new system certification lifecycles, as developed by CMCS throughout the life of the contract.
- A.16.3.** Progress Reports and Medicaid Enterprise Checklists
- A.16.4.** At least quarterly, the IV&V Contractor produces MMIS IV&V Progress Reports that objectively illustrate the strengths and weaknesses of the Project and provide recommendations for correcting any identified weaknesses. MMIS IV&V Progress Reports are prepared in advance of MMIS milestone reviews with CMCS.
- A.16.5.** The IV&V Contractor staff will interview and observe project management staff, and the project development contractor staff (including any subcontractors). Contractor staff also will observe project meetings and activities to understand the processes, procedures, and tools used in the MMIS program and Project environments. They will review and analyze all applicable and available documentation for adherence to accepted, contractually defined industry standards.
- A.16.6.** In preparation for the MMIS milestone reviews, the IV&V Contractor shall evaluate documents and evidence, along with any working modules/code applicable to that particular review, and complete the reviewer comments portion of the Medicaid Enterprise Certification Checklists. The completed checklists are appended to the MMIS IV&V Progress Report. The progress report shall be delivered at a date specified in the Project Request prior to the scheduled MMIS milestone review.
- A.16.7.** The IV&V Contractor shall provide the MMIS progress reports to CMCS at the same time they are presented to the state. This reporting process, in accordance with federal regulations, includes final report issuance as well as all draft report submissions.
- A.16.8.** Oversight
- A.16.9.** IV&V services shall be part of the larger oversight of the day-to-day operations and management of the Project. The IV&V Contractor shall have complete access to documents, facilities, and staff during normal business hours, as required to carry out its oversight role. To ensure a high level of integrity and confidence in the IV&V Contractor's oversight and monitoring the IV&V Contractor shall have, as needed, daily access to all key staff on site at the project location(s) to observe meetings, review deliverable and documentation, conduct interviews, etc.
- A.16.10.** The IV&V Contractor will review the project and MMIS system processes and progress in areas including, but not limited to, the following:
- A.16.10.1.** Project management
 - A.16.10.1.1. Progress against budget and schedule*
 - A.16.10.1.2. Risk management*
 - A.16.10.1.3. Inclusion of OHCA goals/objectives and all federal MMIS requirements in requests for proposal and contracts*
 - A.16.10.1.4. Adherence to the OHCA's software development life cycle (SDLC)*

A.16.10.1.5. Incorporation of the Standards and Conditions for Medicaid IT into design and development

A.16.10.1.6. Reasonability, thoroughness, and quality of MITA self-assessment, concept of operations, information architecture, and data architecture

A.16.10.1.7. Reflection of the OHCA's MITA goals and plans in actual MMIS design and development

A.16.10.1.8. Configuration management that is robust and includes state or developer configuration audits against configuration baseline

A.16.10.1.9. Change management

A.16.10.1.10. Adherence to service level agreements

A.16.10.2. Modular development

A.16.10.2.1. Completeness and reasonability of MMIS concept of operations, architecture, and designs

A.16.10.2.2. Accuracy of capture of interfaces and data sharing requirements with systems external to the MMIS

A.16.10.2.3. Viability and completeness of the data transition plan

A.16.10.2.4. Traceability of requirements through design, development, and testing

A.16.10.2.5. Adequacy of system security and privacy policies, plans, technical designs, and implementations

A.16.10.2.6. Coverage and integrity of all system testing, including stress testing and testing of interfaces between modules and with external partner systems

A.16.10.2.7. Capacity management, including consideration of future vendors' support and release plans for underlying databases, software, and hardware

A.16.10.2.8. Adequacy of disaster recovery planning

A.16.11. The IV&V Contractor will evaluate and make recommendations about the OHCA artifacts that are required for MMIS milestone reviews. A list of required artifacts is included in the CMCS Medicaid Enterprise Certification Toolkit.

A.16.12. Operational Requirements

A.16.12.1. Project Orders may request IV&V services for Projects that do not require CMCS certification, and/or other services required by CMCS.

A.16.12.2. During the first two (2) months of the contract resulting from this RFP, the successful Contractor shall provide consultants to facilitate knowledge transfer from the outgoing IV&V team.

A.16.12.3. Ensure IV&V activities complement the project approach and the IV&V Contractor assesses quality in all aspects of the respective Project components to assure program and business objectives are achieved.

A.16.12.4. Demonstrate compliance with CMCS requirements by proactively assessing the Project(s) and its Deliverables against the criteria specified in the applicable Toolkit

framework, and/or requirement throughout the project life cycle. Early identification of non-compliance enables OHCA to take corrective actions needed to secure or maintain federal funding at a 90 percent federal match rate for Design, Development, and Implementation (DDI) activities, and at a 75 percent federal match rate for Maintenance and Operation (M&O) activities.

A.16.12.5. The successful Contractor under this RFP shall follow the current, and as updated, Medicaid Enterprise Certification Toolkit (MECT), Medicaid Enrollment Certification Lifecycle (MEECL), and complete all IV&V checklists published at <https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html> As well as follow the current, and as updated, Medicaid Eligibility and Enrollment Life Cycle (MEELC) and complete all IV&V portions of the Medicaid Eligibility and Enrollment Toolkit (MEET) checklists published at <https://www.medicaid.gov/medicaid/data-and-systems/meet/index.html>. The successful Contractor shall deliver the quarterly reports required and work with OHCA and the RE to review evidence, annotate review findings, and annotate resolutions in each of the MECT and/or MEET checklists.

A.16.12.6. Perform its services and produce the required IV&V deliverables defined in the Project Order by the due dates presented in the Project Plan. In accordance with federal guidelines, each quarterly IV&V report shall be submitted simultaneously to CMCS, the RE and OHCA. The report shall be submitted no later than 5:00 PM CST on the Friday of the first full week of the month following the reporting period. The report must follow the CMCS template and guidance and be in a format approved by the RE with OHCA. The content of the report must support all MECT, MEELC, and MEET reviews. The quality of each IV&V deliverable must be approved by the RE with OHCA before delivery, and the quality of each IV&V deliverable must be approved by the RE with OHCA before it is considered complete. The content of each report may change based on CMCS guidance, state requirements, and may change from Project Order to Project Order.

A.16.12.7. Documentation of all IV&V procedures shall be clear and concise enabling future contractors to re-create the same reports if needed. Each IV&V document shall include the following document controls. The following controls will be adjusted based on CMCS, the RE and OHCA can be changed per Project Order:

A.16.12.7.1. Table of Contents – A summary of the major headings within the document and their page references.

A.16.12.7.2. Revision History – Identifying the version of the draft, the date the draft was submitted, deliverable point of contact/person making change, and a description of change made.

A.16.12.7.3. List of Figures – A listing of all figures and their page references.

A.16.12.7.4. List of Tables – A list of all tables and their page references.

A.16.12.7.5. Referenced Documents – A listing of other relevant documents, including the document name, and identifying numbers or codes, any web or internal system link, and issuance date.

A.16.12.7.6. Decision Log – Provides a summary of decision points and owners.

A.16.12.7.7. Assumptions/Constraints/Risks – Describes any assumptions, constraints, and risks regarding the project impact deliverables.

A.16.12.7.8. Acronyms – A listing of all acronyms identified in the deliverable, their literal translations, and source.

A.16.12.8. Initial IV&V Project Plan

A.16.12.8.1. An Initial IV&V Project Plan is required for all projects.

A.16.12.8.2. The Initial IV&V plan shall be delivered by the due date specified in the Project Order. The Project Plan shall be updated at a frequency defined by the Project Order.

A.16.12.8.3. The Contractor shall provide an IV&V Project Plan for the RE and OHCA approval in a format acceptable to both. The initial IV&V Project Plan must be delivered within the timeframe defined in the Project Order.

A.16.12.8.4. The Initial IV&V Project Plan must identify:

- a. Scope of activities*
- b. The staffing resources assigned to each item/task*
- c. Communications Plan*
- d. Milestones and estimated completion date for each deliverable*
- e. V&V project schedule*
- f. Assumptions and constraints*
- g. Dependencies (predecessor or successor tasks) associated with each item*

A.16.12.9. Provide monthly IV&V assessments in addition to the CMCS required MECL and MEET reports as defined by the Project Order.

A.16.12.9.1. The report must follow CMCS template and guidance and be in a format approved by OHCA and the RE.

A.16.12.9.2. The content of the report shall support all MECL and MEET reviews and the MECL and MEET reports Quarterly Reports.

A.16.12.9.3. The report shall provide an independent assessment of the project work and contractors evaluating how well the Contractor(s) applies best practices in project management, in system development lifecycle (SDLC) processes and in work products.

A.16.12.9.4. The reports, as defined by the Project Order, may include but are not limited to:

- a. Overall Project Health Assessment*
- b. Project Management Assessment*
- c. Schedule Assessment*
- d. Modular Development Assessment*
- e. Artifact Assessments*
- f. Adequacy of system security and privacy policies, plans ethical design and implementations*
- g. Risks Assessment*
- h. Issues Assessment*

A.16.12.10. IV&V Risk Report

A.16.12.10.1. This report is completed if required by the Project Order.

A.16.12.10.2. Contractor shall develop and maintain a comprehensive report of all project risks identified by the IV&V team in a format approved in advance by the RE and OHCA. Upon request documented risks may be required to be submitted in the DDI Contractor's tool or in a lifecycle tool operated by the state.

A.16.12.10.3. The cumulative Risk Report shall be updated at least monthly and shall be included with the monthly IV&V Assessments.

A.16.12.10.4. When new risks of high impact are detected, the appropriate Risk Report shall be updated and re-submitted within two (2) business days of the detection.

A.16.12.10.5. Risk Reports shall include but are not limited to:

- a. Sources of overall project risk*
- b. Assessed severity and impact*
- c. Analysis of which sources are the most important drivers of overall project risk*
- d. Plans for risk mitigation*
- e. The individual responsible for monitoring each risk*
- f. Summary information including the number of risks open and closed, the number of risks distributed across categories, risk trends over time, and any risk that have progressed to issues within the month*

A.16.12.11. IV&V Issues Log

A.16.12.11.1. This report is completed if required by the Project Order.

A.16.12.11.2. Contractor shall develop and maintain a comprehensive log of all project issues identified by the IV&V team in a format approved in advance by the RE with OHCA. Upon request documented by risk may be required to be submitted in the DDI Contractor's tool or in a lifecycle tool operated by the state.

- a. The Issues Log shall be included with the monthly IV&V Assessments*
- b. When new issues of high or moderate impact are detected, the appropriate Issue Log shall be updated and re-submitted within two (2) business days of the detection*

A.16.12.11.3. The Issues Log include the following, additional fields may be required by the Project Request

- a. Issue type*
- b. Who identified the issue and when*
- c. Whether the issue was previously anticipated in any Risk Report*
- d. Description*
- e. Impact and priority*
- f. Who is assigned to lead resolution of the issue*
- g. Target resolution date*
- h. Status*
- i. Final resolution*

A.16.12.11.4. Meetings and Interviews

- a. Contractor shall participate in ongoing project meetings and DDI deliverable walkthroughs and conduct stakeholder interviews to understand the processes,*

procedures, and tools used in the project environments as required by the Project Order of the MECL and MEECL.

- b. A list of the meetings attended, and interviews conducted shall be included in the monthly IV&V Assessments.
- c. Provide a detailed narrative summary of meetings and interviews conducted.

A.16.12.12. Systems Development Life Cycle Gate Reviews

A.16.12.12.1. This report is optional as required by the Project Order

A.16.12.12.2. Contractor shall participate in the requirements gathering and shall provide experienced staff to document the analysis results, their minimum acceptance criteria, and other relevant quality factors in a format approved in advance by OHCA.

A.16.12.12.3. The Contractor's evaluations of project management shall be included in the monthly IV&V Assessments.

A.16.12.13. IV&V Support for the CMCS, MECT, MEELC, and MEET

A.16.12.13.1. CMCS will designate each date for each milestone review session. All IV&V input required for these reviews shall be delivered to the RE and OHCA in the CMCS format no later than fourteen (14) calendar days before the milestone review session scheduled with CMCS.

A.16.12.13.2. Contractor shall compile the monthly IV&V Assessments into quarterly progress reports that objectively illustrate the strengths and weaknesses of the project and provide recommendations for correcting any identified weaknesses.

A.16.12.13.3. These IV&V Progress Reports" shall be submitted simultaneously to CMCS and OHCA as CMCS requires.

A.16.12.13.4. Contractor shall work with the RE and OHCA to review evidence, annotate review findings, and annotate resolutions in each of the CMCS checklists. Contractor shall fill out the reviewer comment portion of the CMCS checklist and append them to the quarterly report.

A.16.12.13.5. IV&V Contractor will evaluate and make recommendations about the state artifacts that are required for MMIS milestone reviews. A list of required artifacts is included in the CMS Medicaid Enterprise Certification Toolkit.

A.16.12.14. Security Assessments

A.16.12.14.1. These services or reports are optional as required by Project Order.

A.16.12.14.2. At the request of OHCA perform Minimum Accepted Risk Standards for Exchanges (MARS-E) security review for OHCA

A.16.12.14.3. At the request of OHCA provide IV&V security oversight of other contractors performing security related work for OHCA.

A.16.12.14.4. At the request of OHCA provide Security consulting supportive services as defined by the Project Order. Types of service that could be requested are:

- a. Review security related plans, policies and procedures
- b. Conduct interviews with OHCA staff as needed to gain additional insights and understanding of OHCA practices and mechanisms

- c. Evaluate OHCA security plans, policies, procedures, practices and mechanisms and understanding into OHCA security practices and mechanisms, and identify potential vulnerabilities and risks
- d. Prepare CMCS required reports such as the Privacy Impact Analysis (PIA), Information Security Risk Assessment (ISRA) and other MARS-E associated documents.
- e. Other documents as defined by the Project Order
- f. Provide technical support to resolve CMCS questions or actions for the above services.

A.16.12.15. IV&V Testing and Implementation

A.16.12.15.1. This report is optional as required by Project Request.

A.16.12.15.2. At the request of OHCA, Contractor shall provide additional Subject Matter Experts (SME) who focus on testing for implementation. That "Testing SME" shall analyze data conversion results, analyze integration/system test results, assess readiness for User Acceptance Testing (UAT), prepare a UAT validation strategy and plan, lead writing of the UAT plan, and document the UAT results.

A.16.12.15.3. The optional Testing SME shall also perform random sampling of test results documents and repeat those test scenarios to independently verify that the system performs according to the documented requirements.

A.16.12.15.4. If this option is exercised, the Testing SME shall summarize all test results to OHCA at least weekly and make recommendations for corrective action to the System Integrator.

A.16.12.15.5. Critical errors, as defined in the UAT plan, shall be reported immediately using the established testing error resolution process.

A.16.12.16. CMS Requested Testing

A.16.12.16.1. This report is optional as required by Project Order.

A.16.12.16.2. The IV&V Contractor(s) shall support the testing of eligibility systems CMS requires per their specifications. The DDI Contractor(s) will conduct the tests. The IV&V shall perform the following:

- a. Review the DDI Contractor's use of the CMCS scenarios
- b. Evaluate random samples from the daily test results
- c. Review the final testing report before it is sent to CMS
- d. Report any issues or concerns with the test quality to both the DDI Contractor(s), the RE and OHCA within 48 hours of their discovery

A.16.12.16.3. Contractor shall complete all the IV&V input required by CMCS no later than 21 calendars days before the final results are to be delivered to CMCS.

A.16.12.17. IV&V Project Plan Updates

A.16.12.17.1. The Contractor shall refine the initial IV&V Project Plan over time. At a minimum this plan shall be reviewed, updated, and submitted to OHCA for approval based on Project Order.

A.16.12.18. Other work products and IV&V functions may be added and defined in the Project Order.

EXECUTED:

Kyle Janzen, C.B.E.
Oklahoma Health Care Authority

Date

Kevin Corbett, C.E.O.
Oklahoma Health Care Authority

Date